



Inspection Report on

Libertatem Healthcare Group

**Libertatem Healthcare Group
Cross Community Centre
1 High Street
Pontardawe
SA8 4HU**

Date Inspection Completed

11/10/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Libertatem Healthcare Group

Type of care provided	Domiciliary Support Service
Registered Provider	Libertatem Healthcare Group Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since registration with CIW (Care Inspectorate Wales).
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Libertatem Health Care Group are an English based company supporting people in both England and parts of Wales. Libertatem's presence in North Wales is a very small domiciliary service, supporting people in their own home. This is the first inspection since registration with CIW (Care Inspectorate Wales). The service supports a small number of people. People told us they are happy with the service being provided to them by a small, dedicated staff team, but feel disconnected from the larger organisation.

Support plans are tailored to the specific needs of people. Plans are written and reviewed routinely by people and their case manager. The service has policies and procedures in place to keep people safe.

Overall, there is adequate oversight of the service, the Responsible Individual (RI) carries out service visits to obtain people's feedback about the service. Visit records and quality of care reports are produced. These documents for the most part support the manager to drive improvement. Some staff feel supported while others told us communication is poor and feel isolated from the wider organisation.

Well-being

People have a voice and inform their personal plans. People are able to advocate for themselves, expressing their wishes and aspirations. Personal plans are person centred and reflect the needs of people. Plans are reviewed regularly by people and their case managers. People spoken with felt in control of their day-to-day care and support.

Communication with the wider organisation around recruitment of staff, falls short. People told us they do recognise the difficulties recruitment poses. The RI visits services to obtain feedback, they also gain feedback in person, within the MDT (Multi-disciplinary Team) meetings and questionnaires.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. The training plan shows most staff have completed online safeguarding training. The provider has comprehensive safeguarding policies and procedures in place which are accessible online to staff. Staff spoken with are aware of their responsibilities with regards reporting concerns.

People's physical and emotional well-being are met. People told us they are supported well by a strong staff team who know and understand them. Staff are able to support their physical and emotional needs encouraging them to be as independent as possible. This is supported by good personal plans and associated risk assessments.

People are supported to access healthcare and services. We saw daily notes showing a good history of timely referrals to the GP and other health related professionals. A professional told us; *"I would say that the staff appear to be committed to the wellbeing of the clients; they are supportive of them in maintaining a good quality of life and support them to do everyday activities they wish to engage in"*.

There is adequate oversight of the service. The provider has one manager and two clinical leads covering a small number of services across Wales. People and staff told us that this means most communication is via the Internet.

Care and Support

Provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. Provider has a good Statement of Purpose (SoP). This document explains how the service will be provided and gives information on the admissions process; staffing levels and personal plans to ensure the suitability of service. The guide to services is provided to people as a welcome pack. The pack contains information on how to make a complaint and emergency contact numbers. However, the pack does not contain information about the RI, fees and terms and conditions, to support their choice in accepting the service.

The provider has good personal plans in place reflecting the needs of people. People meet regularly online and face to face with the manager to review the service provided.

The provider has relevant safeguarding policies and procedures in place. Staff understand the importance of reporting safeguarding and whistleblowing concerns. Staff told us; *“Safeguarding is protecting an individual from harm, recognising risks and responding appropriately”*.

People are supported to have control over their day-to-day life choices and are listened to. People told us they have control over all aspects of their daily living and are actively supported by staff to meet their personal outcomes. People are supported to be part of the recruitment process, writing the advert, and having the final say on recruitment. However, the recruitment process can be slow, and the number of skilled candidates limited, which can be frustrating for people. A professional told us; *“I think the current care workers are the strength of the service”*. And *“staff are aware of their needs and support them to engage in activities of daily living”*. The systems for medication management are adequate and regular audits are carried out. Medication administration records are accurately completed, the provider uses an electronic medication administration system, to safeguard people.

Leadership and Management

The provider has arrangements in place for the adequate oversight of the service through ongoing quality assurance. As part of ongoing quality assurance providers are required to produce biannual quality of care reports and quarterly visits to the service. Quality monitoring reports seen did not fully capture the information or analysis required. There is a management structure in place. The Responsible Individual delegates responsibilities to a management team, including a registered manager working across England and Wales, and two clinical leads. This team works together to support services across Wales. This structure is adequate at present given the low numbers of people being supported. There is a risk assessment in place and the Responsible Individual will monitor this management structure during their quality monitoring processes to ensure adequate management support to people and staff. This is of importance to the wellbeing of people as both people and staff have commented on the lack of communication from the wider organisation. Staff told us; *"I feel like the people value us, and "I don't feel I have a relationship with the company as I've never met any of them in person"*. Most of the people and staff spoken with did not understand the role of the RI.

People are supported by a service that meets their needs. Staff have the knowledge and understanding to support people to meet their individual needs and outcomes. The training matrix seen shows staff received all mandatory online training, we saw more specialist training is lacking. Staff told us; *"I did have online E learning but with my learning style this doesn't really benefit me"*. And *"I rely on training received during prior employment"*. Training for staff with responsibility for administration of medication is in place, this was confirmed by the training plan and by staff. Medication competency assessments of staff are carried out, however documents seen are not signed by staff or analysed to show competence. The provider assures us this will be reviewed, and changes made. There is no impact on people, an improvement notice has not been issued on this occasion, but we expect the provider to ensure this is embedded and sustained.

The provider has good recruitment processes in place. Disclosure Barring Service (DBS) checks are undertaken in line with regulations. Most staff are registered with or working towards registration with Social Care Wales, the workforce regulator. People receive a consistent service with staff who know them well. We saw staff receive regular supervision, and are able to raise issues, but there is a lack of evidence that the manager follows up on issues and actions. Staff gave a mixed response with regards the quality and productivity of the supervision itself.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------

N/A	No non-compliance of this type was identified at this inspection	N/A
-----	--	-----

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 19/12/2023