



Inspection Report on

Libertatem Healthcare Group

**Libertatem Healthcare Group
Cross Community Centre
Pontardawe
Pontardawe
SA8 4HU**

Date Inspection Completed

09/11/2023

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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 domiciliary service supports a small number of people in Gwent within their own homes. Representatives told us they are happy with the service being provided to them by a small, dedicated staff team.

Support plans are tailored to the specific needs of people. Plans are written and reviewed routinely by people's representatives 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's care and support is good. Representatives told us, they feel good about the provider, *"We get on well, they are friendly"*. And *"Staff are very good at supporting people, they have a good understanding and are knowledgeable"*. Staff are able to support people's physical and emotional needs encouraging them to be as independent as possible. This is supported by good personal plans and associated risk assessments. A Professional told us; *"I work very closely with the manager and clinical lead, and they are incredibly supportive"*.

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 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 are supported to access healthcare and services to maintain their health and wellbeing. We saw daily notes showing a history of timely referrals to the GP and other health related professionals. A professional told us; *"The wellbeing of people in the service are promoted very well"*.

There is adequate oversight of the service. The RI visits services to obtain feedback, in person, through MDT (Multi-disciplinary Team) meetings and questionnaires. The provider has one manager and two clinical leads covering a small number of services across Wales. Staff told us communication is poor as most communication is via the Internet. Representatives' communication with the wider organisation around recruitment of staff, falls short. Representatives recognise the difficulties recruitment poses. Those staff and representatives spoken with did not know the RI or their role and responsibilities.

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 service provides a suitable number of care workers who are caring and well-informed. The service supports people with personal plans and risk assessments that reflect people's needs. The standard of care and support is good and is reflected in the responses from staff and people's representatives. We saw staff contributing to the well-being of people through sensitive and warm interactions.

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 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. *"Safeguarding it's about protecting people if I felt something was wrong, I would report it, if people are in danger, we need to safeguard them, I would report to my manager"*.

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

Leadership and Management

There is adequate oversight of the service. Representatives spoke highly of Libertatem, the manager and clinical lead in particular. 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, where 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. The management structure can affect the quality of communication between the organisation, people and their representatives, especially around recruitment if not monitored closely by the RI. 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 representatives and staff have commented on the lack of communication from the wider organisation. Most of the representatives and staff spoken with did not understand the role of the RI.

Staff receive training but the quality could be improved. Staff have the knowledge and understanding to support people to meet their individual needs and outcomes. Staff received all mandatory training online. We saw there is no quality measure in place to confirm the understanding of staff, and no practical training to embed the theory. 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.

Staff files seen show good recruitment processes are in place and staff receive regular supervisions. We saw staff are able to raise issues, but there is a lack of evidence regarding the follow up of issues and actions by the manager.

Disclosure Barring Service (DBS) checks are undertaken in line with regulations. All staff are registered with Social Care Wales, the workforce regulator. People receive a good service from staff who are consistent and know them well.

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