

Livingstone Health Care Limited

# Livingstone Health Care Services

## Inspection report

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29 November 2023  
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22 March 2024

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Livingstone Health Care Service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection there were 141 people receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of the service and what we found:

### Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to make choices and decisions in relation to the care they received.

Care plans and risk assessments were regularly reviewed and involved relatives as appropriate. People's medicines were managed safely and they were protected from the risks associated with the spread of infection.

### Right Care

People's needs were assessed before they began to use the service to ensure the provider could meet those needs. People had personalised care and support plans which included physical and mental health needs. Care plans documented people's communication, cultural and spiritual needs. Where appropriate, people were supported with activities of their choice.

Relatives confirmed they were included, where appropriate, in decision making about their relative's care. People were supported to eat and drink enough to maintain a balanced diet. Staff supported people to maintain their health where appropriate and worked jointly with healthcare professionals to improve outcomes for people.

### Right Culture

People, relatives and staff felt the service was well managed. There had been improvements in communication and the provider sought feedback from people and relatives to identify areas for

improvement.

Staff were recruited safely and there were enough staff employed to meet people's needs. People were protected from abuse and poor care. The provider supported staff with training, supervision and appraisal. Training included learning disability so care could be provided effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 July 2022). and there was a breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations about the handling of complaints and communication. At this inspection we found improvements had been made and people now felt listened to as the provider responded to their concerns.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Livingstone Health Care Services

## **Detailed findings**

## Background to this inspection

### Background

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection

and to enable the service to securely share information with us electronically prior to the inspection.

Inspection activity started on 29 November 2023 and ended on 22 March 2024. We visited the location's office on 29 November 2023 and 19 December 2023.

#### What we did before the inspection

We reviewed the information we had about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

We spoke with the nominated individual, registered manager and the head of information technology and quality assurance. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with and emailed a total of 15 care staff. We spoke with 10 relatives and 5 people who used the service. We looked at a range of management records including quality audits, policies, staff supervision and training. We reviewed 14 people's care records including risk assessments and 12 staff recruitment records. After the office visit, the registered manager sent us documentation we asked for and clarified any queries we had.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, there were insufficient numbers of staff deployed to meet people's needs and accurate reports about late and missed visits could not be generated from the electronic call system. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff employed to meet people's needs. Reports could now be generated from the electronic call system in relation to missed and late visits.
- People and relatives told us staff never missed a visit. However some reported staff arrived late on occasions. A person told us, "During the week, the staff always arrive on time, but at the weekends there are sometimes problems." A family member said, "On Sundays the carers can be a bit late, within 20 or 30 minutes. They are relying on public transport, so it can be hard."
- We received mixed feedback from staff about whether they were given enough time to travel between one person and another. A staff member told us, "I have more than enough time." Another staff member said, "Sometimes not enough time. I use public transport. I call the office to tell the person I will be delayed."
- The provider was aware of the issue of timekeeping and had put together an action plan to work out how to resolve this including carrying out spot checks on staff arriving late to calls. The registered manager told us they knew there was an issue with transport at weekends so were reassessing travel times to allow for this.
- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from the risk of harm or abuse. A person told us, "I feel safe when I have carers that I know. Occasionally a new carer comes and that makes me feel a little nervous." A relative said, "The carers make my [relative] feel safe all of the time."
- Staff understood what actions to take if they suspected somebody was being abused. A staff member told

us, "I would report to my line manager and follow up later. If they do not do anything then I would escalate it to right channel such as contact CQC."

- The provider understood their responsibility to report safeguarding concerns to the relevant authorities. Staff received training in safeguarding of vulnerable adults and children.

#### Assessing risk, safety monitoring and management

- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face. People had a separate environmental risk assessment carried out to ensure the premises were safe for the person and staff.

- Risk assessments included malnutrition, self-neglect, mobility and falls, deterioration in health in relation to specific health conditions and financial abuse. For example, a person's risk of falls assessment stated, "Carers to ensure the bedrails are in place to prevent the likelihood of falls."

- The provider had a policy for managing people's finances. Where they managed a person's finances a risk assessment was completed. Staff were required to complete a financial transaction record whenever any of the person's money was spent. Records confirmed this.

#### Using medicines safely

- People's medicines were managed safely. Medicine administration records were completed appropriately and checked by office staff during monthly audits. Where appropriate, people had protocols in place for 'as needed' medicines so staff would know how and when to administer these.

- People and relatives told us staff supported them with medicines and they were satisfied with the support they received around this.

- Care plans detailed if a person was able to self-medicate or needed support. This included details about whether family or care staff supported with medicines and how the person preferred to take their medicines.

- Staff received training in the safe management of medicines and had their competency checked.

#### Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection.

- People and relatives told us staff protected them from the risk of infection. Comments included, "[Staff] always put gloves on before they help me. They always tidy the kitchen and wipe around after they have finished" and "Staff wash their hands before they support [relative]. They use their own masks and gloves, wash their hands and clean up afterwards."

- Staff understood how to prevent the spread of infection. A staff member told us, "I wear my PPE and disposing of it properly. I wash my hands regularly." PPE is personal protective equipment such as gloves and aprons.

- Care plans included guidance for staff about how to reduce the spread of infection for the person such as sanitising hands and wearing the correct PPE.

- We observed the provider had a large stock of PPE available in the office. The registered manager told us staff came to the office to obtain supplies as needed. Staff confirmed this was the case.

#### Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made. Records confirmed this.

- The registered manager gave an example of a staff member being told about medicine changes by a relative and the staff member accepted the relative's word.

Although the medicine change was accurate, the lesson learnt shared with staff was to check changes in care or treatment were received in writing from the involved professional before implementing the changes.



- Staff confirmed lessons learnt from accidents or incidents were shared with them. A staff member told us, "In team meetings [registered manager] lets us know about incidents so that we don't repeat the mistakes."
- The provider had notified CQC appropriately of incidents that had occurred.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included people's life story, their physical health needs and emotional health needs. Information around the person's social, cultural and religious needs was documented.
- People's likes were captured in their assessment. For example, a person's assessment stated, "[Person] enjoys singing and having conversations with [their] carers."

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. Records showed staff received regular training and refresher training. Topics included communication, dementia awareness, diabetes, learning disability and epilepsy.
- People and relatives confirmed staff had the training needed. Comments included, ""It helps that [relative] sees the same carers, who we have had for a long time, and they all know how to use the hoist", and "The staff all seem to have the training they need. They just get on with things, they always seem to know what they are doing."
- However, some people and relatives told us it was difficult when replacement staff visited. A person said, "When my regular carers are not visiting, the new staff often do not understand what they are supposed to do." A relative told us, "Some [replacement staff] do not have a clue and it makes it hard for me as I have to teach them."
- Staff confirmed they had regular training opportunities and found this useful. Comments included, "Training is very useful", "Training helps us a lot", and "We do have training and if I am not confident, they will bring me [to the office] to show me."
- Records showed staff were supported with regular supervision and appraisal. Staff confirmed they had regular supervision. Comments included, "[Supervisors] want to know we are doing the right things", "I speak my mind in supervisions", and "It is good to know when I am doing something right."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutrition and hydration. A person told us, "The carers help me with my meals. They do it all very well." A relative said, "The carers prepare and microwave meals; they hand food to [person], as they are able to eat independently. They will always make sure [person] has a drink close by."
- Staff described how they supported people with their nutrition. Comments included, "I make sure [person] has a drink near them and that they eat a decent amount of food", and "I always ensure [person] eats and drinks well, by preparing food of their choice."

- Care records included people's preferences in relation to food and drink and detailed the support needed to prepare and consume these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives confirmed people were supported to maintain their health. Comments included, "The carers will call me if they think [person] is unwell. They will also call an ambulance if needed and will always let me know", and "If the staff see things are not quite right, they will let me know so that I can get things sorted."
- Staff explained the support they gave people with their healthcare. A staff member told us, "[Person] arranges appointments and I accompany them." Another staff member said, "When [person] was sick, I called the ambulance."
- Care plans detailed people's health support needs including whether support was needed to make and attend appointments including the GP and district nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of the MCA. Where people were able, they signed to consent to receiving care by staff from the service. Records showed staff had received training in MCA and DoLS.
- Staff understood the need to obtain consent before delivering care. Comments included, "I always explain the procedure and ask [person's] consent before I do it", and "Consent should happen every time for every type of activity and is done through verbal communication, in writing or through actions from [the person]."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about how staff treated and supported them. Comments included, "The regular carers I have are kind and loving. They do everything I ask and always ask me if I need anything before they go" and "The staff who come most of the time, are lovely, kind and caring."
- Relatives also confirmed staff were caring. Comments included, "The carers are lovely; they are very respectful and make [relative] feel very happy", and "The carers do a very good service. They are very caring and show a lot of concern."
- Staff described how they got to know people and their support needs. Comments included, "I go with my senior to shadow and they introduce me to [person]. I ask them their preferences" and "When shadowing I got to know [person] and asked questions."
- Records showed staff had received equality and diversity training. A staff member told us, "[Regarding culture and spirituality], it is the person's belief so I have to respect it and do what is right." They said in relation to someone identifying as lesbian, gay, bisexual or transgender, "They are human beings like everybody so it's my responsibility to take care of them."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were supported to express their views and make decisions about their care. A person told us, "Staff listen to me." A relative said, "I asked if we could have male carers and Livingstone have managed to provide them, which works well for my [relative]"
- Staff confirmed they supported people and their relatives to express their views. Comments included, "If family is around I have a chat with them and try to engage the [person]", and "Before doing anything, we check it is okay with [the person]."
- Care records showed people and relatives were involved in decision making about the care they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and promoted. A person told us, "[Staff] make sure my body is not shown when helping me to have a wash and close the bathroom door to give me privacy." A relative said, "The carers look after [person's] dignity well."
- Staff explained how they promoted people's privacy and dignity. Comments included, "You need to cover [the person]", "You make sure the curtains are closed", and "By keeping their information confidential."
- People's independence was promoted. A person told us, "The staff help me to do the things that I can't, I try and help myself and they encourage me with that." A relative said, "The staff do encourage [relative] to do things for themselves."

- Staff explained how they promoted people's independence. Comments included, "We try to promote independence, making sure it is safe", and "I assist [person] with what they cannot do and promote independence with what they can do."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a person-centred way which ensured they had choice and control to meet their needs, preferences and aspirations.
- Relatives confirmed care was given in a person-centred way to their relative. Comments included, "The carers do everything mum asks" and "We spoke about the care we needed with [the service]; all the family were here and involved and we all agreed [on the care plan]."
- Staff demonstrated they understood how to deliver a person-centred service. Comments included, "I always give [person] choice, space and time to decide how they want their care", "I need to know the care plan, ask [person] what they want and provide them with their request" and "I have to put [person] at the centre of their care."
- Care plans detailed people's likes and dislikes and planned outcomes for each intervention. For example, a person's care plan stated, "Carers will prevent social isolation by engaging with [person] during care calls based on [their] needs, choices and independence."
- Relatives told us care plans were regularly reviewed. Comments included, "We agreed a care plan at the start and it has been reviewed recently", and "They contact me every three or four months to ask if I am happy with everything, they do an assessment and update the care plan."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Care plans detailed what support people needed with communication including whether they used visual or hearing aids.
- The registered manager understood what was required under the Accessible Information Standard and explained, "Communication is captured in the care plan to aid the carer to be able to communicate like signs or Makaton. The service user guide is accessible for people with a learning disability."
- The registered manager explained for people with a sight impairment, "The carer will ask permission to read [written information] to the person", and for people with a hearing impairment, "[Care staff] can write whatever they need and show [the person]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate, people were supported to participate in activities socially and culturally relevant to them. The support needed with this was detailed in people's care plans.
- Staff described the support they gave people with activities which included going for a walk, doing light exercises, sports, dancing and playing games.

### Improving care quality in response to complaints or concerns

At the last inspection, we made a recommendation in relation to handling complaints. The provider had made improvements.

- Relatives confirmed complaints were now dealt with appropriately. A relative told us, "I did have one time when I thought that a carer was being a bit heavy handed. I rang the office and asked to speak to the boss. The person I spoke to was very polite and understanding and they did not send that carer again, so I really felt that they listened"
- The provider had a complaints policy and a system in place to record complaints and concerns. People told us they knew how to make a complaint if they needed to. A person told us, "If I wanted to complain or was not happy, I would contact the office straight away."
- Relatives confirmed they knew how to raise a complaint if needed. Comments included, "I have not had to make a complaint, if I were worried about anything I would ring the office directly. I do find the office staff really helpful", and "I do think that the [service] sort any concerns, although I have not had any recently"
- Staff understood the complaints process. A staff member told us if somebody told them they wished to complain, "I would give them the office phone number and the procedure to make a complaint. It's not about you, maybe its misunderstanding, it's better to raise and solve the issue."
- We reviewed the record of complaints and saw they had been dealt with appropriately or were in the process of being investigated.

### End of life care and support

- At the time of this inspection, the service was not working with anyone at the end of their life. Where appropriate, people had a 'do not attempt resuscitation' agreement in place.
- The provider had an end of life care policy in place and staff were trained in how to provide this type of care sensitively if needed. The registered manager told us they would liaise with the palliative care nurses or other involved healthcare professionals should the need arise.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, we made a recommendation in relation to communication with and from the service. The provider had made improvements.

- The service had a positive culture which meant people, relatives and staff felt they had a voice and were listened to.
- People told us the service was managed well. A person told us, "I have occasionally rung the office if my regular carer is off and the staff are very helpful; they call me back once they have found out what is happening."
- Relatives gave positive feedback about the service. Comments included, "I think the service is brilliant; they are top notch people" and "I have the [nominated individual's] number and they always answer straight away. I find them very helpful."
- Staff spoke positively about the management of the service. Comments included, "[Registered manager] is a very good leader" and "I feel support from both my registered manager and other staff has helped me to gain the necessary skills and education to achieve my ambition to be an outstanding care worker."
- The registered manager told us they were available to support and talk to staff at any time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. The registered manager was aware of the need to notify the local authority and CQC of concerns.
- The registered manager told us, "Duty of Candour is being open to both people using the service and staff. If you receive a complaint, you apologise verbally and in writing and you investigate. You keep them updated on the process, being open, honest and transparent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and explained how they were kept updated about any changes. Comments included, "I always go through the [care planning] application to see if there has been any change or update" and "[Office staff] call me if [a person] is in hospital or discharged. They phone or text."



- The provider had a system of quality audits in place to check on the quality of the service. These included medicine audits, care plan audits, spot checks and observations of staff working.
- We checked the accident and incident audit completed in September 2023 and saw no concerns were identified. It was noted accidents and incidents were promptly escalated to the registered manager and actioned appropriately.
- The provider was working to a service improvement plan with the local authority. This was being regularly reviewed and updated to show the progress on completing identified actions. For example, we noted new person centred risk assessment and support plans had been completed by 17 November 2023.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a system of obtaining feedback from people and relatives about the service. Relatives confirmed this. Comments included, "The office contact me every month to do a bit of a check in to make sure all is okay" and "I have had calls from the office to check everything is going okay."
- The registered manager told us feedback was sought from people and relatives through telephone monitoring. We reviewed 2 recent examples of this and noted information gathered from these calls included presentation and timekeeping of care staff, and how satisfied people were with the service.
- The provider kept a record of compliments received about the service. For example, during a telephone call a person stated, "All my carers are very friendly and lovely. I am very happy with the 2 permanent carers. My carers are confident and well skilled and they know what they are doing."
- Staff told us they attended regular meetings. Comments included, "[The meetings] are very useful. We have them every month they let us know what is going on" and "The meetings keeps us refreshing our mind and sometimes concerns are raised. When it is necessary I will raise a concern."
- Records showed the provider held monthly meetings with staff. Topics discussed included, team performance, electronic call monitoring system, training and modern-day slavery.

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people. The registered manager described how they worked with district nurses, GPs, social workers, occupational therapists and physiotherapists.
- The registered manager told us, "I liaise with the Day Centre manager and work with the manager of a sheltered housing scheme."
- Care records showed evidence of joint working with healthcare and social care professionals.