

Livingstone Health Care Limited

Livingstone Health Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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 55 people receiving personal care from the service.

People's experience of using this service and what we found

The provider did not always deploy enough staff to meet people's need and people and their relatives told us they were not always told when care visits would be late or missed. People and their relatives did not always know how to complain and did not always feel their concerns were handled well. We found evidence of an instance where concerns about care were not escalated to external professionals appropriately.

There was mixed feedback about the running of the service and people told us there was room for improvement. The provider did not always engage well with people and relatives in order to drive forward care standards.

People's needs were assessed and they received care tailored to their needs and they told us their permanent care staff were kind and respected their decisions about their care, including end of life care.

People were protected from risk of harm and infection prevention and control measures were in place.

People received their medicines as prescribed and were supported to have access to medical support and to eat and drink enough.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 21 August 2017 and this is the first inspection.

Why we inspected

We inspected this service as it had not had an inspection before so that we could give it a rating.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to staffing at this inspection.

We have made two recommendations about handling complaints and seeking feedback from people who use services.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Livingstone Health Care Services

Detailed findings

Background to this inspection

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 was carried out by two 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 March 2022 and ended on 2 May 2022. We visited the location's office on 31

March 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account in the inspection.

During the inspection

We reviewed five people's care records and documents related to the running of the service. We spoke with three members of staff including the nominated individual, the registered manager and a care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Learning lessons when things go wrong

- There were not enough staff to meet every person's needs. Feedback from people and families about staffing levels were mixed.
- Negative experiences included occasions where people did not receive care calls at all or on time. People's relatives told us this caused distress and also meant there wasn't enough time to talk with the care workers. A relative said, "We had many missed calls- especially at weekends. Once [person] had no calls for a week when the carer was on holiday." A second said, "I feel that timing of visits has improved but I can say that the carers don't stay for the full amount of time as they are trying to make too many visits in a day." A third relative said, "They visit three times a day and they now generally arrive in the hour time slot. However, they don't stay for the full time. The carers tend to rush in and rush out."
- Staff feedback about staffing levels were also mixed. Negative comments included concerns that staff did not attend for long enough to ensure people's personal care needs were all met such as both washing the person and ensuring they had enough to eat. One member of staff said, "There are enough staff but...we could do with a bit more travel time [to get to calls on time]. It's a big problem." A second staff member said, "We complain because we can't do personal care and feeding in that time."
- People and their relatives reported in reviews of care that staff did not always arrive on time. The provider had an electronic call monitoring system in place however only approximately 50% of care staff logged their calls in this way so accurate reports and trends could not be generated from the system to assess the extent of the shortfalls.

The above amounts to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the pandemic there has been national concerns about recruiting and retaining care staff. The provider told us they did not have enough staff to always meet people's needs and they had established a system to prioritise calls for people who were most at risk from missed and late care visits including those that live alone and need support to take their medicines. Positive comments from relatives included, "[Person's] visits are more or less on time, they have had no missed calls and they have never been too late."
- The provider had safe recruitment practices to ensure staff were suitable for working in the caring profession. The provider obtained relevant checks such as employment histories, references and Disclosure and Barring Service (DBS) checks which 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

- The provider had a system to safeguard people from. People and relatives told us they felt safe receiving care from the service. One person said, "I feel safe with the carers as they help me very well." A relative said, "They keep my [family member] safe as they care for them well. I have watched them; they handle [family member] as I would want them to."
- Staff understood the procedure to safeguard people from abuse and to blow the whistle on poor practice and were supported by an appropriate safeguarding procedure. A staff member said, "If I see abuse, I call the office, if I see anything worrying like a bruise, I call the office, I would call the police if I needed to."
- Although concerns about missed visits had not been identified by the provider, we saw evidence that allegations of abuse had been reported as appropriate. appropriately.

Assessing risk, safety monitoring and management

- The provider safely managed the risks people faced to their health and wellbeing. The provider identified people's individual risks and drafted plans for staff to follow to mitigate them.
- Risk assessments covered areas such as diabetes, skin integrity and epilepsy and explained how to use equipment to support people safely. A relative said, "The carers wash [my relative] and look after their bed sores. They have done an excellent job."
- Staff told us they understood how to protect people from harm and support them when they may be anxious or distressed. A member of staff said, "Yes says to be careful about choking in the care plan." Staff knew how to respond in emergencies and told us they would call emergency services.
- The provider updated risk assessments following changes to their health and wellbeing in order for staff to have the right information to keep people safe.

Using medicines safely

- Medicines were well managed and people received their medicines as prescribed.
- Most people took their own medicines or were supported by family but the provider had a safe system in place to support those that needed it. Staff had received training and were checked they were competent before they started supporting people with medicines. Staff knew how to record their support on medicine administration records (MAR). A staff member said, "We are told how to... administer medicines, we record on the MAR and report if they refuse... Yes, a competency check is done."
- People and relatives told us medicines were well managed. One person said, "They give me my medication and they never forget."
- The provider audited MAR monthly to check for errors and took action to improve support where required.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. People and relatives told us staff always wore PPE when providing personal care. The service had enough PPE in stock.
- Staff received infection control training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider assessed people's needs before or as they started to provide care so that they could ensure people's needs were understood and could be met.
- People and relatives told us staff visited them to assess their needs. A relative said, "[My family member's] needs were assessed when [person] started with the company. They went to [person's] house and discussed things with myself and [my family member] to ensure the care provided was what we wanted to meet [person's] needs" A person said, "They visited my home to see how they could support me. I am happy with how they look after me."

Staff support: induction, training, skills and experience

- Staff received the right training for them to carry out their roles.
- Staff told us they felt well supported and had access to relevant training. A member of staff said, "Mental health – I've done a lot of training, moving and handling, infection control PPE, That's the norm now it is very, very important for everyone."
- Staff received further training to support people's individual needs such as around mental health support and PEG feeding. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach.
- Staff received supervision and support so they could discuss their roles.
- People and their relatives told us staff knew what to do support them and were "good quality carers."

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

- Most people were supported by family members to eat and drink enough however, staff provided appropriate support where required.
- Relatives said staff were patient and ensured their family members had enough to eat. One relative said, "When we are not around, they will feed [relative]. They heat up microwave meals. They then sit with [person] and make sure [person] eats." Another said, "I feel they really do care for [my family member] as best they can as they will sit and feed [person] and that is very time consuming and difficult. They demonstrate patience."
- Care plans included information about people's dietary needs such as diabetic diets to keep them safe.

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

- Most people were supported by family members to access support, however, staff provided appropriate support where required.

- People's care records contained contact details for people's GPs and other health and social care professionals involved in their care.
- People's relatives told us staff followed health professionals' treatment plans to keep people safe.
- Staff could identify how to spot if people were unwell and take action and gave us examples of contacting GPs and emergency services when required.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. Staff understood how to give people choices about their care. One staff member said, "You can't force people, they have the capacity which allow them to make own decisions... If the family have legal power then sometimes I reach out to them to help or report to my immediate manager and the office"
- People had signed their care records where they had capacity as appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and treated people well. People and relatives told us staff were kind and developed a good rapport with people they supported. A relative said, "The best thing about [person's] care is the carer we have now, we can't fault her, she even sings along with [person]. A person said, "The carers treat me very well; they are never rude or rough. They chat with me." Another person said, "The carers are very kind to me they look after me well and they don't rush me, they are very gentle"
- Staff respected people's diversity and gave examples of how they supported people from different backgrounds. A staff member said, "Of course we must be respectful, we are all human despite our differences, we must not discriminate. We give equal opportunities for everyone, respect despite our cultural differences."
- People and relatives told us how staff understood people's background, particularly how to support their loved ones with dementia.

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

- Staff supported people to express themselves. Staff gave examples of how they communicated with people who could not speak verbally or who spoke a different language. A member of staff said, "We try to talk to them nicely make them choices for themselves, ask what they want to try to help them chose."
- People and their relatives told us that staff always asked permission before carrying out a care task and gave them choices about what they wanted to do. A relative said, "The carers are very good; they are polite and helpful. I feel they care, because they ask me if there are other jobs I would like doing. They chat with me about all sorts of things. I have a care plan, I was fully involved when it was set up. I am happy with the way they care for me".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A relative said, "The carers are kind and friendly. They treat [family member] with dignity and respect as they wash [person] in the bedroom in privacy. I feel they care, because they make conversation." A second relative said, "They always knock on the door before entering the house even though they know the key code".
- People's confidentiality was respected. A member of staff said, "You don't expose their confidentiality, keep it secret, shut the bathroom door and don't disclose their information."
- People were supported to maintain their independence and carry out tasks they could do for themselves. A relative said, "They respect [family member's] privacy and dignity and encourage them to do things independently, so [person] washes themselves and does their own teeth and at times he makes their own sandwiches."

- People's care records prompted staff to promote people's independence and staff told us, "I support them to be as independent as possible."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and their relatives did not always find their concerns and complaints were managed well. A person said, "I have called the office to raise issues and they have tried to resolve them, but sometimes they are so under pressure that their response is not always tailored to what I have requested. I get the feeling sometimes that everything is a bit of an effort." A relative gave us an example of how they were not pleased with how a complaint was handled.
- People and relatives did not know about the provider's complaint procedure. Comments included, "I don't know if there is a complaints procedure." And, "If I had any concerns or worries, I don't know who I would contact, but that has never happened."

We recommend the provider seek guidance from reputable sources about handling complaints

- Positively, care staff told us they knew what to do if people had concerns. One member of staff said, "Clients are encouraged to complain. The office will investigate and speak with the staff and make sure it doesn't happen again."
- The provider told us the complaints procedure was available for people to read in the service user guide.

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

- People received person-centred care from their main care staff in line with their preferences and needs.
- People's relatives told us that staff understood their loved ones. "I feel the carers do a good job, they are quick to learn and they accommodate [person's] needs." A person said, "When I first started with care, they visited me and talked to me to see how I wanted to be cared for. I really couldn't manage without them." A second person said, "I feel they understand my needs."
- People's care needs and preferences were captured in their care records and staff said they had good online access to these to understand how best to support the person.
- Care records were regularly reviewed and updated promptly after people's needs changed. There were clear records that extra equipment had been sourced quickly when required after hospital admissions.

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.

- The provider recorded people's communication needs in their care records and specified where people needed support due to disability and sensory loss.
- Staff told us how they supported people with hearing or visual impairments.

End of life care and support

- The provider had a system in place to provide end of life care and support. Staff spoke sensitively about supporting people at the end of their life. A staff member said, "When [person] was at the end of their life and we would take our time... and spend time with them because they were end of life."
- People's care records included space for people to discuss their wishes for the end of their life if they wished.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People and their relatives did not always tell us they were listened to and told about shortfalls at the service. A relative gave an example about where the provider did not tell them about missed call visits.
- People and their relatives told us the provider's communication needed improvement. A person said, "The worst thing about the company is the communication. They don't contact me if there is a problem with visits, but there is also a lack of communication between the carers and the office. The carers seem to run things by themselves and get the job done. I feel the staff are to be applauded." A second person said, "I believe they need to improve communication between the office and clients and between the office and the carers." A relative said, "I get the impression that the service hasn't been established very long as they seem unorganised at times. When I phoned on the weekend the carers were very late, they didn't answer the phone, but they did call me back later."

We recommend the provider seek guidance from reputable sources about seeking and acting on feedback about the service.

- People and relatives told us the service was person-centred and empowered people to maintain their independence.

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

- The service was not always set up to monitor the quality of care and drive improvements in service delivery. The service had not identified the concerns we found in relation to dealing with complaints.
- People and relatives did not all know who the manager was and who they could raise concerns with. Feedback from relatives was mixed. A relative said, "I feel the service is not well managed."
- The provider had identified that staffing levels were not sufficient to meet people's needs and had put measures in place to reduce the risk of harm and people and relatives told us that the service had begun to improve. The provider had a plan to improve the use of the call monitoring system.
- We also received positive feedback from people and relatives. Comments included, "I feel the service is well managed. We started with teething problems, but they sorted everything out and now we are happy with the service." And, "I feel the service is well run as my care has been ok so far."
- The provider carried out audits and spot checks on staff to monitor performance and ensure care was

delivered safely and to a good standard. People and their relatives praised the care staff and told us they would recommend the service because of the quality of the care staff and their work. A relative said, "The company does have good carers, that is the positive and the fact that we have continuity in carers is also another plus."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives we spoke to told us they had not been asked to feedback about the care quality.
- Records showed the provider had carried out telephone or in person monitoring checks for some of the people they supported but some of these were overdue.
- Staff felt well supported by the provider and liked working for the service.
- The provider worked with other health professionals involved in people's care where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient number of staff deployed to meet people's needs.