

Livingstone Health Care Limited

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Inspection report

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Date of inspection visit:
02 December 2020

Date of publication:
31 December 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. 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.

At the time of our inspection, the service provided personal care to 41 people.

People's experience of using this service

At our last comprehensive inspection on 23 September 2019, we found a number of shortfalls. We found that supervisions were not being carried out regularly to ensure staff were being supported, training in mandatory areas was not being delivered and consent had not been sought from people on the care they received. We also found care plans were not person centred and pre-assessments were not robust to determine if the service could support people effectively. During this inspection, we found improvements were made.

Regular supervisions had been carried out to ensure staff were supported to carry out their roles.

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.

Robust pre-assessments systems were in place to determine if people could be supported effectively. Care plans were person centred and included how to provide personalised support to people. Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care.

Complaints had been managed in a timely manner. Systems were in place to obtain feedback from people and relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The previous rating for this service was inadequate (published 16 November 2019) and there were multiple breaches of regulation. CQC had issued Warning Notices for Regulation 17 (Good Governance) and Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a requirement notices issued for Regulation 9 (person centred care), Regulation 11 (need for consent) and Regulation 18 (staffing) of the same Act.

We carried out a targeted inspection on 25 March 2020 (published 10 April 2020) to check if the service was compliant with the warning notices we served for Regulation 17 (Good Governance) and Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities). We found the service was compliant with the warning notices.

Why we inspected

We undertook a focused inspection to review the key questions of effective, responsive and well-led to check if the service was compliant with the requirement notices issued at the last comprehensive inspection and if improvements had been made.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

This service has been in Special Measures since 16 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall. Therefore, this service is no longer in Special Measures.

You can read the report from our last inspection, by selecting the 'all reports' link for Livingstone Health Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Livingstone Health Care Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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 homes.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the registered manager or the nominated individual would be in the office to support us with the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports, enforcements and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual and registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and six staff files, which included supervision and training records. We looked at other documents such as daily notes and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as training records and policies. We spoke with eight people, 12 relatives and six staff.

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 the last inspection, this key question was rated as Inadequate. At this inspection, this key question has improved to good. This meant that people's outcomes were consistently good.

Staff support: induction, training, skills and experience

At our last inspection we found the service failed to deliver training and regular supervision to staff, demonstrating that staff may not be supported and skilled to carry out their roles effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found improvements had been made and the service is no longer in breach of the regulation.

- Regular supervisions had been carried out to ensure staff were supported. Supervisions enabled staff to discuss any issues they may have and their development. For staff that had been working for more than 12 months, an appraisal was carried out. Staff told us they felt supported. A staff member told us, "[Registered manager] is good, she is understanding. Any issues, I have, she sorts it."
- Staff had completed mandatory training and refresher courses to perform their roles effectively. Staff had received an induction, which involved shadowing experienced care staff and meeting people who used the service. Staff had also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- A training matrix was in place, that gave the management team oversight of training that had been completed by staff and when training would expire.
- Staff members that did not complete mandatory training or refreshers were not allowed to support people until the training was completed. A staff member told us, "I did an induction, I was shadowing for a while with different clients. Then I was given training like Mental Capacity Act (MCA), dementia, safeguarding, infection control, quiet a lot of training. For me, it was very helpful."
- People told us that staff were suitably skilled to support people. One person told us, "The ones [care staff] now are brilliant. Can't fault them. Good as gold." A relative commented, "Excellent staff. I watch how she [care staff] treats [my relative]. She does everything I would do."

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 Act 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. 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.

At our last inspection, we found the service failed to seek consent and carry out a mental capacity assessment for people that may not have capacity to make specific decisions demonstrating that people's legal rights were not being adhered to. In addition, some staff had not been trained on the MCA and most staff we spoke to were not aware of the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found improvements had been made and the service is no longer in breach of the regulation.

- Staff were aware of the principles of the MCA and had received training in this area. Staff told us that they always requested people's consent before doing any tasks. A staff member commented, "Every visit, it is standard, I greet them and ask for their consent before supporting them."
- Records showed that people's consent had been sought prior to receiving care from the service.
- The nominated individual told us that people they supported had capacity and was aware the procedures to follow should an MCA assessment be required. An MCA policy was in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection, the service failed to carry out robust assessments to determine if the service could support people effectively particularly important information about people's support needs in local authority referrals had not been included in care plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found improvements had been made and the service is no longer in breach of the regulation.

- Pre-service assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Information from local authority assessments had been analysed and reviewed, this was then included on care plans to ensure people received personalised and effective care.
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances. This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported with meals to maintain a balanced diet and given choices.
- Care plans included information that people should be offered choices when supporting them with meals. A staff member commented, "Always, I give them choice. One client, I give choice to make sure they have what they want." People and relatives confirmed that staff gave people choices when preparing meals.
- Care plans included if people required support with their meals and information was available from dieticians when supporting people with meals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed and staff knew what to do if people were not well.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A relative told us, "(Care staff) goes with [my relative] every week for [health treatment]. She

writes everything down, everything, so that I have got all the information. She always does a good job. She knows [my relative] and she would definitely know if [my relative] was unwell. She lets me know if there's anything."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. At our last inspection, we found that care plans had not been completed accurately or personalised to ensure people received high quality person-centred care. We also found daily notes did not include people names or date of birth. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the service is no longer in breach of the regulation.

- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities. This was completed in full and also was subject to regular audits by the management team to ensure information was accurate.
- Care plans were person centred and detailed people's support needs on how support should be carried out. For example, for one person when giving them a bath, their care plan included, checking water temperature, how to provide bath and inspect skin for any signs of injuries. Another person's care plan included that staff should ensure the person wears a pendant alarm so support could be requested if there was an emergency. A person commented, "Goodness yes. [Care staff] so good, she has even taught me things to make my life easier. Thanks to her I can use emails to get the prescriptions. I'd say she goes further than she needs to." A staff member told us, "Care plans are very helpful because you know what to do and how to help the client."
- Care plans were specific to people's needs and information from local authority assessments had been reviewed and included on care plans. Care needs were summarised for staff to refer to when needed. A call summary was also included that detailed the care and support people would need during each call. A person told us, "Very happy with them. They do a grand job."
- There were care plans in place to reduce infections such as with catheter care. Information was also available on minimising infections such as with COVID-19.
- Staff told us they found the care plans helpful. A staff member told us, "Care plans are very helpful because you know what to do and how to help the client."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communications needs were being met.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. People did not have communication difficulties. The service was aware of what AIS was and told us, should they support people with communication difficulties then they would explore what equipment or resources were available. This would ensure staff communicated with people effectively and responded to their needs. For example, in one care plan information included that a person had blurred vision and was partially deaf. There was information on how to communicate with the person and also ensuring how they can be supported when mobilising.
- The service also tried to allocate staff members that were fluent in languages spoken by people other than English to ensure support was person centred. A relative's comment from a survey included, "Yes, carers can speak [language] for [person] to understand. No issues, good carers."

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints in a timely manner.
- A complaints policy was in place.
- Complaints had been managed appropriately with details of the action taken to investigate. The nominated individual told us about the complaints process and people were given information on how to complain if they needed to.
- People told us they knew how to make complaints and who to complain to. A staff member told us, "If someone made a complaint to me, I have to tell my manager and they will respond."

End of Life Care:

- The service did not support people with end of life care. An end of life policy was in place and staff had been trained on end of life care. The nominated individual told us that the service had supported people at end of life previously and was aware that an end of life care plan would need to be in place that includes people's preferences to ensure people received personalised care.

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 the last comprehensive inspection, this key question was rated as Inadequate. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection, we found service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times and maintain accurate records to ensure people received safe care. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we served a warning notice with a deadline for compliance. We then carried out a targeted inspection to check if the service was compliant with the warning notice. We found enough improvements had been made and the service was compliant with the warning notice. We found the improvements had been sustained at this inspection.

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

- We found systems were in place for quality assurance of the service. Audits were being carried out on care plans, risk assessments, medicine and staff files. The nominated individual told us the audits helped the service to identify any shortfalls and take prompt action. We found improvements had been made with need for consent, training, supervisions, care plans and pre-assessments. The service met the requirement notices on regulation 11, 18 and 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014
- A training matrix was in place and systems had been put in place to ensure staff received training to perform their roles effectively. This was followed up by spot checks and observations to ensure safe and effective care delivery.

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

- Systems were in place to involve and engage with people and staff.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of spot checks, the management team also obtained feedback from people about the service and staff.

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 was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times. .
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I have been working for them few years. I love working for them. [Registered manager] is good. She is very good manager. She does support." Another staff commented, "Yeah, I like working for them. No issues"
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent out to people, relatives and staff to gather their feedback. The results were analysed to identify best practices and areas for improvement. This meant that there were systems in place for continuous improvement and improving care.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- Staff told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health. A relative told us, "I'm very happy they pick things up and will tell us. They picked up a [concern] and now the District Nurse comes as well."