

Livingstone Health Care Limited

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## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# 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 55 people.

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

At our previous inspection of this service on 23 September 2019, we found risk assessments were not robust and did not identify risks to people around their health conditions and medicines were not being managed safely. At this inspection, we found improvements had been made and people's risks were assessed and control measures were in place to mitigate risks. We also found improvements with medicine management.

At the previous inspection, we found effective quality assurance systems were not in place to identify the shortfalls we found during the inspection. The shortfalls we found were in oversight of training and supervisions, care plans were not person centred, lack of effective risk assessments and medicines not being managed safely.

The service had completed an action plan in response to CQC enforcement since our last inspection and had complied with this action plan through robust quality assurance systems. The management team had completed spot checks on people using the service. There were systems in place to ensure ongoing spot checks would be completed regularly.

The provider had introduced a number of audits such as on medicine management and care plans. A training matrix was in place. This meant the provider had improved oversight of training and ensured future training had been booked for staff to ensure their compliance with training outcomes. Staff received supervision and the provider had systems in place to ensure staff received supervisions regularly. Audits carried out on care plans, risk assessments and medicine management resulted in people receiving safe and responsive care.

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

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 were also requirement notices issued for Regulation 9 (person centred care), Regulation 11 (need for consent) and Regulation 18 (staffing) of the same Act. The provider completed an

action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had been made and the service was compliant with the warning notices issued.

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC are currently trialling targeted inspections, to measure their effectiveness in following up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### 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 safe?**

This key question has not been rated.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service well-led?**

This key question has not been rated.

Details are in our well-led findings below.

**Inspected but not rated**

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## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) and Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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. The nominated individual, who was also the provider supported us with the inspection. The nominated individual is responsible for supervising the management of the service.

#### 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 a member of the management team was available 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 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. 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 four medicine administration records. We looked at other documents such as quality assurance records. We spoke with 10 people who used the service and three relatives.

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at action plans and training matrix. We also spoke with four staff.

# Is the service safe?

## Our findings

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

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure medicines were being managed safely and risk assessments were in place to ensure people received safe care at all times. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found a number of concerns with medicine management and risk assessments. We found that staff were administering medicine to people without consent and not recording administration on Medicine Administration Charts [MAR]. We also found that risk assessments had not been completed for people with identified risks to ensure they received safe support at all times. As a result, we served a warning notice with a deadline date to ensure compliance.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 and had complied with the warning notice in this area.

- People received their medicines as prescribed and staff kept written records when they administered medicines.
- People and relatives told us that people received their medicines as prescribed. A person told us, "They give me my medicines every morning and they write it all down."
- Staff had been trained in medicine management and when to administer medicines and how to record this. Medicine support plans were in place that detailed the support people required with medicines and how to provide support. A staff member told us, "We have been trained in medicines. I give it to [person] and we record it on a chart and send it to the office."
- Medicine audits had been introduced and these were completed regularly. We saw the findings of one audit that showed a staff member administering medicines without recording on MAR and relevant action was taken to ensure this was not repeated.
- Risk assessments were in place to ensure people received safe care.
- Risks had been identified and assessments were in place to mitigate risks. Risk assessments included, the risk and measures to minimise risks. Risk assessments were in place for people's health conditions such as with diabetes, strokes and high blood pressure. Risk assessments had also been completed for people at risks of falls and skin conditions. A staff member told us, "The information in risk assessments are very

helpful."

- Information was also available on how to minimise risks of infections. A person told us, "They do all the things to look after me. They wear all their gowns and gloves and masks now of course."
- The nominated individual sent us an action plan for the completion of updating all people's risk assessments following on from our inspection report. They were also able to assure us how they would continue to review and update their risk assessments and medicine support plans as and when necessary. This meant risks to people were identified and mitigated against and medicines were being managed safely and the provider had complied with the elements of the Regulation 17 (Good Governance) warning notice purporting to risk assessments.



# 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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to take proper steps to ensure there were effective systems to assess, monitor and mitigate risks to the health and safety of people to improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the service was no longer in breach of Regulation 17 and had complied with the warning notice in this area.

- During this inspection, we found systems were in place for quality assurance. Care plan audits had been introduced, which included auditing risk assessments. Audits had been introduced and carried out on medicine management and staff files. A person told us, "They do all the medicines from the doctor and write it all down and [management] comes and checks it all." The registered manager told us the audits helped the service to identify any shortfalls and take prompt action. We found improvements had been made with risk assessments and medicine management.
- A training and supervision matrix was in place which meant the service had oversight of training and supervisions to ensure staff were supported and trained to deliver safe and effective care. The nominated individual told us if staff did not complete all their training, then they would not support people until all the training had been completed.
- Records showed that the service had sought people's consent to care and treatment and had completed mental capacity assessments to determine if people had capacity to make specific decisions. This meant that systems had been introduced to ensure people's legal rights were respected and adhered to.
- People, relatives and staff told us the service was well-led. A person told us, "They have come from the office three times to see me and check on things. We have no problems." A relative told us, "We are happy with it, the office is very helpful and I know the managers and the care staff by name." A staff member told us, "They are very good managers. They do support me."
- Following the previous inspection and issuing of 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, we spoke with the nominated individual. The nominated individual acknowledged the findings and was committed to making improvements. They gave assurances they would comply with the

warning notices and the requirement notice, within the inspection report. We found improvements had been made and the service was compliant with both the warning notices issued.