

Livingstone Health Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency 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. The Care Quality Commission (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.

The service was supporting 15 people with personal care at the time of the inspection.

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

Risk assessments had been carried out to ensure people received safe care. Pre-employment checks such as references had been sought to ensure staff were suitable to support people. Systems were in place to monitor staff time-keeping and prevent infections.

People and relatives told us that staff were caring and they had a good relationship with staff. People had been involved in decisions about their care.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. Feedback was sought from people and relatives to make improvements to the service.

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

Rating at last inspection and update

The previous rating for this service was Requires Improvement (published 1 January 2021).

Why we inspected

We undertook a focused inspection to review the key questions of Safe, Caring and Well-Led to check if improvements had been made since our last comprehensive inspection.

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 Requires Improvement to Good. This is based on the findings at this inspection.

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 safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 manager registered with the Care Quality Commission. 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.

Notice of inspection

Our inspection was announced. We gave the 24 hours service notice of the inspection. This was because it is a domiciliary care service and we needed to be sure a member of the management team would be in the office to support us with the inspection. We were supported by the nominated individual and the registered manager during the inspection.

Inspection activity started on 22 June 2021 and ended on 25 June 2021. We visited the office location on 22 June 2021.

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 and the registered manager. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We also looked at incident logs and staff rotas.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as call logs and policies. We also spoke to one person, seven relatives of people that used the service and four staff members by telephone. We also contacted professionals that were involved with the service.

Is the service safe?

Our findings

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

At the last comprehensive inspection on 23 September 2019, this key question was rated as inadequate. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last comprehensive inspection, the provider had failed to implement robust risk assessments to ensure people were supported in a safe way and medicines were not being managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a targeted inspection on 25 March 2020 and found the service was no longer in breach of regulation 12 and was compliant with the warning notice that we issued.

We found improvements had been sustained at this inspection.

Assessing risk, safety monitoring and management

- Risks had been identified and risk assessments were in place to ensure people received safe care.
- Risk assessments included control measures to minimise risks. Examples included assessments on how to support people safely to minimise the risk of falls and skin complications. These assessments included what action staff should take to ensure people were safe.
- Risk assessments had also been completed on people's health conditions, which included looking out for the signs and symptoms of stroke, epilepsy and diabetes and what action to take.

Using medicines safely:

- People were given medicines safely. We checked medicine administration records (MAR) and found medicines were being administered as prescribed. There were special instructions for medicines that required to be given on certain times.
- A medicine support plan was in place, which included information on how to support people with medicines safely. Assessments had been completed on the side effects of medicines and what action staff should take to ensure people were safe.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to. A staff member told us, "I have been trained in medicine and am confident with managing with it.." A relative told us, "I leave (persons) medication out for the carers to give, there have been no problems with that."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents. A person told us, "Carers are alright, friendly, polite." A relative commented, "My relative is very happy with the care and that's the main thing."
- Staff had received safeguarding training and understood their responsibilities to keep people safe and who to report to should they have concerns. A safeguarding policy was in place.

Staffing and recruitment

- There were sufficient numbers of staff to support people. Staff were sent rotas in advance and were given time to travel in between appointments to ensure missed and late calls were minimised. A staff member told us, "I make sure I have 15 minutes in between clients (to travel). I am given my rotas in advance and they know which area I can cover." A person told us, "Yes, they come on time."
- The service used a digital call monitoring system to identify if staff had supported people at scheduled times. Staff had to log on to the system to verify they had attended calls and were there for the duration of the call. A person told us, "The carers turn up when they are supposed to."
- Records showed pre-employment checks, such as criminal record checks and obtaining proof of staff's identity had been carried out. References for staff had been requested and received. This ensured staff were suitable to provide safe care to people.

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Incidents had been recorded and action taken. Records also showed that incidents were analysed and lessons were learnt to minimise the risk of re-occurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control and on Covid19.
- Risk assessments had been completed to prevent and minimise the spread of infections. This included control measures such as wearing Personal Protective Equipment (PPE) and included information on people that may be at risk. A person told us, "They come in and wear masks and gloves and coverings for their shoes." A relative commented, "Carer comes in and puts on fresh gloves, masks aprons and disposes of them when they leave, changes PPE if they take (person) to the hospital."
- Staff confirmed they had access to PPE such as gloves and aprons. Information in care plans included staff should wear PPE and sanitise their hands. A staff member told us, "We go to the office and we collect PPE and we have to record it to make sure we are using. We have had training on Covid19 and aware of what to look out for."

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 the last comprehensive inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were caring. A relative told us, "The carers are very polite and friendly. (Person) gets on with them really well."
- Staff told us they used care plans to find out about people, in order to get to know the person and build positive relations with them. A staff member told us, "I have a good relationship with all my people. Once I meet them, I get to know them and their personalities and also their care needs to gain their confidence."
- People and relatives confirmed that staff had a good relationship with people. A relative told us, "(Person) gets on well with the carers. (Person) is happy to have them come in."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- At our last inspection, we found people were not being involved on decisions about their care. During this inspection, records showed that people or relatives were involved in decisions about their care. People had signed their care plans and reviews to show that they agreed with the support being provided to them.
- Staff told us they always encouraged people to make decisions for themselves while being supported such as with dressing, mealtimes and personal care. A staff member told us, "Yes, we do involve them with decision sometimes we ask them how do you want to be supported such as which dress they want to put on."

Respecting and promoting people's privacy, dignity and independence:

- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "When I come, I let them know I am here. I make sure they are not exposed when changing them, I would make sure they are covered such as doors and curtains."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. A relative told us, "(Persons) dignity and privacy are definitely respected. (Person) has continence wear and they are very respectful around personal care."
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people to make meals or helping them to choose and dress themselves.

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 inspection, this key question was rated as Good. At this inspection this key question has remained the same. 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 the service failed to ensure robust audit systems were in place to identify shortfalls such as on risk assessments and act on them. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focused inspection on 2 December 2020 and found the service was no longer in breach of regulation 17 and was compliant with the warning notice that we issued.

We found 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;

- Quality assurance systems were in place. Audits had been carried out on care plans, which focused on records, person centred care and risk assessments. Audits were also carried out on medicines and staff files such as on training and pre-employment checks.
- The senior management team also carried out audits using the CQC Key Lines of Enquiries on the operations of the service to ensure standards were being met. A relative told us, "We get visits from the people in the office and they do their own audits and they call regularly to make sure we are happy with the carers and the service."
- We found improvements had been sustained particularly on risk assessments and good governance.

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. Peoples cultural and religious beliefs were recorded and staff were aware on how to support people considering their equality characteristics.
- 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 quality monitoring, the management team obtained feedback from people and relatives about the service and performance of staff through telephone monitoring.

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 with 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, "[Registered manager and nominated individual] are good managers. They have been good with me."
- 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. People and relatives were also positive about the service. A relative told us, "The managers ring to make sure everything is ok with the service."

Continuous learning and improving care

- The provider used feedback from people to help with continuous learning and improving care.
- Systems were in place to gather feedback from people and their relatives. Records showed that areas for improvements were identified and action was taken to ensure improvements were made.

Working in partnership with others:

- The service worked in partnership with professionals 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.