

Livingwell Care Ltd

# Livingwell Care - 301 Vicarage Road

## Inspection report

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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

This inspection took place on 22 March 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service; we needed to make sure that there would be someone in the office at the time of our visit.

We last inspected this service in November 2013. At that time they were meeting the requirements of the law and the people they were supporting.

Livingwell is registered to deliver personal care. They provide care to people who live in their own homes within the community. There were 34 people using this service at the time of our inspection.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that the service provided to them was safe. Staff had been provided with knowledge to protect people from harm and knew what actions to take in line with safeguarding procedures.

Staff told us they had access to a range of training opportunities to provide them with knowledge and skills to fulfil their role. Staff told us they felt supported and received regular supervision.

People told us that staff supported them with the preparation of meals which they enjoyed.

People told us they had access to health care professionals when necessary to maintain their health.

Staff maintained people's privacy and dignity whilst encouraging them to be as independent as possible. People told us they were involved in making decisions about their own care needs.

People and their relatives told us they were involved in the planning of their care. Care plans contained individual information about people's preferences and support needs.

Systems were in place for people to make a complaint.

People and staff we spoke with spoke positively about the registered manager. The service actively sought feedback from people and those that mattered to them through questionnaires, home visits and phone contacts about the quality of the service.

The registered manager undertook regular checks on the quality and safety of the service.

## 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.

People told us they felt safe, and we found systems and processes were in place to assure people would be as safe as possible.

Staff were recruited using robust checking procedures. There were enough staff to meet the needs of the people the agency supported.

Risks people presented or were exposed to had been risk assessed, and staff we spoke with were aware of the how to support people in line with these assessments.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained and supervised to ensure they could meet people's needs.

People were supported to maintain good health, and to prepare and eat food and drinks they liked and which met their healthcare needs.

Staff were aware of the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People and their relatives gave consistent positive feedback that they were supported by staff that they liked, and who were compassionate and caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

Each person received a service that had been tailored to meet

their needs and wishes. This was kept under review and adapted as people's needs changed over time.

There was a complaints procedure in place.

When it was part of people's care plan, people were supported to undertake activities that they enjoyed and which were of benefit to their well-being.

**Is the service well-led?**

**Good** ●

The service was well led.

People, relatives and staff gave us consistently positive feedback that the service was well led.

The registered manager was aware of the events they are required to notify us of to meet the requirements of the law.

People and those that mattered to them were supported to express their experiences about the quality of the service.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we sent questionnaires to people who used the service, their relatives and staff. We reviewed the information from notifications, questionnaires and the PIR to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

During our visit to the service's office we spoke with the registered manager and the assistant manager. We sampled four people's care plans and medication administration records to see if people were receiving the care they needed. We sampled four staff files including the recruitment process. We looked at some of the registered providers quality assurance and audit records to see how they monitored the quality of the service. We spoke by phone with one person who used the service, six members of staff and six relatives.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe with the staff that supported them in their own homes. One person we spoke with told us, "They [the staff] look after me very, very, well. They have a lovely manner, are friendly, the agency lives up to their name." All of the relatives we spoke with confirmed that people were safe. Their comments included, "The staff always make sure [name of person] is safe, I feel really confident knowing [name of person] is with the staff," and "I always feel he is safe. They look after my relative in our home and out in the community. I have complete peace of mind."

All the staff we spoke with told us that the safety of people living in the community was the most important aspect of their job. One staff member told us, "I have no concerns about people's safety. Ensuring people are safe is just built into all that we do. It's in the care plans, procedures and our training." Staff we spoke with were able to describe a range of activities they completed in people's homes to ensure the premises continued to be safe for people. They also described checks they completed each time they supported people with care, such as checking their skin or mobility for signs of change.

People that we spoke with told us that if they had any concerns or felt unsafe they would feel confident to report it. One person told us, "I pay for a service, and would get right on to the office and I know they would sort it out if I had any problems." A relative we spoke with told us, "We have got to know the manager really well over time. She is very easy to speak with, and I would talk with her straight away if we had any problems." The registered manager met with each person receiving care and their relatives at least every six months. This visit checked that the service was still meeting the person's needs, but we saw it was also a chance for the registered manager to ensure the person remained satisfied and had the chance to raise any concerns.

Staff we spoke with told us with confidence that they understood the procedure to follow in order to safeguard people from harm. Staff knew how to report any concerns that they had and /or had witnessed to people within the service or to external agencies. Staff told us and we saw records that confirmed that they had received training in how to recognise and protect people from abuse. Staff we spoke with told us they would be able to report any concerns to their manager and were confident they would be dealt with in a timely manner.

Records we sampled included risk assessments of people's health and welfare needs. They were relevant to the person's individual needs and described the risks for staff to consider in order to keep people safe. We saw that risk management plans had been updated and reviewed as necessary. This meant current risks people faced were underpinned by up to date written guidelines.

Staff we spoke with were consistent in their responses about what actions they would take in a variety of general emergencies. We asked staff about some of the specific needs people they supported experienced. Staff answered with confidence and were able to describe the actions they had taken in response to specific health and medical emergencies people they support had experienced. This showed that those staff, had the right mix of skills and experiences to meet people's needs safely.

People and staff told us that they had access to support from the registered manager outside of office hours. This meant there was always a senior member of staff available to give advice and support.

People and staff told us that they were happy with the staffing levels and told us there were enough staff employed to deliver a good service and meet people's needs. Comments we received included, "My relative is looked after by a great and familiar bunch of people. They are rock solid and have never let us down," and "We've been so fortunate, we have a great care team. There is enough staff, we are always covered and they have never let us down."

We saw that the registered provider had records to demonstrate safe recruitment practices. We saw and staff confirmed that they had received appropriate pre-employment checks before they had commenced their role. Many of the staff had been in post for a long time. Checks to ensure that the staff remained fit to provide care and support were updated on a regular basis. This was another way of protecting people from risks of unsafe staff.

People and their relatives told us they were supported with their medicines in a safe way. One relative told us, "Sometimes I need staff to administer the medicines. They are well able to do this, there has never been a mistake and they complete the records so I know what has been given." Checks on medicine management took place every six months. Staff told us and we saw that staff had received medication training to ensure they were safe to administer medicines, but this did not include a competency check. Although there had been no reported medicines errors it would further increase the safety of medicines administration if checks on medicines were undertaken more frequently, and if staff undertook competency assessments to ensure they maintained the practical skills needed to administer and manage medicines safely.

## Is the service effective?

### Our findings

People had confidence that the staff had the skills and knowledge to meet their needs appropriately. One person we spoke with told us, "They [the staff] fill the gaps of the things I can't do for myself." Relatives told us, "The staff are always really well trained. They have done specific training in how to use our hoist, feeding, and my relatives healthcare needs," and "My relative has a range of complex healthcare needs. The agency co-operates with other people involved in his care to ensure the staff have the most up to date knowledge and training about these needs. It is exceptional." Another relative told us, "I feel very confident that the staff know what they are doing," and a fourth relative told us, "The staff have all been trained well. Even more importantly, I think they have the staff with the right attitude."

All the staff we spoke with told us they received a variety of training to enable them to carry out their job effectively. A member of staff we spoke with told us, "Training is 'A1'. It gives me the skills and confidence I need to provide care which is sometimes complex and challenging." Staff told us they had received specialist training from nurses and healthcare professionals in order to support people's individual health conditions. Staff we spoke with told us they felt supported to do their job. They advised us that they received regular supervision. Their comments included, "I get supervisions and appraisals. The manager is the backbone of this organisation. There is nothing and no time I wouldn't feel able to call her and ask for advice or support. "

We saw that staff were provided with and completed an induction before they started working for the service. The registered manager advised us that new staff complete the Care Certificate [The Care Certificate sets fundamental standards for the induction of adult social care workers] and staff received support on an individual basis while working through the course. We spoke with a member of staff who had 'buddied' some new members of staff. They commented that the calibre of new staff was consistently good, and that new staff were supported until they felt confident to support people on their own.

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 it is in their best interests and legally authorised under the MCA. We checked whether the service was working within principles of the MCA.

One person who received support with their care told us, "Sometimes I can help myself, sometimes I need a little bit more help. They always ask me what I need help with and don't just launch in." A relative we spoke with told us, "My relative has dementia. They [the staff] work in ways that are very kind, empathic, they focus on what they can do, and encourage their independence." In one person's care plan we saw that the agency had worked cooperatively with other members of the health and social care team, to support a person whose mental capacity could be changing. This ensured the person's expressed wishes and rights were being protected and maintained.



Some people we spoke with needed staff to help them with the preparation of meals and drinks. People told us that staff prepared meals which they enjoyed. Relatives we spoke with told us, "Staff serve the meals I leave ready. They have to assist my relative to eat and they always do this with kindness and patience." Another relative praised the staff for sometimes arranging to bring take away food for their relative. They explained how this was a hi-light for them during the week, and made a welcome change from other meals they had. Another relative told us, "I am confident that staff understand what my relative can and can't have to meet their medical needs." Staff we spoke with told us, "I prepare meals for people. You get to know what people like and how people prefer their meals," and "I have to order food in. I check to see what he enjoys and what he doesn't like. I then order more or stop ordering things to meet his needs." This ensured people were able to eat food and drinks they enjoyed and which met their healthcare needs.

Staff were able to explain what they did to help people maintain good health. For some people their needs were complex. Staff explained how they provided feedback either to the office or to a person's relatives if they observed a change in someone's condition. A relative told us, "They are so observant. Sometimes they pick up on subtle changes that even I haven't noticed. They are really on the ball." Staff we spoke with described how they observed a person's physical condition each time they supported them with personal care. This ensured a change in a person's skin condition or mobility would be picked up. Staff explained how some people were being supported to regain and retain independence skills and how other people's medical condition meant that over time they were becoming more dependent. Staff were able to confidently describe how these needs were met, how they reported changes and how the care plan and risk assessments would be reviewed to reflect these needs. The registered manager explained to us the work undertaken by the care staff team and herself to support people after a pro-longed stay in hospital. The work of the agency care staff had enabled the person to regain skills and confidence that meant they could remain living at home.

Some relatives described how the care staff received direction and supervision from community based health care staff when their loved one had a complex health care need. Relatives praised the co-operative working and reported the positive impact this had on people's health.

## Is the service caring?

### Our findings

People and their relatives described the positive relationships they had with the staff who supported them in their own home. One person who spoke with us said, "The staff are just so kind, so very, very helpful. I truly couldn't fault them. I would recommend them without hesitation". Relatives we spoke with told us, "I can only say they are exceptional, and that the staff go out of their way to help us" another relative told us, "I would say they are excellent," and a third relative said, "The carers are lovely, superb, all very familiar. I don't think this is typical. I feel we get an exceptional service from them." Another relative we spoke with explained that several years ago their family had started using Livingwell for one of their parents, and a few years later their second parent also required care. The relative explained how they had returned to the agency, and the registered manager had tried to source staff that knew the person from years before. The relative explained how helpful this had been for their parent in quickly establishing a trusting and meaningful relationship. Some of the people the agency staff supported were children, and the staff provided a respite and support service to the child's family. Two relatives of children told us, "There is always plenty of friendly banter when the carers are in our home. It is a positive experience for everyone," and "We have carers come in to support my child, so I get a break. It truly takes the pressure off me. I feel like they are on our side. We couldn't do without them, and over the years they have become like extended members of our family. It's not easy coming in and out of a family home, but they do this with the greatest sensitivity and awareness of our privacy and the impact on the rest of the family. "

A member of staff we spoke with explained that over the years of their career they had worked for a number of different agencies. They told us "The service users are not just a name or number. It's a very personal service. We get to know people really well, and that's what makes this agency different." Other members of staff told us, "Nothing is too much trouble for the manager. It is nice to work for. She will help you whenever she can, and it's the same for service users. It is one of the best places I have ever worked, " and "Clients needs are always met and if we can do a little bit extra to help them we do."

Staff who we spoke with described how they showed care in their role and towards people they supported. Staff had a good understanding of people's needs and individual preferences and they could describe people's health and personal care preferences and preferred routines. One person who used the service told us, "They always help me to make sure I'm clean and tidy, which is important to me. They respect me, but they also respect my home and my things."

People we spoke with told us they were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences. We saw in people's care plans that each person's personal needs and preferences were all detailed, and each plan was individual to each person.

## Is the service responsive?

### Our findings

People we spoke with told us they received the care they needed in the way they preferred. One person told us, "If I need a little bit more they arrange it, and if I am doing well, they let me enjoy my independence." Relatives we spoke with explained how the service had been developed or changed to best meet people's needs. Comments we received included, "The staff are always receptive and responsive. My sons needs quite often change and we need to ensure the care keeps pace with that. It's never a problem with the staff or agency" and "I appreciate knowing where I am. The office staff send us staff rota's a week in advance. I know when and who is coming. They will adjust the times to meet the needs of our family if I ask. They remind me if something is running low and often talk to me if they think my relatives needs are changing or could be better met in a different way. Nothing is too big or small for them."

Care plans we looked at demonstrated that people and their families had contributed to assessments to identify individual people's support needs, personal history and individual preferences. Relatives told us, "The registered manager comes out at least every six months. We have chance to talk through the care and check it is still going well, and see if anything has changed." A person who used the service confirmed, "The manager comes every six months to check that everything is still OK." People's care plans and needs were continually updated to ensure the right care and support was provided.

Some of the relatives we spoke with explained that the staff were responsible for supporting their loved ones with activities either in the home or out in the community. Relatives explained that staff supported people both in the community and at home with activities that were of interest to them, or of benefit to their physical health and wellbeing. Relatives told us that when this was part of people's care and support needs staff had supported people to go swimming, trips to local places of interest, attending school, as well as playing games and relaxing at home.

The service had a procedure in place about how to make complaints. No complaints had been received since our last inspection. However people and relatives that we spoke with told us they would feel able to report any concerns they had to the registered manager. Relatives told us, "They [the registered manager] are totally approachable. I could go to them with anything. In all honesty though they are most likely to come to us, and say, 'Would you like us to [any range of suggestions]' " and "If anything changes I get in touch with the manager. She is receptive and responsive. It would be sorted out straight away."

## Is the service well-led?

### Our findings

Everyone we spoke with gave consistently positive feedback about the leadership and management of this service. Comments we received included, "I have used a number of agencies over the years. They have all let us down. I have been with 'Livingwell' for nine years now and can only hope this level of service continues," "I'm totally confident in the manager's ability. She is simply really, really good. I would give them the highest rating possible."

Staff we spoke with praised the organisation and leadership of the agency. Their comments included, "If I have any troubles I go straight to the manager, she will sort them out. She has worked hard to make the team strong. I trust her, but also the other staff I work with," and "As an employee I appreciate that the calls are all well organised, I get a rota in advance and know where and when I am going. I am very happy with the agency and couldn't wish to work for a better place."

The views of people who used the service were sought by the provider. The registered manager advised us that questionnaires had been sent out to people using the service to find out their experiences of using the service. One relative told us "I get a questionnaire usually about once a year. It used to be more often when we first started with the agency." The registered manager advised us that questionnaires had been sent out to people using the service to find out their experiences of using the service. People were sent a questionnaire after four weeks of their service starting, and more frequently during the first year they used the service. After this they were sent out annually. While in the office we looked at completed questionnaires, and these were all positive about the care and support each person had received.

The registered manager was in day to day control of the agency and had a personal knowledge about the people the agency was supporting and each member of staff. It was apparent that open and trusting relationships had been built up over time between people who used the service, staff and the manager and as a result the formal and recorded checks that were being undertaken were minimal. While to date no untoward events had occurred that the registered manager was not aware of, further developing checks and audits would give the registered manager even greater assurance about the service being offered.

The registered manager was not confident about recent changes in Regulations, although they were clear and understood their responsibilities and what was expected of them regarding their legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. However, no events had been reported that required notifying.

The service was owned and managed by one person with the support of an assistant manager. This simple structure meant that people, relatives and staff were always clear about who to seek support from. During the inspection we explored what the registered manager's contingency plans were in the event of her not being able to operate the service. There were no formal contingency plans, and while to date this had not impacted on the service people had received developing a contingency plan, would further secure the continuity of the service people reported they currently enjoyed.

