

Livingwell Care Ltd

Livingwell Care - 301 Vicarage Road

Inspection report

301 Vicarage Road
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26 February 2019

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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

About the service: Livingwell Care - 301 Vicarage Road is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults and children. At the time of the inspection 27 people received personal care support from the service. The office is based in Kings Heath Birmingham. The service provides care and support varying from short visits to 24 hours a day support.

People's experience of using this service:

People told us they felt safe being supported by Livingwell Care - 301 Vicarage Road. People told us they were made safe by the care they received. Staff told us they had appropriate training, knowledge and support to keep people safe. Staff could tell us how they managed risk and behaviours that challenge that respected the person and supported their dignity.

People and their relatives we spoke with felt confident in the management. They told us there was a caring culture within the service and staffing levels were appropriate.

We looked at how the management team planned their rotas. Staff were given travelling time between each person they visited. People told us they always received their full allocated visit times.

Staff told us they had regular clients and positive relationships had been built. One staff member told us, "When [person] is living in the moment and remembers me, it makes my day."

It was clear staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and life choices. The registered manager told us the low staff turnover allowed positive relationships to be built with people receiving support and strong teamwork to develop. People who used the service expressed positive views on how they were treated by staff.

Care plans had been developed with people and their relatives being involved throughout the process. These were regularly reviewed to reflect people's current needs. The management of risk was included within the care plan to minimise the likelihood of preventable harm occurring.

Staff files we looked at evidenced the registered manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they were supported to gain vocational qualifications in health and social care.

There was a complaints procedure which was made available to people and their family. People we spoke with told us they were happy with the support they received.

The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well led.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionnaires to seek their views about the service provided. We noted activities were provided as part of the care people received. Staff told us they supported people to activities that enhanced their physical and mental wellbeing.

The service engaged with outside agencies to ensure people received timely healthcare support. The management team engaged with other agencies to gain updates on legislation, best practice and learn from other providers experiences.

More information in the full report.

Rating at last inspection:

Good (Report published 16 April 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme or if any issues or concerns are identified.

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

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring 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.

Livingwell Care - 301 Vicarage Road

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

Livingwell Care - 301 Vicarage Road is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults and children.

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:

We gave the service three days' notice of the inspection site visit because we needed to be sure that they would be in. Inspection site visit activity started on 26 February. We visited the office location on the same day to see the manager and office staff; and to review care records and policies and procedures. We telephoned staff and clients after we had left the office on the same day.

What we did:

Before our inspection, we checked the information we held about Livingwell Care - 301 Vicarage Road. This included notifications the registered manager sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning, safeguarding and contracts departments at Birmingham County Council. This helped us to gain a balanced overview of what people experienced when they received support from Livingwell Care - 301 Vicarage Road. We also contacted Healthwatch Birmingham. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we spoke with the registered manager, assistant manager, three people who received support, one relative and three carers. We looked at the care records of three people, recruitment and training records of four staff members, records relating to the administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the registered manager used. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered manager ensured staff had enough time to travel between visits. We looked at the continuity of support people received and discussed how the management team monitored how long staff stayed on each visit.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Livingwell Care - 301 Vicarage Road.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe with the support they received. One person told us, "I do feel safe with staff." A member of staff told us, "[Registered manager] goes out and makes sure it is safe for people."
- Staff told us they had safeguarding training and this was repeated yearly.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. One staff member told us, "[Registered manager] comes out all the time checking people are safe."
- All staff we spoke with told us everyone they supported had a care plan and risk assessments.
- We read information that guided staff on what to do to keep people safe should their health deteriorate or they displayed behaviours that could be harmful.
- People we spoke with told us they had a care plan and staff followed the guidance held within.
- Staff told us they had enough time to complete all tasks required. The registered manager told us, "Staff do not have back to back visits we always build in travelling time."

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. Records we looked at showed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers before staff worked alone supporting people.
- We found the service had appropriate staffing levels and deployment strategies to keep people safe.
- Rotas focused on how staff provided care within a geographical area. The assistant manager told us, "We have kept the service small so we can manage the service and know what is going on." We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty always to support people in their care. The registered manager told us, "We always discuss if we have enough staff to complete visits before I go out and meet people and do an assessment."

Using medicines safely

- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this agreement was done with people's full consent.
- People told us they were happy with the support they received to take their medicines.
- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.
- Staff received medicine training yearly. Staff told us the registered manager worked alongside staff and

observed their work practices.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons as required. This helped prevent the spread of infections.
- The registered manager ensured infection control procedures were maintained with effective staff training.
- The manager completed unannounced spot check visits to ensure staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted and action taken.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received an induction, which involved shadowing experienced care staff, looking at care plans and meeting people and their relatives.
- Records showed staff received training that was relevant to their role and developed and maintained their skills. A staff member said, "We do training every year because things change."
- Staff also told us they were supported to improve their learning by completing professional health and social care qualifications. The registered manager and assistant manager had also achieved additional health and social care qualifications. The registered manager told us, "It made us think about our jobs. You don't realise what you actually do."
- The management team strengthened staff experience and support through supervision and individual informal meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Meetings were provided regularly and covered, for example, professional and personal progress, and training needs. Staff we spoke with confirmed they had regular formal supervision sessions. One staff member told us, "Supervisions are very regular, we sit down and have a conversation."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care plans we looked at showed expected outcomes and details of support required with an emphasis on promoting independence.
- Care visits were arranged in consultation with people or their relatives.
- One relative told us, "I'm involved in the care plan and [registered manager] is on top of it. She always asks if anything needs changing."

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

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required. This included highlighting people's religious and cultural preferences.
- People told us they were supported appropriately with eating and drinking.

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

- Staff told us they supported people to health appointments.
- The registered manager and assistant manager attended multi-disciplinary review meetings with one person and their relative.
- The registered manager included people's ongoing health concerns and staff response should it be

required to keep people healthy.

Ensuring consent to care and treatment in line with law and guidance

- We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). Processes were in place for people to give their consent to care and support. People we spoke with and one relative of a person confirmed this.
- The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes. However, the management team were aware of (DoLS). Staff demonstrated a good awareness of related procedures.

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

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 we spoke with told us they were treated respectfully. One person told us, "All the staff are respectful."
- The registered manager told us when they supported a person who wore clothes of a different gender, conversations took place with staff to ensure the person's lifestyle choices were supported and respected.
- Staff told us the registered manager ensured visit times allowed staff to form relationships with people. The registered manager told us, "I want to create a treating people with respect culture."
- All staff received Equality and Diversity training as part of their mandatory training.

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

- People told us they were involved in their care planning. One person told us, "I get my review every 6 months and [registered manager] she listens."
- We saw evidence in care plans that people had been asked about their likes/dislikes, preferences and routines.
- People and relatives, we spoke with told us they were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I don't want to go into a care home. I have a great difficulty and cannot cope without them [carers] coming in. They make a difference."
- Discussion with staff and a relative about how people should be treated with respect and dignity confirmed they showed a good awareness of the importance of respecting people and maintaining their dignity. One staff member told us, "We have time to care."

Is the service responsive?

Our findings

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

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

- One person confirmed they received support that met their needs. They said, "I try to do what I can, and they [carers] help with that. They are keeping this old girl going."
- Care plans identified unique considerations staff needed to be aware of to ensure responsive support was delivered. For example, there was information on people's long-term health conditions that included signs, symptoms and appropriate responses.
- Staff told us care plans held comprehensive information on each person. One staff member told us, "Everything is documented and really easy to understand." A second staff member commented, "All care plans have literally everything in them, and [registered manager] comes out and updates them."
- Care plans documented how people could accessibly receive information. For example, one person was partially sighted and used a machine to aid their reading. It was documented they required their rota in a larger print. The assistant manager told us, "If people had specific needs we would seek to find a solution. Google is a wonderful research tool."
- People were supported to attend activities they enjoyed which enhanced their physical and mental wellbeing. For example, one person went swimming regularly and a second person attended a dementia café. Dementia cafes are where people living with dementia and their family members can meet up with other people and relatives experiencing the same condition.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and arranged meetings for people who were supported by the service.
- The people we spoke with knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One relative told us, "I have no complaints. If I needed anything, I know it would be sorted."
- The service had a complaints procedure which was made available to people they supported. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.

End of life care and support

- We reviewed systems for end of life care for people supported by the service. End of life care was included within people's plans of care. Although none of the people supported were end of life, we were informed the service would work alongside other health professionals to coordinate end of life care.
- The registered manager told us they had provided end of life support in the past and they had asked staff if they were comfortable providing sensitive care to people at the end of life. They emphasised the care was not only for the person but also for the families and friends of the person.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- All staff we spoke to, stated they enjoyed their job and thought the manager was very supportive and knowledgeable. One staff member said, "[Registered manager] knows the job and knows what she is doing."
- People's care plans and pre- assessments documented any preferences or cultural needs.
- The registered provider's systems ensured people received person-centred care which met their needs and reflected their preferences. Visit times and length were arranged through consultation.
- The management team matched staff with people they supported to ensure they had the skills and abilities to support people's preferences. For example, only staff who were good swimmers supported one person with their swimming activity.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The service had clear lines of responsibility and accountability. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- Evidence demonstrated the registered manager had quality assurance processes that were effective and improved the service as intended. For example, the registered manager completed unannounced visits at evenings and weekends. This helped ensure staff delivered high quality care.
- The registered manager had notified CQC of any incidents in line with the regulations. The home had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.
- Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. For example, one staff member commented, "We get a lot of support from the office."

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

- Care plans reflected, promoted and supported people identifying their cultural heritage and beliefs and unique behaviours. Livingwell Care - 301 Vicarage Road supported people who could be marginalised or discriminated against to integrate into their local communities.
- Staff told us they felt supported by the management team. One staff member told us, "We see [registered manager] quite regularly and we can always pop into the office anytime."

- Questionnaires were sent to people to gather their views on the support they received. The responses showed positive feedback. Comments included, 'Have been completely satisfied with all care and staff.' And, 'All staff are prompt, caring and helpful.'

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were investigated and actions recorded where improvements could be made.
- The registered provider commissioned an external company to complete a quality management audit on the service. This led to changes including the formalising of staff handover documentation, the creation of a disaster recovery plan and changes in policies and procedures to evidence compliance with the General Data Protection Regulation (GDPR).
- The management team received alerts from the Department of Health and CQC on health and safety, good practice and changes in legislation. This supported the service's continuous learning.

Working in partnership with others

- The registered provider took part in multi-disciplinary meetings and liaised with health professionals to support people who received their support. We saw Livingwell Care - 301 Vicarage Road managers worked alongside health and social care professionals to ensure appropriate support had been commissioned and health interventions actioned.