Livingstonecare Service Limited

ZONE 1

Inspection report

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Corby
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Tel: 07985953488

Date of inspection visit:
10 September 2018
11 September 2018

Date of publication:
31 October 2018

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

Zone 1 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 older adults or adults with disabilities.

Not everyone using Zone 1 received the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, three people were receiving personal care.

This inspection took place on the 10 and 11 September 2018. This was the first comprehensive inspection for the service since it registered with the CQC in October 2017.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the CQC 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 received care from staff that were friendly, kind and caring; passionate about providing the care and support people needed and wanted to enable them to stay in their own homes. People felt cared for safely in their own home.

Staff had the skills and knowledge to provide the care and support people needed and were supported by a provider who was visible and approachable, receptive to ideas and committed to providing a high standard of care.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People experienced caring relationships with staff.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA) (2005). The provider was aware of how to make referrals to the Court of Protection if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

The registered manager and provider continually monitored the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

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 felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Good

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005, - (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

People received sufficient support with eating and drinking.

Is the service caring?

Good

The service was caring.

People were cared for by staff that were compassionate and committed to providing good care and support.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a culture of openness and transparency; the provider encouraged and supported the staff to provide the best possible person centred-care and experience for people and their families.

People could be assured that the quality assurance systems in place were effective and any shortfalls found were quickly addressed.

ZONE 1

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 announced inspection took place on 10 and 11 September 2018 and was undertaken by one inspector. The provider was given 24 hours' notice because we needed to ensure someone was available to facilitate the inspection.

Before the inspection we reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

During the inspection we were not able to visit people in their own home; however, we received feedback from relatives and viewed written feedback from people. We also spoke to three care staff, and the registered manager.

We reviewed the care records of three people and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People felt safe in their homes with the people who supported them. The feedback we reviewed from people using the service included, "Fantastic staff, I always feel safe when they are with me."

Risks to people had been assessed; we saw that care plans and risk assessments were in place. These documents were individualised and provided staff with a description of any risks to people's safety. Staff understood the support people needed to promote their independence and freedom yet minimise the risks. They could describe how they provided the care and support people needed to keep them safe.

The provider had a clear safeguarding procedure and staff knew what steps to take if they were concerned. One member of staff said, "I would contact the manager [registered] if I had any concerns and if they [Registered manager] did not do anything I would report it to the safeguarding authorities." We saw that where any issues around safeguarding had been raised that the registered manager had taken the appropriate steps to address the concerns.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service.

There was sufficient staff to meet people's needs. People were supported by the same small team of care staff and the registered manager also provided care and support to people. One staff member told us, "We all work really well together to make sure that clients [people] are supported at the times they have requested." Feedback received from people and relatives showed that staff stayed for the agreed time and they were not rushed.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through emails, supervisions or contact from the registered manager. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong. For example, a communication book was put into place to ensure that a person's relatives were fully aware of the care and support that had taken place throughout the day to offer reassurance.

At the time of the inspection, Zone 1 was not supporting anyone with medicines. Policies and procedures were in place and staff had received training in medicine management in preparation to support people in the future.

Good

Is the service effective?

Our findings

Detailed assessments of people's needs prior to agreeing a service were undertaken in line with guidance and good practice. The registered manager met with people to discuss their needs and how they would like their care and support delivered. This ensured that the service met the person's individual needs and considered both their physical and mental well-being as well as their cultural needs. Advice was sought from other health professionals when needed and where appropriate a member of the family was involved to help the person express their requirements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. At the time of the inspection no people using the service required applications to be made to the Court of Protection.

People's capacity to consent to their care and support had been assessed by the registered manager, their relatives and other professionals involved in coordinating their care. Staff sought people's consent when supporting people with day-to-day tasks. One member of staff told us, "I always check my client [person] is happy with the support I am about to provide; I always ask, 'is it okay' for me to help."

People were encouraged to make decisions about their care and their day-to-day routines and preferences. We saw people's care plans contained detailed information about their preferences and how they wanted their care and support to be delivered.

People received care from staff that had the skills and knowledge to support them. Staff training was relevant to their role and equipped them with the skills they needed to support people living in their own homes. Staff spoke positively about the training they had received both as they started to work for the service and the on-going training provided. One member of staff said, "My induction was very good and interesting. It was all 'face to face' training, which I think is much better than on-line training. I then went out with the registered manager and other experienced staff to shadow them before I started working with people myself."

All staff had been newly recruited to Zone 1 and felt fully supported with their initial supervision meetings. The registered manager had plans in place to provide regular supervision and appraisals were in place for when staff had worked for the service for over 12 months. One staff member said, "I feel really well supported in my role, [Registered manager] is great and very knowledgeable about the clients [people]. We can discuss any further training we might like, and any concerns we might have."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health.

Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. The registered manager confirmed that staff regularly liaised with district nurses and people's GPs when necessary and referrals were made to occupational therapists when needed.

Good

Is the service caring?

Our findings

People and their families were very happy with the staff and the care and support received from the service. Feedback included, 'I really trust the carers to support [my relative].' Feedback that the service had received was positive and showed that people were happy with the care they received.

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their care and support to be given. Care plans were detailed and promoted independence, and the views of the person and their relatives [where appropriate] were included.

People received their care in a dignified and respectful manner. Feedback the service had received from people was positive and evidenced that privacy and dignity was respected and promoted. It was clear in people's care plans if they had a preference of what gender staff supported them and staff confirmed that this was happening in practice.

Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and always covered people up as much as possible to maintain their dignity. One member of staff said, "It is so important to treat people as I would wish to be treated myself."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. One care staff told us, "We make sure all of our notes are confidential and we never talk about other client's [people] we support to other clients."

At the time of the inspection, some people were able to express their own views and represent themselves, others had relatives that took on this role. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. An advocate is an independent person who can help support people to express their views and understand their rights.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and care plans had been developed with people and where appropriate their relatives. We discussed with the registered manager that care plans would benefit from being more detailed about how to support a person with their care needs. On the second day of the inspection the registered manager presented a newly devised care plan containing more details about how to support a person with each personal care task. The new care plan was person centred and the registered manager was intending to develop all the care plans to the same standard.

Staff knew people very well; they understood the person's background and knew what care and support they needed. There was a life history document in people's care records which detailed their past life, family and significant people in their lives, hobbies and interests. This enabled staff to have meaningful interactions and conversations with people.

People received care for a minimum of a half an hour at a time which gave them and the care staff the opportunity to get to know each other. People did not feel rushed and overall had the same care staff, which was important to people.

There was information about people's cultural and spiritual needs. Staff were aware of people's individual needs and explained if they were to support anyone who had diverse needs that this would be detailed and explained in the care plans. At the time of the inspection there was no one who had any specific cultural needs.

People were supported to undertake activities or pursue any interest they may have; for example, people were supported to go shopping and access local activities in the community such as a local day centre.

At the time of the inspection no one was receiving end of life care. There was an end of life policy in place and when appropriate people would be asked about their wishes and preferences. The provider was in the process of looking at end of life training for staff and was aware of the support they could access from other specialist services.

People and their relatives knew how to make a complaint if they needed and were overall confident that their concerns would be listened to and resolved. There was information about how to complain in each person's care planning file. No complaints had been received by the service but the registered manager explained the process in place for responding to complaints if the situation arose.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. At the time of the inspection the service was not supporting anyone who specifically needed assistance with information. However, the provider told us that they would ensure that information would be made available to support people's different communication

needs, for example, Large print, Audio tape and Symbol/pictorial based.

Good

Is the service well-led?

Our findings

The provider and registered manager had a clear vision, which was embedded into the service and from our conversations with staff, they were able to demonstrate their understanding of it. The vision was to 'To become an excellent, unique, favourite and complete provider of person centred care.' Feedback from people and relatives confirmed that they were supported to remain independent and felt involved in their care.

We saw that people were supported to make choices in their everyday life, they were involved in activities in the local community and encouraged and enabled to remain as independent as possible. Staff, understood their roles and strived to provide the care and support people needed to live their lives to the full and as independently as possible.

People could be assured that the service was being managed competently. There were quality assurance systems in place and some audits had been undertaken by the registered manager. Audits were still being developed by the registered manager; however, because the service was small and the registered manager worked closely with people and the staff they were continuously monitoring the service on a day to day basis.

In addition, the provider monitored the service through weekly information sharing from the registered manager and having regular meetings with the staff team where they would agree action plans to continuously look at service development and improvement. The provider was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service.

The service was open and honest, and promoted a positive culture throughout. Staff felt listened to and felt able to raise any concerns or ideas they may have about improving the service. The provider and registered manager also delivered care and support. Staff told us that this meant that any concerns about people or if people's needs changed they were picked up quickly and dealt with in a timely manner. For example, one person's mobility had decreased, and the registered manager went out the same day and reassessed the person and ensured that a new moving and handling plan was in place to support the changes.

The provider and registered manager ensured the service kept up to date with the current best practice. They were involved with a local network of other registered providers to share good practice.

The service worked positively with outside agencies. This included a range of health and social care professionals. We saw from records that the provider has liaised with the health commissioners and professionals such as district nurses, occupational therapist and GPs.

The provider had not yet been required to submit notifications to the Care Quality Commission (CQC); however, they were fully aware of their responsibility and knew what incidents would require a notification. A notification is information about important events that the service is required to send us by law in a timely

way.