

Livingstone Care Solutions Limited

# Livingstone Care Solutions

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Livingstone Care Solutions is a domiciliary care agency providing personal care to people in their own homes, who were at the end of their lives or may be living with dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing personal care to 23 people.

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

Relatives told us staff were kind, caring and compassionate when providing support and care especially during end of life care. Staff knew people well and understood their choices and preferences.

Potential risks to people's health and welfare had not always been assessed. There was not always guidance for staff to reduce the risks. Care plans did not contain information about people's choices and preferences. Staff told us how they provided care in the way people preferred. People's needs were assessed before people started to use the service, but recognised tools had not been used to assess for example skin integrity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood how to support people to make decisions and did this on a day to day basis. However, when people were living with dementia, decision specific capacity assessments had not been recorded.

Quality checks had been completed on the service; however, these had not identified the shortfalls found at this inspection.

There were enough staff who had been recruited safely to meet people's needs and received training appropriate to their role. Staff received supervision to discuss their work. The registered manager worked with staff to make sure they were providing the required standard of care. Staff attended regular staff meetings to discuss people's needs and give suggestions about the service.

Complaints and incidents were recorded and investigated. Action was taken to reduce the risk of them happening again, they were discussed at staff meetings. There was an open and transparent culture within the service, relatives told us they knew the registered manager. Staff told us they felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 30/09/2020 and this is the first inspection.

#### Why we inspected

We inspected the service as it had been registered for a year.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

#### Enforcement

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Livingstone Care Solutions

## 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 completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 November 2021 and ended on 12 November 2021. We visited the office location on 2 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care workers and the administrator.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Some potential risks to people's health and welfare had not been assessed. When risk assessments had been completed, they did not contain detailed guidance for staff. One person had bedrails put in place by the occupational therapist. There was no information for staff about how to use the bedrails safely such as the use of bumpers to prevent the person's legs being trapped. Staff told us they used bumpers on the bedrails when they left the person's house. Relatives confirmed staff used the bedrails appropriately with bumpers.
- Some people remained in bed and their skin was at risk of damage. Guidance stated staff should assist people to change position on each visit and to report any changes, however, there was no guidance about what to report. Staff told us what they would look for when turning people and how to report any concerns. When people are at risk of skin damage, they often use pressure relieving mattresses, these need to be set correctly to make sure they are effective. Risk assessments did not contain information about what setting mattresses should be set on. The registered manager told us the district nurses set the mattresses. Staff checked the mattress was working; however, these checks were not recorded. There had been no incidence of pressure sores developing, this was confirmed by relatives.
- One person's care plan stated their diagnosis included seizures. There was no guidance for staff about how the seizures presented, how often and what action staff should take if a seizure is observed. Staff told us, how they would support people when they experienced a seizure.
- Following the inspection, the registered manager told us a separate checklist had been put in place. These would be submitted to the admin office. We will check this at our next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they thought their loved ones were safe and staff knew how to keep them safe.
- People's homes had been assessed for environmental risks such as fire and evacuation routes. Equipment such as hoists were checked regularly to make sure they were safe to use.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. The registered manager understood their responsibilities to report any concerns to the local safeguarding authority.
- Staff knew how to recognise signs of abuse and how to report their concerns. They were confident the

registered manager would deal with the concern appropriately. Staff also understood the whistleblowing policy and who they could speak to if they thought people were at risk.

#### Staffing and recruitment

- There were enough staff to meet people's needs. The number of people staff supported varied. The registered manager assessed the capacity of staff before accepting new people. There had been only one missed call since the service registered, this was not related to staffing numbers. Some calls had been delayed mainly due to travel issues. People had been contacted when this happened to explain why staff would be late.
- Staff told us their workload was manageable and they had enough time to travel between each call. Relatives told us staff had turned up for the calls when they should and stayed for the time allotted.
- Staff were recruited safely. There were effective systems in place to recruit staff, checks were made to make sure staff were suitable to work with people. Staff completed an application form with a full employment history and references from previous employers. Disclosure and Barring Service (DBS) checks were made before staff began working for the service. DBS checks identify if prospective staff have a criminal record or were barred from working with adults.

#### Using medicines safely

- Staff supported only one person with their medicines at the time of the inspection. The registered manager checked the administration sheets and tablets weekly to make sure medicines had been given.
- Staff had received training which was refreshed regularly.

#### Preventing and controlling infection

- The service protected people from avoidable risk of infection. Staff had all received two doses of the Covid-19 vaccination, staff completed a lateral flow test each day before work. The registered manager gave staff supplies of personal protective equipment (PPE) each week. Staff were reminded to wear PPE during each visit.
- Staff received regular infection control training. The registered manager completed spot checks to make sure staff were following the guidance.

#### Learning lessons when things go wrong

- Incidents had been recorded and investigated. Each incident had been used as a learning experience. When a call had been missed, it was found there was a communication mix up. The registered manager had put a new system in place to reduce the risk of it happening again. The incident was also going to be discussed in the next staff meeting.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager met with people and their family before they started using the service. An assessment was completed covering all areas of people's lives. These included people's protected characteristics under the Equalities Act 2010, such as sexual preferences. Relatives told us staff asked about people's preferences and needs.
- People's needs such as maintenance of skin integrity had been recognised in the assessment and care plan. However, these needs had not been assessed using recognised tools following national guidance such as Waterlow score. These tools help staff to adjust the person's care to follow national guidance which is evidence based and recognised as best practice. This is an area for improvement.
- Following the inspection, the registered manager told us assessments had been put in place. We will check this at our next inspection.

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

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 this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood their responsibility to make sure people's decisions and choices were acted upon. Staff told us how they supported people to make decisions by asking them what clothes they wanted to wear and items they wanted left with them during their visit. People told us, their choices and decisions were always respected.
- Some people were living with dementia and may not have capacity to make decisions. There had been no decision specific capacity assessments recorded to identify what day to day decisions people could make and when they needed extra support from their relative. The recording of decision specific assessments was an area for improvement. Complex decisions about people's care had been completed following MCA guidance by health and social care professional with relatives. This is an area for improvement.

Staff support: induction, training, skills and experience

- Staff had received training appropriate to their role. Staff told us; they had received training to meet the needs of the people they supported. Training included moving and handling, first aid, dementia and safeguarding. Staff were experienced, the registered manager worked with staff to check they were competent and had the skills to support people.
- New staff had completed an induction. They worked with experienced staff to learn about people's choices and preferences.
- Staff received regular supervision where they could discuss their work and any concerns they may have. Staff told us they were supported by the registered manager and they were able to contact them when they needed to.

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

- The registered manager understood their responsibility to contact health professionals when people's needs changed. They had contacted the district nurses and occupational therapist to obtain additional equipment for one person when needed.
- Relatives told us staff recognised when people needed support from the district nurse or GP. One relative told us, "They would let us know when the district nurse was needed, and we contacted them. This was how the district nurses wanted it." Another told us, "When we had trouble getting medicines, they were so helpful contacting the district nurse, and getting it sorted."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- A relative told us people were treated with kindness and compassion. One relative told us, "They supported my Dad so when my Mum needed support, I asked for them. Staff are very kind and professional." One person told us, "They sit and talk with us all the time checking if we need anything."
- Journal comments from families praised staff for being kind and generous with their patience and time. Relatives told us when people were at the end of their lives staff rang to check between calls to check they were comfortable. Staff visited between calls to turn people if they were not comfortable.
- One relative told us, "They had time for all of us, including Dad, they knew us all and made sure we were all ok. When Mum would only drink for them, they made sure Mum had a drink before they left." One person told us, "They are so accommodating, if I need anything, I can ring the manager and it will be sorted. We are very lucky."

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

- Relatives told us they were involved with their loved ones in developing the routine of each visit. Staff told us they listened and adapted the support they provided when asked by people or their relatives. People and relatives confirmed they were involved in decisions about their care.
- When people were unable to express themselves verbally, staff found out about their previous choices and preferences.

Respecting and promoting people's privacy, dignity and independence

- Care plans gave guidance to staff to maintain people's privacy and dignity such as pulling curtains and waiting to be let into their home. Relative told us staff maintained people's dignity while providing care. Relatives told us staff were respectful and polite. One relative told us, "They asked us how we wanted to be addressed, they call us by our first names as asked which is lovely." Relatives told us, staff made sure people's privacy was respected during care.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.
- Staff told us, they encouraged people to complete as much of their personal care as they were able to such as washing their face and cleaning their teeth.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not contain detailed information about people's choices and preferences. The information contained within the care plans was general and not specific to the person. For example, the care plans reviewed had the same guidance for personal care for each person. This is an area for improvement.
- Relatives told us, staff supported people in the way they preferred and knew people well. One relative told us, "They spoke to Mum asking her if she was happy for them to do something. She would give them a thumbs up and they would carry on. They knew what she liked and made sure they did this." Another relative told us "At the initial meeting we were asked about times of visits. They didn't tell us when the times would be it was done to suit us."
- Relatives spoke about how the staff worked well together and supported their relative consistently in the way they preferred. They told us, "We had a team of three and whichever pair came they knew how to support Mum and make sure she was happy."  
Staff told us, they would change the way they supported people as they got to know them and how they liked to be supported.

End of life care and support

- The service supported people who required end of life care. Relatives told us staff were supportive and responsive to the people's changing needs. Written comments stated staff had supported relatives following a death and spent additional time to make sure people were comfortable. Staff had contacted a priest to offer support when requested.
- All the relatives we spoke with were positive about the care and support their loved one and the family received. One told us, "It is a vocation for them, we were lucky to receive such wonderful care." Another told us, "After our loved one died, they asked if there was anything they could do and brought a bunch of flowers and a card."
- Staff understood how to support people at the end of their lives. However, care plans did not reflect people's choices and preferences. There was little information about how people wished to be supported. This is an area for improvement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in the way they could understand. Information such as the complaints policy was provided in pictorial or large print format.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place, this was given to people and their family when they started using the service. Relatives told us they knew how to raise a complaint if they needed to and were confident the registered manager would deal with the concern. One relative told us, "I know the manager and was in regular contact, so could speak to them if I needed."
- When complaints had been received the registered manager had investigated the complaint. They took action to address the issues raised in the complaint and mitigate any identified risk.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Checks had been completed on some areas of the service to check the quality of care provided. These had not been effective in identifying the shortfalls found at this inspection such as care plans not being detailed. Risk assessments had not been completed for all potential risks to people's health and welfare. Assessments had not been completed to assess people's capacity when they were living with dementia.
- People's care plans did not contain detailed information about people's choices and preferences. When people were receiving end of life care these plans did not contain detail about how people should be supported.

The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff understood how to recognise changes in people's needs. They told us how they reported changes to other health care professionals and the registered manager. Staff recognised that people should be at the centre of the care they provided. Staff told us, "When people need medicines from the district nurse we make sure this happens."
- There was an open and transparent culture within the service. Relatives told us they knew the registered manager well and thought the service was well led. One relative said, "It was one of the reasons I chose them because the registered manager was involved."

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 registered manager knew people and their relatives well. When things went wrong the registered manager was open with people about what had happened. They had conversations with them about how to prevent incidents happening again.
- When things had gone wrong the registered manager had informed the necessary healthcare professionals. They had discussed what had happened and how they would make sure it did not happen again.

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

- Staff attended regular staff meetings to discuss their practice and the people they are supporting. Staff received updates and were encouraged to express their views and suggestions about the service. When incidents had happened, these were discussed in the staff meetings. Staff told us they found the meetings useful to discuss their work and meet the other staff. The registered manager told us, "The whole company has to learn, a voice as a whole team, meetings are an opportunity to say thank you."
- As many of the people staff supported receive end of life care, the registered manager, had asked relatives to record their thoughts in a journal. The comments were positive including how flexible, kind, professional and caring staff had been.

Working in partnership with others

- The service worked with local commissioning authorities to make sure people received joined up care and support.
- The registered manager was part of local forums and received updates from national organisations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user.