

Blue Lantern Care Agency Limited

Blue Lantern Care Agency Ltd

Inspection report

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11 May 2017

12 May 2017

17 May 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced. The first part of the inspection took place on 19 January 2017. This was because we had concerns about the registration and management of the service. The provider made us aware during the inspection that they had made an application to de-register Blue Lantern Care Agency Limited and register as Blue Lantern Healthcare Limited. The applications to register Blue Lantern Healthcare Limited and to cancel the registration of Blue Lantern Care Agency Limited were withdrawn on 16 February 2017. This meant we resumed our inspection of the service in March 2017. We concluded that the time that had elapsed between the first part of the inspection and the report being prepared amounted to an unreasonable delay, and to publish a report after such a delay would not be a proportionate action. A further comprehensive ratings inspection would be undertaken.

The second part of the inspection took place 11, 12 and 17 May 2017. The registered office for Blue Lantern Care Agency is located in Wolverhampton however the service also has an office in Manchester. An application had been submitted to the Care Quality Commission (CQC) to add this location to their registration. Blue Lantern Care Agency provides personal care to people in their own homes. At the time of our inspection they were providing care to 18 people in their own homes.

Although there was a registered manager in post at the time of our inspection they were not performing this role. A new manager had been appointed who was going to apply to register as the manager. 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 they felt safe whilst receiving care. Staff were knowledgeable about how to report any concerns about people's safety or if they suspected any abuse. Risks to people's health and care had been assessed and care plans had been put in place to manage them. People told us they were supported to meet their needs by sufficient staff, who stayed the correct amount of time. Recruitment processes helped to ensure only suitable staff were employed to support people in their own homes. People received their medicines on time.

People and their relatives told us the staff who supported them had been trained appropriately to meet their needs. People told us staff sought their consent before providing care. When people required support to meet their nutritional needs staff provided the support they required. People were supported to access outside health professionals if required.

People told us they were supported by kind staff who understood their needs. People and their relatives told us they were involved in planning their care. Care records were reflective of people's current care needs. People were supported to maintain their independence. People told us staff respected their privacy and dignity and staff were able to give us examples of how they ensured people's privacy and dignity was

maintained.

Staff gave people choices about their care. Care records were written in a personalised way. People knew how to complain and said they felt able to raise any concerns they had.

Staff felt well supported by the new manager. The new manager was aware of their responsibilities in relation to their role. Some systems were in place to monitor the care people received. The new manager was looking to introduce systems to review the quality of care people received across 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 were protected from harm because staff were able to recognise abuse and were aware the actions to take to raise concerns. Staff understood how to manage people's individual risks. There were sufficient numbers of safely recruited staff to meet people's needs. People received support to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the skills and training to meet their needs. People were asked for their consent before staff delivered care. People were supported with their nutrition and health needs when required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and their privacy and dignity was respected. People were enabled to make day to day choices about their care and their views and preferences were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning how they were cared for and supported by staff. People and relatives felt able to complain and were confident any issues they raised would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People felt the service was well-run. Systems for monitoring the quality of care and service had not been consistently effective in identifying and acting upon areas needing improvement. Staff

had an understanding of their roles and responsibilities.

Blue Lantern Care Agency Ltd

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 was announced. The first part of the inspection took part on 19 January 2017. The inspection took place because we had concerns about the registration and management of the service. The inspection team consisted of two inspectors. During the office inspection we were made aware the provider had submitted an application to de-register Blue Lantern Care Agency Limited and register as Blue Lantern Healthcare Limited. However, the applications to register Blue Lantern Healthcare Limited and to cancel the registration of Blue Lantern Care Agency Limited were withdrawn on 16 February 2017. This meant we resumed our inspection of the service in March 2017.

The Care Quality Commission concluded that the time that had elapsed between the first part of the inspection and the report being prepared amounted to an unreasonable delay, and to publish a report after such a delay would not be a proportionate action. The Commission concluded that it would be contrary to its duties under s.4 and s.61 of the Health & Social Care Act 2008 to publish the report from this inspection and as such a further comprehensive ratings inspection would be undertaken and a report from that inspection would be produced in line with our performance targets.

The second part of the inspection was carried out on 11 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in at the office. The inspection team consisted of one inspector. As part of the inspection we reviewed the information we held about the provider and the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the Commissioners of the service to gain their views about the quality of the service provided. We

used this information to plan our inspection.

We spoke with four people who used the service and three relatives to gain their views of the service provided. We spoke with five staff, the provider and new manager. We looked at four people's care records and four staff files. We also looked at some records relating to people's medicines, staff training and staff rota processes.

Is the service safe?

Our findings

In the first part of our inspection in January 2017 people we spoke with told us they felt safe with the staff delivering their care. One person said, "I feel very safe with [staff]." However, we found the provider was not able to demonstrate how they would protect people from the risk of harm or abuse; they were unable to tell us the process they would follow to ensure people's safety following an allegation of abuse or harm. This meant we could not be assured people would be adequately protected from the risk of harm or abuse and that adequate systems were in place to report any allegations of abuse or harm.

When we conducted the second part of the inspection in May 2017 a new manager had been appointed to Blue Lantern Care Agency Ltd. The new manager understood their responsibility in reporting any potential abuse to the local authority and was aware of the local authority reporting procedures for protecting people from abuse when they had concerns about potential harm.

Staff understood how to keep people safe. They were able to identify signs of potential harm or abuse and knew how to raise any concerns they might have for people's safety. One member of staff said, "I would contact the [new] manager and let them know." People were protected from harm because staff had received training in safeguarding and knew what to do if they had any concerns.

People we spoke with told us they felt safe with the staff delivering their care. One person said, "I feel safe with [staff] they take their time and don't rush me. [Staff member name] is good they look after me and I feel safe when they are doing things for me." Another person commented, "Yes I definitely feel safe in [staff name's] care and they always make sure I am ok before they leave."

In the first part of our inspection in January 2017 we found people were not protected from risks to their safety. We found there were no risk assessments in place to provide guidance to staff about how to provide care and support to people in a safe way. This meant we could not be assured people received safe care and treatment because, the provider failed to ensure effective systems were in place to assess the risks to the health and safety of people receiving care and support from the agency.

When we conducted the second part of the inspection in May 2017 all the staff we spoke with had a clear understanding of how to support the people they cared for. One person said, "[Staff member's name] knows what I can do and [works] at my pace so reduces any risks of me falling." One member of staff said, "I know people well and what their risks are." Staff confirmed up to date care records were available in people's homes should they need to refer to it for guidance about a person's needs. We looked at people's records and saw they contained guidance for staff to refer to on how to support people's individual risks. For example, using mobility equipment for one person when accessing the community. Records we looked at confirmed that risk assessments had been completed and reviewed regularly when a person's needs had changed. Staff were aware of how to report any new risks or changes to a person's care need. They said they would speak with the new manager so that risk assessments could be updated to reflect the person's changing needs. One member of staff told us, "I would let [manager] know if I thought someone's need had changed." This demonstrated that effective systems were in place to assess the risks to the health and

safety of people receiving care and support from the agency.

In the first part of our inspection in January 2017 we were unable to determine from daily records whether people had received their stipulated calls as information was not available for us. This meant we could not be assured people always got their calls as required to meet their support needs.

When we conducted the second part of the inspection in May 2017 people we spoke with had not experienced any missed calls. One person commented, "I think there are enough staff I have not had a missed call." People were supported by sufficient numbers of staff to meet their needs because staffing levels were determined by the number of people who used the service. People told us staff stayed the required length of time. One person said, "I am never rushed. Sometimes staff can be fifteen or twenty minutes late but they have turned up and stay and complete everything before they leave." Another person said, "No one comes on time but they don't miss the call."

People also commented they received care from the same care worker's which meant staff knew the people they cared for well and provided a consistent service. One person commented, "[Staff name] and I have a daily routine it works well and we get everything done. I have a good relationship with [staff name]. I think there are enough staff I have not had any problems." Staff we spoke with said they worked within specific geographical areas which meant calls were located as close as possible together. They said that staff absences were generally covered by the management team who knew people well. One member of staff said, "There is enough staff available to support the calls we have." The provider had a system for calculating the number of staff they needed to cover all calls. We saw that they had adequate numbers of staff to cover the current level of calls and all calls were allocated to a member of staff to ensure calls were not missed. The new manager told us they would be reviewing the systems in place to manage care call and to improve efficiency.

In the first part of our inspection in January 2017 we were unable to determine safe recruitment processes were in place. We could not be assured people recruited by the agency met the required conditions in order to keep people safe.

When we conducted the second part of the inspection in May 2017, the new manager had established a system to ensure all new staff were recruited safely. One member of staff said, "I had an interview and was asked questions about the job and I had my [Disclosure and Barring Service [DBS] checked." DBS checks help employers make safer recruitment decisions and helps prevent unsuitable staff from being recruited. We looked at three staff member's files and saw the provider had undertaken appropriate checks to ensure staff were safe to support people. Records we saw demonstrated that the provider had completed an assessment of the staff member's suitability for the role, references were sought and disclosure and barring [DBS] checks completed.

In the first part of our inspection in January 2017 we were unable to determine whether people were receiving their medicines safely and as prescribed. Medicine Administration Record (MAR) charts we looked were not completed satisfactorily. Other records relating to staff competency to administer medicines were not available to us.

When we conducted the second part of the inspection in May 2017 people told us they were happy with the support they received to take their medicines. One person commented, "[Staff] don't rush me and make sure I take my medicines. I have no concerns." Another person said, "[Staff] check my medicines and make sure I am happy to take them. They write it in my care folder." A member of staff told us, "I feel confident helping people with their medicines." We looked at the systems used to manage medicines and saw the new manager had ensured staff received training to administer medicines and regularly reviewed people's

medicine records to ensure they were completed satisfactory. We looked at people's Medicine Administration Records (MAR) and saw they were completed correctly. People were receiving their medicines as prescribed and in a safe way; by staff who were competent in this procedure.

Is the service effective?

Our findings

In the first part of our inspection in January 2017 we could not be assured staff had the skills required to keep people safe and provide effective care. This was because records such as, training or competency checks of staff were not available.

When we conducted the second part of the inspection in May 2017 people were supported by staff who had the skills to meet their care and support needs. One person told us, "[Staff] seem to know what they are doing. I have no concerns." A relative commented, "[Staff] know how to support [person name] I don't have any issues." Staff told us they received training that provided them with the knowledge they needed for their job roles. One member of staff said, "I feel I have had enough training to meet the people I care for support needs." Another member of staff said, "I have completed a lot of training I would ask for more support or training if I felt I needed it."

All the staff commenced their employment with the service at approximately the same time. The new manager said this meant although staff completed an office induction they did not all have the opportunity to 'shadow' (work alongside) experienced members of staff. The new manager said they had completed observations of staff to ensure they were providing safe and appropriate care. The new manager said they were also supporting staff to undertake nationally recognised qualifications, to further develop their skills and knowledge. For example, Diploma in Health and Social Care. These qualifications are designed to equip staff with the skills and knowledge needed to care for others in a broad range of health or social care settings.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack 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. Any applications must be made to the Court of Protection.

In the first part of our inspection in January 2017 the provider was not able to demonstrate they understood the Mental Capacity Act 2005 and were not clear how to apply this in their role. We could not be assured from our conversations with the provider that people's rights were respected and people received care in accordance with the MCA.

When we conducted the second part of the inspection in May 2017 people told us they were asked for their consent before staff provided them with care and support. One person said, "Staff always ask would I like to and check with me before they do anything they never force me." Another person told us, "[Staff] always seek my consent before they do anything at all." Staff we spoke with understood the importance of gaining people's consent. One member of staff said, "I always ask first before I do anything, if someone said no I would respect their wishes."

We checked whether the service was working within the principles of the MCA and found that it was. The

new manager told us people's capacity to make decisions was assessed. Staff we spoke with were aware of the legislation and demonstrated knowledge of issues in respect of people's ability to make their own decisions. They said they had also received training in the MCA. The new manager demonstrated knowledge and understanding around the law about people's rights and knew what steps to take if it appeared that someone's ability to make decisions was changing. We looked at information about people's capacity in their care records and found people had been involved in making decisions about their care and support. The new manager told us they had not made any applications to the legal body to deprive someone of their liberty because the people who received support from the service all had capacity to make decisions and no one was deprived of their liberty. This meant that people's rights and freedoms were supported by the service.

In the first part of our inspection in January 2017 we could not be assured people's nutrition and hydration needs were met. This was because we were unable to determine if people had any risks associated with their nutrition and hydration needs from the records we saw and conversations we had with the provider.

When we conducted the second part of the inspection in May 2017 people we spoke with did not receive support with their meals. One person said, "[Staff] ask what I would like for breakfast and offer me a drink for lunch I have a choice of [ready prepared meals] and a drink." Another person said, "I choose what I want to eat and the [staff] prepare it for me. [Staff] will always make sure I am left with a drink and snack." Staff told us most people's meals were already prepared and they offered people a choice before heating the meals up. One member of staff said, "I always make sure people have enough to eat and drink." Staff said if they had any concerns about people not eating or drinking enough to remain healthy, they would speak with the new manager. We saw in people's records guidance was provided for staff to refer to in relation to people's individual dietary needs. For example, people living with diabetes. People who required support to meet their dietary needs received it when necessary.

In the first part of our inspection in January 2017 people we spoke with told us they did not require the agency to support them to manage their healthcare needs. The provider told us if required staff would contact relevant healthcare professionals on behalf of the people they supported.

When we conducted the second part of the inspection in May 2017 people said staff would contact healthcare professionals if they were unable to do so themselves. Staff we spoke with said if they were concerned about a person's health or noticed a change in a person's needs they would speak with the new manager so advice could be sought or care reviewed. One member of staff said, "I would call the office, or speak with [person's] family." Records we looked at reflected people's current health needs and we saw information was available for staff to refer to in order to support people appropriately. This demonstrated people were supported to access healthcare professionals and staff had the appropriate information to refer to in order to meet people's health needs.

Is the service caring?

Our findings

In the first part of our inspection in January 2017 people told us staff who provided their care were kind and caring.

When we conducted the second part of the inspection in May 2017 people and their relatives told us staff were caring. One person told us, "[Staff member's name] is tremendous [they] are very kind to me." Another person said, "[Staff name] always checks I am alright, [staff] are lovely and very kind to me."

People told us they were involved in making decisions about their care. One person commented, "[Staff] always involve me in my care they ask me questions and make sure I am happy." Another person said, "[Staff] always check with me that I am happy with what they are doing." People received support from staff that knew them well. One person commented, "I always have [staff name] they know my routine and we sort things together." People told us staff listened to them and understood their needs. One person said, "[Staff name] always listens to what I say and does what I ask. We have got to know each other and I am happy with the care [I receive]." Staff we spoke with were knowledgeable about the people they cared for they told us about how people preferred their care to be delivered. They were also able to tell us about people's likes and dislikes and gave us examples of people's choices and preferences. For example, one member of staff explained a person's daily routine for supporting their personal care. Care records we looked at detailed people's preferences regarding their care and support and provided staff with guidance about how the person wanted their care to be delivered.

People told us staff supported them to maintain their independence. One person said, "I tend to try and do things for myself [staff name] is about and will offer me support if I ask." Another person said, "[Staff] helps me have a wash and will wash those places for me I can't reach. The rest I do for myself." One member of staff said, "I tend to know what [person name] can do for themselves and will offer encouragement if needed to support them to maintain their independence." This showed people's independence was promoted.

People said their care was delivered in a respectful way. One person said, "[Staff] respect my privacy when providing [personal care]. They always ask can I come into the [bathroom]." Staff we spoke with understood the importance of respecting people's privacy and dignity. They were able to tell us examples of how they ensured people's dignity and privacy was maintained when providing care. One member of staff told us, "When supporting with showering I always close the blinds and cover areas with a towel to protect [persons] dignity." We also saw where people chose to have a female or male member of staff this was respected. This showed people's dignity and privacy was respected by staff and the provider.

Is the service responsive?

Our findings

In the first part of our inspection in January 2017 we found the care records were not detailed or complete and contained only basic information about people's health and care needs. Information had not been updated to reflect people's current needs. Without up to date information being made available to staff people could be at risk of not receiving consistent care.

When we conducted the second part of the inspection in May 2017 people told us they were involved in the assessment, planning and review of their care. One person said, "I was involved in developing my care plan. I am also involved in any discussions about my care." A relative told us, "[Provider] will contact the family if they need to and we are involved in any reviews." People and their relatives told us staff provided care in a personalised way which met their needs. People told us the service was reliable and they did not have any concerns. They said that the staff were able to spend sufficient time with them so that they received the care they wanted. One member of staff said, "I have got to know [person's name] likes and dislikes and make sure I do things in the way [person] is happy with."

Care records were written in a personalised way and provided information about people's preferences and also included an assessment of specific risks to safety. Records confirmed people's needs had been assessed and contained detailed information and guidance about aspects of people's care and health needs. For example, one person's care record outlined actions staff should take to support a person who had diabetes. Staff we spoke with told us if they felt a person's needs had changed they would contact the new manager. This showed people received care that reflected their needs and preferences.

In the first part of our inspection in January 2017 we could not be assured the provider had established or operated a complaints system for handling and responding to complaints. We did not see evidence how concerns were investigated and managed as information was not available.

When we conducted the second part of the inspection in May 2017 people told us they were asked for their feedback about the quality of care they received. One person said, "[Provider] asked about [staff] and whether I was happy." People told us they would contact the new manager if they were unhappy with any aspect of their care. Relatives also knew who to contact if they had any concerns. One relative commented, "I would contact the [provider] or the Local Authority it would depend on what the concern was about." We reviewed records relating to complaints and found the new manager had established a system for managing complaints. We saw the provider had received one complaint and found the new manager had responded appropriately to the concerns raised. This showed that people's complaints would be listened to, and addressed by the provider.

Is the service well-led?

Our findings

The registered office for the service is located in Wolverhampton though we are aware the service operates from an office in Manchester. We discussed this with the provider during the first part of our inspection in January 2017. At the time the provider made us aware they had made an application to de-register Blue Lantern Care Agency Limited and register as Blue Lantern Healthcare Limited. The applications were later withdrawn. When we conducted the second part of the inspection in May 2017 we discussed with the provider and new manager the location from which care services were being provided. They confirmed Wolverhampton remained the registered office for Blue Lantern Care Agency Ltd and an application to add the location for the Manchester office had been submitted to CQC.

In the first part of our inspection in January 2017 the provider did not have effective systems in place to monitor the quality and safety of services. We were made aware the local authority had made visits to the service and identified a number of concerns. An action plan was issued and progress was being monitored.

When we conducted the second part of the inspection in May 2017 we looked at how the provider ensured the quality of service provided. The manager was new to the post and had implemented a number of changes since starting in the role. For example, effective staff recruitment processes and up to date care records for people using the service had been established. The new manager had also addressed all the improvements that were required by the local authority. For example, up to date risk assessments were in place for people. They had developed systems to record information such as accidents and incidents and these were reviewed on an individual basis by the new manager.

We found that although there were systems in place to collect information there were no processes in place to assess and monitor the quality of the service provided. Systems had not yet been implemented to analyse the care across the service so therefore the provider were not monitoring any patterns or trends. We discussed this with the new manager and provider who said this was something they were looking to introduce in the future. We asked the new manager how they were looking to continually improve the quality of care within the service. Their plans included staff completing nationally recognised qualifications and the service not taking on any new packages of care before first considering whether they could meet people's needs.

We noted one person's calls were regularly carried out at a different time to the stipulated call time detailed within their care records. We discussed this with the provider and found that some localised agreements had been made with people to vary their call time. This information was not recorded nor was the systems used to schedule people's calls able to identify calls that were carried out earlier or later than planned or why. The system also did not prevent any calls overlapping so that two calls could not be planned for the same staff at the same time. We discussed this with the new manager who said monitoring of calls was being conducted on an individual basis; electronic rota systems were something they were looking to introduce in the future.

In the first part of our inspection in January 2017 the provider was not able to demonstrate that they understood their duties, requirement and the role of the registered manager. When we conducted the

second part of the inspection in May 2017 a new manager had been appointed. They were intending to apply to become the registered manager. They demonstrated a good understanding of the requirements of their role and of notifying CQC of events and incidents as required by law. The new manager had involved people in the running of the service by speaking with them regularly. People we spoke with confirmed they had been contacted by the provider and their views sought. They said if they had any issues these were addressed. People told us they were happy with the care and support they received from Blue Lantern Care Agency Ltd and felt it was well-run. People said they were able to contact the agency should they need to and they had not had any calls missed. One person said, "So far the support I have received from [provider] has been good I think it is well-run."

Staff we spoke with said they felt supported in their role because they were able to contact the new manager or office staff when they needed to and because they had received training in their role. One member of staff said, "I feel I have had enough training and if I need anything I can call the office. I feel supported in my role because if I am unsure of something [new manager] will explain." Another member of staff commented, "I have not been in the job long but have had enough training and will contact the office if I need anything. I understand what is expected from me in my role." All the staff were new to post and although observations of staff's care practice had been completed, staff meetings and supervision had not yet been fully implemented nor recorded. Staff demonstrated an awareness of the provider's policies and procedures. For example, whistle-blowing. Whistle-blowing means raising a concern about a wrong doing within an organisation.