Blue Lantern Care Agency Limited

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Inspection report

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12 October 2017
17 October 2017
23 October 2017

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This announced inspection was undertaken on 11, 12, 17 and 23 October 2017. We gave the provider two days notice to ensure it could be facilitated on that day. This was the first comprehensive inspection we had undertaken at this location since the provider registered this location with CQC in August 2017. At the time of the inspection there were 19 people using the service.

Blue Lantern Care Agency is a domiciliary care service located in Salford but predominantly provides care to people in their own homes in the Trafford area. The majority of care packages are funded through Trafford Council.

We carried out this inspection due to receiving a number of concerns about the quality of service being provided relating to missed/late visits, poor care and medication errors. During this inspection we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to person centred care, safe care and treatment, safeguarding people from abuse, good governance and staffing (two parts).

The provider had not submitted notifications to CQC in line with statutory requirements. The service had also moved offices without following the correct CQC process of submitting an application. We are addressing these issues outside of the inspection.

There was a registered manager in post but they were not present during our inspection visits. There was also a branch manager who was involved with the day to day running of the service. 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.

We looked at the systems in place to safeguard people from abuse. There was a safeguarding policy and procedure but this provided inaccurate information for staff to refer to such as a different local authority area and a safeguarding lead who did not even work for the service. We also found instances where unexplained marks and bruising had been identified on people by staff, however safeguarding referrals had not been made so that further investigations could take place.

We reviewed medication and looked at four MAR (Medication Administration Records) charts of people who used the service. We found MAR were not always being completed accurately by staff, with gaps noted on each of the records we viewed. This meant we could not determine that people had always received their medication safely.

At the time of our inspection, recruitment of staff was ongoing. The branch manager told us that at present, they didn't feel there were enough staff working for the agency, with both themselves and the care

coordinator assisting with care calls where necessary. Both people who used the service and relatives raised concerns with call times, stating staff were not always punctual. The service did not use a call monitoring system to check if care calls were being completed as required and that staff were on time. Missed visits had also occurred, with family members being required to deliver care. This meant management could not demonstrate oversight of calls that were late or missed.

Risk assessments were not always in place with regards to people's care and support. One person had been having increased falls since returning from hospital. Another incident had occurred with a person's catheter where it had been attached too tightly to their leg causing a loss of circulation. However, risk assessments were not in place to demonstrate how these risks would be prevented from happening again in the future.

We looked at the training staff received to support them in their role and viewed the training matrix and found staff had received training in areas such as; safeguarding, infection control, equality and diversity, fire safety and moving and handling. One person who used the service needed a catheter but we found staff had not received training in this area.

Training relating to the completion of MAR sheets was listed on the matrix but had not been undertaken, which was an area of concern found during our inspection. We were also aware two people receiving support had a diagnosis of dementia, however dementia awareness training had not been provided. Training relating to diabetes had also not been taken, despite a person using the service presenting with these care needs.

Staff provided support to people to eat and drink as necessary. This included assistance with food preparation and ensuring people were left with something to drink when their call had finished. Where staff needed to provide direct support at meal times, the people we spoke with said this was done well.

Each person who used the service had a care plan in place, with a copy held at both the office and in their own home. We found instances where care plans had not been updated following changes to people's care needs and reviews of their care needs had not yet taken place.

The service sent satisfaction questionnaires to people who used the service and their relatives, asking them for their views and opinions of the service they received. We noted some of the responses were poor where people had been dissatisfied; however we were unable to see how this information had then been used to improve the quality of the service received.

There was a complaint's procedure in place, this procedure enabled people to state if they were unhappy with the service. The people we spoke with were aware of how to make a complaint. The service also collated positive compliments that had been made based on people's experiences.

Since the service registered this new location with CQC in August 2017, we had not received any statutory notifications directly from the service. The only information we had received had been sent by other healthcare professionals. During the inspection we found several safeguarding incidents had been raised against the service, however statutory notifications had not been submitted in line with the provider's statutory requirements. The service had also been relocated to a new address, however had done this without going through the correct CQC process by submitting an application to change their location.

The service had quality assurance systems in place such as spot checks/observations of staff and audits of medication. However these systems were not fully effective. For example, there were no audits of potential safeguarding concerns, ensuring notifications were being sent to CQC and staff training which had been

some of the concerns identified during the inspection.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special Measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, we will be inspecting again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate in any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The systems in place to safeguard people from abuse were not effective and we found instances where safeguarding concerns had not been reported.

We found multiple missing signatures and gaps on people's MAR sheets meaning we could not determine if people received their medication as prescribed.

The service did not use call monitoring meaning management could not demonstrate oversight of late and missed visits. Late and missed calls had also been reported by people who used the service which were subject to safeguarding investigation.

Risk assessments were not always in place following incidents which had occurred.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Staff had not received training in areas such as dementia awareness, catheter care and accurately completing MAR charts. These were courses which related to the care needs of people who used the service.

Staff received supervision as part of their role. A staff induction was also in place which provided staff with an overview of working for the service.

People said staff supported them to eat and drink as required.

Is the service caring?

Requires Improvement

Not all aspects of the service were caring.

Due to the shortfalls found within the service, people did not benefit from a caring culture.

The feedback we received was mainly positive about the care

and support provided.

People said their privacy and dignity was respected by staff.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

We found instances where people's care plans did not contain accurate information about people's care needs, and reviews had not been undertaken timely.

Care plans captured information about people's likes, dislikes and preferences.

We found complaints were handled appropriately where people were happy with the service they received.

Is the service well-led?

Inadequate

The service was not well-led.

Auditing and quality assurance systems were not fully effective in identifying concerns that we found during the inspection.

Satisfaction surveys were sent to people who used the service, however this information had not then been used to improve service quality.

Statutory notifications were not being submitted as required. The service had also changed its location without following the correct process and submitting forms to CQC.

Policies and procedures were available however made reference to a different company and contained inaccurate information.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on 11, 12, 17 and 23 October 2017. The inspection was announced to ensure our inspection could be facilitated on that day. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC) and an expert by experience who spoke with people who used the service and their relatives via telephone during the first day of the inspection. An expert by experience is someone who has personal experience of caring for people, similar to this type of service. An additional adult social care inspector was part of the inspection on the fourth day of our visit.

Before the inspection we reviewed any information we held about the service in the form of notifications about any safeguarding or whistleblowing information we had received, previous inspection reports and any complaints about the service. This helped us determine if there might be any specific areas to focus on during the inspection.

At the time of the inspection the service provided care and support to approximately 19 people in the Trafford area of Greater Manchester. As part of the inspection we spoke with the branch manager, the care co-ordinator, six people who used the service, three relatives and three care staff. This was to seek feedback about the service provided from a range of different people and help inform our inspection judgements.

During the inspection we viewed six care plans, five staff personnel files and four medication administration records. We also reviewed other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations, policies and procedures and quality assurance audits.

Inadequate

Is the service safe?

Our findings

People we spoke with told us they felt safe as a result of the care they received. One person said, "I have no problem with safety, my care worker is lovely." Another person said, "Yes fine with the safety, they are good care workers." A third person added, "Oh yes I certainly do feel safe." A relative added, "My relative is safe with the care workers."

We looked at how the service managed people's medication to ensure this was done safely. People who used the service told us their medication was delivered to their house either by the local pharmacy or collected for them by a family member or member of staff. Each person had an individual medication risk assessment in place, which took into account people's understanding of medication, if they remembered to take it, if they required assistance and if they needed assistance to collect/take receipt of any medication. This ensured staff were aware of any potential risks and could respond accordingly. The people we spoke with and their relatives told us they felt medication was given at the correct times and didn't raise any concerns. Staff competency checks of medication were completed as part of the spot check/observation process and the training matrix showed staff had completed medication training. A relative said, "The care workers always inform me when medication is low. Once they went to pick this up for us from the pharmacy for us which was good."

Prior to our inspection we received an action plan from the local authority commissioning team who had suspended new packages of care with Blue Lantern due to various concerns being raised about the quality of service being provided. This included missing signatures on MAR (Medication Administration Records) where staff had not signed to confirm people had received their medication safely. MAR were held at people's houses and at the office where they were returned at the end of each month for auditing purpose. During the inspection we reviewed the MAR of four people who currently used the service and found missing entries on each of these records, making it difficult to establish if people were receiving their medication as prescribed. This meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because there had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user.

We looked at the systems in place to safeguard people from abuse and improper treatment. We asked staff about their understanding of safeguarding and how they would recognise potential signs of abuse. One member of staff said, "An example of financial abuse could be if a person's money was going missing. A sign of physical abuse could be marks on a person's body that were unexplained." Another member of staff said, "I have never had to report anything, but bruising and people not being themselves could be a sign of abuse. Mental, physical and verbal are some of the types of abuse. I would report it to the manager or the local authority." A third member of staff added, "A medication error could be seen as abuse, as could poor care. I would report it straight to the manager."

The service had a safeguarding policy and procedure in place, however we found it contained inaccurate information about how staff needed to report concerns. For instance, the policy stated the registered

manager was the safeguarding lead, however it made reference to a manager who did not even work for the service. The policy also made reference to a different local authority area and not Trafford Council, which currently commissioned the service. The staff handbook also advised staff to consult this policy and procedure, despite it containing the wrong information.

We found instances where safeguarding referrals had not been made to the local authority as required. In one person's care plan we found three separate body maps had been completed where marks and bruising had been identified by staff during personal care. Although this information had been documented, this had not been raised as a safeguarding alert to the local authority to enable further investigation. We raised our concerns with the branch manager who made the safeguarding alerts during the third day of our inspection. This meant there had been a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safeguarding service users from abuse and improper treatment. This was because systems and processes were not operated effectively to investigate, immediately upon becoming aware of, allegation or evidence of abuse.

We looked at how risk was managed within the service. The service had undertaken environmental risk assessments in people's houses, which took into account fire safety, smoking, flammable items, smoke alarms, if there was sufficient space, adequate lighting and if any trip hazards were present. We found individual risks assessments had not been completed with regards to people's care needs. For example, one person had been having increased falls since coming back from hospital, however a falls/mobility risk assessment had not been implemented to demonstrate how this risk was being mitigated. The family also told us this person now had diabetes. However, a risk assessment was not in place around this which would inform staff about certain foods that could place this person at risk and foods they should avoid.

Another person had a catheter in situ and the family had raised concerns about the knowledge and understanding from staff. This had resulted in a member of staff attaching the catheter bag on too tightly to the person's leg causing a loss of circulation. Despite this, a risk assessment and guidance to mitigate risk was not in place to inform staff how to do this safely and prevent future re-occurrence. This meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment.

We looked at the arrangements in place to ensure there were enough staff available to safely meet the needs of people using the service. At the time of the inspection, the branch manager said there were not currently enough staff working for the service. However, they felt people's care needs were not being compromised, as both themselves and the care coordinator also completed care calls as necessary. One family member told us they had been required to provide assistance with eating, drinking and administering medication because staff had not arrived to complete the call. This had also been written in the person's daily notes to say they had delivered care that day. Another family member told us they had been required to assist a person to bed and leave them a meal because the care staff had not arrived for the visit. We requested the daily notes regarding this incident; however they could not be located at the office during the inspection. Further missed visits had also occurred earlier in the year and were addressed through the local safeguarding process.

We asked people who used the service for their views and opinions regarding staffing levels and their experiences of any missed/late visits. A relative said, "Punctuality is not a strong point for the company. However, if I have a specific reason I need them to come, then they do come on time, but it is hit and miss. They could turn up after an hour, but do not let you know they are going to be late." Another relative said, "The morning call can vary in timings from between 6.30 – 10am, when really it should be between 7.30 and 8am. This has a knock on effect because on occasions they have done the morning call at 11am and the tea

call at 3pm which effects meal times." A third relative added, "Some days they have come very late. Recently care workers have been coming late and my relative needs to take medication in the morning. The staff don't always stay the correct length of time. For example, staying for five minutes but recording that they stayed for 40 minutes."

The service didn't use a call monitoring system to provide an accurate oversight of whether calls were being completed on time, were significantly late, or if a missed visit occurred. The branch manager said they relied on people who used the service or their family's contacting the office to inform them. This presented the risk of people not always remembering to phone the office if their care call had not taken place.

Due to the issues we had identified with late/missed visits and a lack of systems to safely monitor that people's care calls were taking place meant there had been a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to staffing.

The service had a robust recruitment system in place. Appropriate checks were carried out before staff began working at the service to ensure they were suitable to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file we looked at contained application forms, Criminal Records Bureau/Disclosure Barring Service (CRB/DBS) checks, interview questions/responses and contracts of employment. There was also evidence of references being sought from previous employers. These had been obtained before staff started working for the service and evidenced to us staff had been recruited safely.

We looked at the systems in place with regards to infection control. We saw that staff had undertaken training in this area and saw it was also covered during spot checks and observations of staff. The staff we spoke with said they had access to sufficient amounts of PPE (Personal Protective Equipment) and could go into the office for additional supplies. A relative said to us, "The staff keep aprons in one of our cupboards and always wear them during personal care."

Requires Improvement

Is the service effective?

Our findings

The people we spoke with and their relatives told us staff were good at their jobs and felt they provided effective care. One relative said, "Most of them are trained but a couple of them were not. Some of the male carers were not trained and I did report it to the company. It seems to be better now." Another person said, "They are like busy bees but they do what I ask them to do. This means they have no guidance of what they should do. It would be good if they knew what I needed." Another person added, "Oh yes they are good."

There was a staff induction in place, which provided staff with an overview of working for the service and what their role would entail. The staff we spoke with said they were able to undertake the induction when they first started working for the service. The induction covered topics such as moving and handling, safeguarding, medication, lone working, infection control, health and safety and food hygiene. One member of staff said, "The induction provided me with an overview of the job and my roles and responsibilities. I would say the induction was sufficient for me, but I had worked in care previously." Another member of staff said, "I went through what my expectations were and what training I needed to undertake. It was all fine from my point of view."

Staff received supervision as part of their ongoing development. Supervision provides staff with the opportunity to receive feedback on their work and discuss aspects of their role in a confidential setting. Appraisals had not yet been undertaken because the staff currently employed hadn't worked at the service for longer than 12 months. We were told the staff supervisions were done as part of the staff spot checks/observation process so that information was not duplicated. We looked at a sample of these records during the inspection and saw they provided a focus on time keeping, infection control, medication, dignity and respect, confidentiality, person centred care and safeguarding. One member of staff said. "I have had supervision and I also see the branch manager at the office on a regular basis." Another member of staff said, "They do take place on a regular basis and are quite consistent."

We looked at the training staff received to support them in their role and reviewed the current training matrix. This showed staff had received training regarding moving and handling, safeguarding, medication, infection control, health and safety, food hygiene and equality and diversity. However, we found staff were not always trained in certain areas relating to people's care needs in topics such as catheter care and diabetes. The training matrix also stated only two members of staff had completed training regarding completing MAR charts accurately, which had been an area of concern during our inspection. Two people who used the service had also been diagnosed with dementia. However, dementia awareness training had not yet been completed by staff. Training relating to the MCA (Mental Capacity Act) had also not been undertaken.

This meant there had been a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to staffing. This was because staff did not always receive such appropriate training as is necessary to enable them to carry out the duties they are employed to perform.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving care and support that was subject to a court order.

We found staff had not attended Mental Capacity training but demonstrated a basic knowledge of this in consideration of the people they were supporting. People's capacity had also been taken into account as part of the care planning process and we were told this was kept under review. One member of staff said, "If I felt a person was lacking capacity I would involve family in all decisions and would aim to work in people's best interest all the time."

People who used the service said staff sought their consent before care interventions and we saw people had signed their care plans stating they were happy to receive care from Blue Lantern care staff.

We looked at how people were supported to maintain good nutrition and hydration. The branch manager said they didn't currently support anybody who was considered to be nutritionally compromised and required special diets such as pureed or required additional calories to help them maintain or gain weight. The service supported some people by preparing meals and reminding or assisting them to eat and drink. People were happy with how they were supported in this area and said that staff did it well. One person said, "They prepare the food for me. They do provide me with choice and my fridge is always filled up with the foods I like." A relative also said, "Part of the care package is around assistance with meal preparation. Staff warm food up and then help mum to eat. We leave the food out ready for them as well."

The staff we spoke with knew the importance of providing the right support in this area. One member of staff said, "I either assist people to eat or leave them a meal to eat later. I always make sure I leave them a drink as well." Another member of staff said, "We do provide support to people to prepare food and I always ask people what they want so that they have a choice. I like to leave people with a yoghurt or a dessert to keep them going throughout the day."

Relatives and family members said they usually provided assistance to people to attend healthcare appointments to maintain good health. People's healthcare needs were also detailed as part of the care planning process so that would have an understanding of the different conditions people may have.

Requires Improvement

Is the service caring?

Our findings

Blue Lantern Care Agency is a domiciliary care agency, which means service user's care is delivered in people's own homes. During the inspection we were unable to observe the care being delivered and therefore have made our judgement based on our findings and the information provided by the people we spoke with and their experience of the care received.

Due to a lack of oversight and governance arrangements within the service, people's immediate and ongoing needs were not consistently met to demonstrate a caring culture. Whilst we found staff had good intentions, they were not supported by the overall management or systems to ensure that people received safe, effective care when they needed it.

We asked people who used the service and their relatives for their views and opinions of the care they received. One person said, "They are lovely people. Nice and caring." Another person said, "They are really nice care workers." A third person said, "I am really happy with the care workers. They are pleasant people." A relative also said, "They are good and my relative is happy which means I am happy. It gives me the peace of mind that the company goes in to see my relative. They are very kind to him." Another relative said, "We have two care workers who are outstanding. They have built a good relationship with my relative."

People said staff treated them with dignity and respect when delivering care and staff demonstrated an understanding about how to treat people in this way when supporting people. One member of staff said, "If I am delivering personal care then I will make sure windows and curtains are closed. Whatever people want I adhere to and I would never come with my own agenda." Another member of staff said, "If I am assisting a person in the shower then I will hand them a towel when they get out so that they are covered up and not left exposed." A third member of staff said, "I sometimes help a person to walk from the bathroom to the bedroom so I make sure they are covered. I ask if people would like privacy in the toilet as well or if they want me to stay with them."

People told us staff promoted their independence where possible and included them in personal care tasks to see if there were things they may like to do themselves. One person told us about how staff supported them to have a shave using their electric razor each morning. Staff also provided examples of how they promoted independence when delivering care and support. One member of staff said, "I always try to promote people's independence and encourage people to be as active as possible. I let people try and do simple tasks if they can rather than taking that away from them." Another member of staff said, "I ask people if they want to be involved and encourage them. I let people know that I am there to support them though if needed."

The service took people's equality, diversity and human rights needs into account and this was captured within people's care plans. One family member told us how staff helped them to prepare different curries as this was what their relative enjoyed eating. At another person's house, staff were required to take their shoes off before entering as this was part of this person's religion. The family member told us this was always done by staff.

Private and confidential records relating to people's care and support were securely maintained in a locked office. People we spoke with told us they had a copy of their care plan given to them which they kept in their home. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

A service user guide was given to people who used the service. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was responsive to their needs. One relative said, "The carers come four times a day and assist with bathing, helping to get dressed and administering medication. I would say they do these tasks very well." A person using the service also added, "The staff come to me three times a day. They make me a cup of tea and help me to have a shower. I feel as though they do everything they should for me."

People's care needs were assessed before they first began using the service. An assessment of people's care needs was completed by the local authority initially who then contacted the service to see if they were able to take on the care package. People were then visited in their own home so that arrangements could be made for the package to commence. Copies of these assessments were held within people's care plans. This helped the service establish what people's care requirements were and how they could meet their needs.

Each person who used the service had their own care plan with a copy held both at the head office and in people's houses. During the inspection we looked at six care plans which provided an overview of people's care needs at each call such as morning, lunch, tea and bed time. The desired outcomes people wanted to achieve were recorded and any equipment that needed to be used. We saw care files contained details about people's likes, dislikes and things of interest meaning staff had access to information of importance about people and their preferences.

We found instances where people's care plans did not always reflect the tasks staff were required to undertake. For example, one person had a catheter in situ which staff were responsible for emptying when it became full. However, the care plan did not reference any of this, only that there was a catheter currently being used. This meant staff did not have clear instructions regarding what was expected of them and how to do this correctly. Despite the safety incident that had occurred in relation to this person's catheter shortly before the inspection this had still not been addressed to evidence a responsive service that met people's ongoing needs.

Another person's care needs had changed since being in hospital in August 2017 and they were now at increased risk of falls and had been diagnosed with dementia and diabetes. The family member told us they had observed a member of staff adding lots of sugar to this person's food and didn't appear to be aware of the change in their medical needs .At the time of the inspection, a review of this person's care needs had not taken place and the person's care plan had not been updated to reflect this so staff did not have access to information about people's current care requirements. We were told the service were still trying to arrange a convenient time to do this with the person's family, however three months had now passed since this person had returned home.

This meant there had been a breach of regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Person Centred Care. This was because the service was not designing care and ensuring people's needs were met.

We looked at how the service managed complaints. There was a complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint. The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. Information on how to make a complaint was given to people at the start of the service. People said they would contact the office if they were unhappy with the service they received and said they felt appropriate action would be taken.

At the time of the inspection staff from Blue Lantern were not required to support people to access the local community and engage in activities. People's hobbies and pass times were recorded in their care plan, detailing things they enjoyed doing such as collecting war time memorabilia and attending weekly working men's clubs to socialise which provided a focus of conversation for staff and people receiving support.

Inadequate

Is the service well-led?

Our findings

There was a registered manager in post. There was also a branch manager who was involved with the day to day running of the service. The registered manager was not present during the inspection, which was therefore facilitated by the branch 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.

Prior to our inspection we were informed by the local authority that a suspension was currently in place with the service meaning Trafford Local Authority were not commissioning any new packages of care with Blue Lantern. Concerns had been raised regarding poor catheter care, medication errors, poor care and late/missed visits. At the time of our inspection, the local authority quality monitoring team were working with the service to support them to bring about the required improvements. An action plan had also been submitted by the service, detailing how improvements were going to be made.

Providers are legally required to submit statutory notifications to CQC regarding deaths (both unexpected and expected), serious injuries and safeguarding allegations. Prior to the inspection we were made aware of a number of safeguarding incidents within the service, however we were only informed about them by the local authority and statutory notifications had not been submitted. The service had also relocated to a new address in the area but had done this without going through the correct CQC process by submitting an application to change their location. We are addressing these issues outside of the inspection process.

We looked at the systems in place to monitor the quality of service being provided. Satisfaction surveys had been sent to people who used the service and their relatives to seek their feedback about the service they received. We looked at a sample of five surveys which had been returned. This asked people if staff arrived on time, if staff were friendly, adhered to their care plan, listened and responded to their concerns, ensured continuity of care and ensured people's care needs were being met. People were then able to rate the service they received as excellent, very good, good, satisfactory or poor. One person had rated the quality of service as poor, whilst another person had rated the service as only being satisfactory. Although an overall summary of this feedback had been produced, the service were unable to demonstrate how this information had been followed up to improve service delivery and how negative responses on the surveys had been followed up to improve the quality of the service.

Audits of MAR charts were undertaken and unannounced spot checks/observations of staff undertaking their work were completed at people's houses. They took into account the appearance of staff, their time keeping, infection control, medication, dignity and respect, confidentiality, promoting independence, nutrition/hydration, safeguarding and record keeping. This presented the opportunity for managers and senior workers to see how care staff worked and provide feedback on their performance.

However, we found instances where governance systems had not been fully effective. For example, there were no audits in place to ensure appropriate risk assessments were in place, that safeguarding referrals

were being made to the local authority, that all staff training had been undertaken and that people's care reviews were being completed in a timely manner. Gaps on MAR charts were still being identified despite audits being undertaken. As detailed in the safe domain of this report, we also had concerns about the lack of call monitoring arrangements in place given the fact that missed/late visits were occurring and relied on the people receiving support to be reported.

The registered manager for the service was also the registered provider/nominated individual which meant there was no other accountable person in relation to the carrying on of the regulated activity.

We had concerns about the day to day management and oversight of the service due to the concerns we had identified during the inspection. A branch manager was in post and at the time of the inspection was responsible for the day to day running of the service. However, the provider/registered manager was not maintaining oversight of the service which they were responsible for and did not routinely undertake audits and quality assurance checks to ensure a high quality service was being provided to people. This meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because there had been a failure assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

We asked people who used the service, relatives and staff for their views and opinions of leadership within the service. One member of staff said, "I feel it is adequate for now. I feel supported and am able to raise concerns." Another member of staff said, "It's good. I am quite happy with that side of things and feel like I can speak openly. I feel like I have a good relationship with the managers." A third member of staff commented, "It's alright and seems to be fairly good. Whenever I have had issues they have always tried to resolve them for me."

We looked at the minutes from recent staff meetings which had taken place. This provided the opportunity for staff to discuss their work and any concerns they were experiencing. Topics of discussion and agenda items included an introduction to new staff, completing accurate records, MAR charts and the sending of quality assurance questionnaires. The staff we spoke with said they felt they could raise concerns in these meetings and felt listened to.

Policies and procedures were in place, however made reference to a different company who we were told the service worked closely alongside. We were informed these were to be reviewed and updated following the inspection.

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 9 HSCA RA Regulations 2014 Person-centred care Appropriate systems were not in place to ensure the care provided met people's needs.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure people received safe care and treatment.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Appropriate systems were not in place to safeguard people from abuse.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure good governance.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Appropriate systems were not in place to ensure staff received appropriate training as is

necessary to enable them to carry out the duties they are employed to perform.

Appropriate systems were not in place to ensure sufficient numbers of staff were deployed.