Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Blue Lantern Nursing Agency

Unit 2, 4-7 Victoria Passage, Wolverhampton, WV1 4LG

Tel: 01902425140

Date of Inspection: 13 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Blue Lantern Nursing Agency Limited
Registered Manager	Mrs Patricia Poole
Overview of the service	The agency offers personal care at home for people with a learning disability, who need assistance due to their age or who have dementia. They are able to offer people care and support by care workers or nurses or a combination of the two.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 June 2014, talked with carers and / or family members and talked with staff.

What people told us and what we found

This is the first scheduled inspection of this agency since they were registered to undertake personal care for people.

We visited the agency's office and spoke with the manager of the service, looked at care records for a person that used the service and other records related to the running of the agency. After the visit we also spoke by telephone with a relative of a person that used the service, a social worker and a care worker.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We saw that safeguarding procedures are robust and care workers understood how to safeguard people they supported.

Systems were in place to make sure that managers and care workers/nurses learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. We saw these systems were in place and the manager told us who they would develop these as the service expanded. This reduces the risks to people and helps the service to continually improve.

A care worker we spoke with knew about risk management plans and told us of examples where they would follow them. They knew what steps to take to ensure people were not put at unnecessary risk.

The registered manager sets the care workers and nurses' rotas. They were taking people's care needs into account when making decisions about the numbers of staff needed, this based on assessment of the person's needs and listening to what the person's relative told them. We found that changes had been made following comment from a person's relative. They told us that the consistency of the care, "Could have been better" but they were now involved in meeting and vetting the staff before they provide

care and support to the person. They acknowledged progress was being made. This means that the agency was working towards ensuring that people's needs are always met.

Recruitment practice is safe and thorough. No staff had been subject to disciplinary action. Policies and procedures are in place to make sure that unsafe practice is identified and people are protected.

The agency had polices on consent and the manager and a care worker understood how they should gain the consent of the person they cared for and supported.

Is the service effective?

People's health and care needs were assessed with them, and their representatives were involved in contributing to their plan of care. Specialist health care needs had been identified where required and the way needed to respond to these were detailed in the person's care records.

Is the service caring?

We spoke with a representative of a person being supported by the service. We asked them for their opinions about the staff that supported them. Feedback reflected that there had been some difficulties but the manager was listening to the representative and changes were made to provide care workers and nurses that were appropriately skilled and knowledgeable to offer the care and support expected. A social worker we spoke with said the agency, "Have gone to great lengths to meet X's needs".

When speaking with a care worker, they showed a genuine interest in caring for the person they were supporting.

The manager had systems in place to ensure people that used the service, their relatives and other professionals involved with the service would be able to complete satisfaction surveys. We saw that the manager responded to shortfalls or concerns when raised and was developing the service to address these.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support was been developed and provided in accordance with people's wishes.

Is the service responsive?

People knew how to make a complaint if they were unhappy. We saw that the agency had looked into a concern recently and was making changes to ensure there was no repeat of the issues. We looked at this investigation which had been completed in accordance with the agency's complaints policy. People can be assured that complaints are investigated and action taken as necessary.

Is the service well-led?

The service has a quality assurance system, and records showed that identified problems and opportunities to change things for the better were being addressed. A health professional we spoke with told us the manager, "Would feedback".

As a result the quality of the service was continuously improving. A care worker we spoke with told us they were clear about their roles and responsibilities. They had a good

understanding of the needs of the person they visited, and said that they had been helped by the induction from the agency. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the agency acted in accordance with their wishes. We spoke with the manager and they were able to describe how they would gain people's consent or that of their legal representative prior to the provision of any care and treatment. The manager shared copies of the agency's policies and procedures on consent and the Mental Capacity Act (MCA). These outlined how consent should be lawfully obtained and how the agency could comply with the MCA.

We discussed with the manager how they obtained consent to provide care to the person they visited. They told us that before providing a service they had sat and discussed what care and treatment was needed with the person's relative and their social worker. The person's relative confirmed that they had sourced the agency and they were told by the manager they could, "Provide what they were looking for". They confirmed that there had been agreement to provision of the service on the person's behalf, although discussion about how the service was provided was still on going with the manager. They did tell us that part of this was due to changes in the staff team that visited. They said that the agency did send they care workers and nurses whom they were able to 'interview' to see if they were happy with them and consented to their providing care to the person.

We spoke with a care worker about how they gained people's consent to the care and treatment they provided. They told us that they would always ask before they provided care. They explained that when a person was unable to verbally express consent they would be mindful of how they expressed their consent through non-verbal language. They had only recently commenced working with one person who used the service but were able to tell us how they indicated when they did not consent. The care worker confirmed that they had undertaken training in respect of the MCA and consent. This meant that the care worker understood that consent should be gained, and the way the person they visited may express this.

Where people did not have the capacity to consent, the manager understood what they should do to comply with legal requirements. We spoke with the manager and they understood when a Deprivation of Liberty Safeguard (DoLs) would be applicable and how they would apply for one. There were no DoLS in place in respect of the person the agency visited.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at a person's care records and saw these identified their support needs. The manager told us how they visited people before a service was provided and carried out a detailed assessment of people's needs. They also showed us the agency's policy on care planning and assessment. We saw assessments on one person's records which included information on the care and treatment the person needed. We saw that this information was carried across into a care plan that had been agreed with the person's relative. This meant that care workers and nurses had access to information about how people wanted their care delivered. The care worker we spoke with told us that they had access to and had read people's care plans, and were able to tell us about the person's needs and preferences.

A relative told us there had been some initial difficulties in providing the care they expected and they felt the care workers and nurses that were originally provided were not familiar with the specific needs of the person they were visiting. They told us that progress was been made and they were working through the way the care was provided to the person with the manager. We saw that the manager had set up meetings with care workers and nurses to ensure they were aware of the relative's expectations and ensure they understood the care that the person needed.

The person's records included risk assessments, and where risks had been identified, actions had been identified that care workers and nurses should carry out to minimise these risks. The risks that were identified in these records were consistent with those that the manager and care worker we spoke with told us about. The care worker we spoke with demonstrated their awareness of what implications this had for the care they provided to the person, and how they would promote their safety. This meant that people received care and support in a way that met their needs and promoted their safety.

The relative we spoke with explained that, "Consistency could have been better" when the agency first commenced the service. The manager told us how they were working to support the person and relative so that care became more consistent, and there was there was more opportunity to build up relationships with the person. The relative we spoke with

confirmed that these changes were being made and that the care workers that visited now were, "Getting to know" the person and were able to communicate as they were, "More fluent" in the person's languages. A social worker we spoke with told us "There were no situations where they (the agency) had not addressed anything". This meant the agency was working towards ensuring the person would receive support from a consistent group of care workers and nurses who know and understand their needs where possible.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the agency were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with the manager and they explained how they would identify and respond to an allegation of abuse. They confirmed their awareness of the local adult safeguarding board's procedures and they were able to explain the process by which they would alert statutory bodies of any safeguarding alerts. We also saw that the procedures were available at the agency's office in respect of safeguarding and whistle blowing, with confirmation in staff files that they were aware of and had accessed training in these procedures as part of their induction.

The care worker we spoke with told us about safeguarding training they had received and told us how they would identify and report any identified abuse, or allegations. They were able to explain to us what abuse may constitute. We saw training records and certificates that confirmed staff had received training in abuse and responding to allegations. This meant staff were aware of the action to take to report and raise safeguarding referrals if this was necessary.

The manager told us that they had given people information on the agencies to contact should they have concerns about abuse, and we saw signatures to confirm this. We spoke with a relative who told us they had the contact details for social services should they need to report allegations of abuse. We spoke with a social worker who told us they were confident the agency, "Would feedback "if there were any issues. This meant people had information that would allow them to report any concerns about their safety.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

The provider was developing the service so that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were carried out before staff began work. We looked at three care worker/nurse files and found that they had been subject to Criminal Records Bureau (now termed Disclosure and Barring Scheme checks). These are checks which show if someone has been convicted of a criminal offence. We also saw that references were obtained prior to employment, which the manager explained were validated to ensure they were genuine. We also saw that potential care workers were subject to an interview and written testing prior to any decision being made on their recruitment. We spoke with a care worker and they confirmed they were asked to produce identification and had gone thorough checks prior to starting work. Any nurses were only employed following confirmation of their PIN number which validates their registration as a nurse. We saw these checks were recorded. This meant that the provider checked whether care workers or nurses were of a suitable character to deliver care before they were employed, and there were effective recruitment and selection processes in place.

We saw that staff files contained evidence of staff inductions and this showed that care workers and nurses were given an introduction into the important knowledge and skills they needed before they commenced work, for example safeguarding adults and how to move and handle people safely. We heard from a relative of a person who used the service that they 'interviewed' care workers before they commenced visiting so they could ensure they were suitable to care for the individual. They also told us that the manager was listening to their views about the care workers and nurses they were employing. This meant that there were systems in place to ensure care workers and nurses had the correct knowledge and skills for the service that the person required.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people currently receive.

Reasons for our judgement

We found that systems were in place to gain feedback from people and their representatives. We asked the manager how they gained the views of people, their representatives and health care professionals. They told us they were in regular contact with the person's relative through telephone calls and meetings. We spoke with a person's relative and they confirmed they had meetings and discussion with the manager. This contact was used to check people and/or their representatives were satisfied with the service that was provided. A relative told us that when they first employed the agency, "They were not as good as made out" but they had worked with them and whilst they felt there was still scope for improvement they were making progress.

The manager was able to tell us where the service had not been as effective as first planned and was able to show how they were looking to address matters that had been raised with them. We saw that the manager was proactive in reviewing the service they provided. We spoke with a social worker who confirmed that the agency, "Had not been used to this type of work, but they had stepped up their pace and were looking at the staff to do it". They also said there, "Were no situations where they had not addressed anything". We saw that the agency had received one complaint since becoming operational, this about a nurse arriving late at the person's house. We saw that there was a record of the incident and a written apology to the person's relative. The manager told us about a monitoring system they were looking to employ so they could check that care workers and nurses arrive on time. This meant that there was evidence that learning from incidents / investigations took place and appropriate changes were implemented or planned.

The provider took account of complaints and comments to improve the service. The manager showed us a survey form that had been returned by a relative. They commented that "X (a care worker) is excellent, X (person who used service) smiles when (they) see them". They also commented that they would prefer a regular female carer. The manager told us that they had employed a female carer to work with the person, which was confirmed by a care worker we spoke with and the relative.

We saw that systems were in place to audit the care that one person received. The agency had only been operational in respect of their regulated activity for a few months. We spoke with the manager about what systems they were looking to develop to monitor other aspects of the service such as health and safety, medication, and complaints. They were able to demonstrate how this would be carried out when the service expanded. We found systems for monitoring care worker training; performance and recruitment were in place. The manager told us of ways they were looking to develop quality monitoring as the service developed, this to include spot checks on staff when they were delivering care and support.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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