

# Unannounced Domiciliary Care Agency Inspection Report 10 August 2016



## Bluebird Care

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**Inspector: Caroline Rix**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Bluebird Care took place on 10 August 2016 from 09.50 to 14.50 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care Trust (HSC Trust). No areas for quality improvement were identified.

### Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

### Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

### Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Susan MacLaughlin the registered person and the care coordinator, as part of the inspection process, and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organization/registered person:</b> Bluebird Care/Susan Elizabeth McLaughlin	<b>Registered manager:</b> Jacqueline Annette Boyle
<b>Person in charge of the agency at the time of inspection:</b> Care coordinator	<b>Date manager registered:</b> 05 June 2015

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person and care coordinator
- Consultation with two care workers
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the UCO spoke with three service users and three relatives in their own home on 10 June 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following: management of medication, personal care, meals and sitting service.

The UCO also reviewed the agency's documentation relating to five service users.

The registered person was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Three completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Three service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Employee Handbook
- Staff meeting minutes for July 2016
- Complaints log and records
- Compliments received records
- Monthly monitoring reports for April to June 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016.

## **4.0 The inspection**

Bluebird Care is a domiciliary care agency based in Ballymena providing care to 40 people living in their own homes.

On the day of inspection the inspectors met with two care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

### **4.1 Review of requirements and recommendations from the most recent inspection dated 18 May 2015**

The most recent inspection of the agency was an announced pre-registration care inspection. There were no requirements or recommendations made as a result of the last care inspection.

## 4.2 Is care safe?

A range of policies and procedures was reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

Four care workers files were sampled relating to recruitment details which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. The review of this documentation was facilitated by a practical checklist at the front of each care worker's file, clearly detailing Bluebird Care's structured system for induction training, supervision and competency assessment programme. One of the two care staff interviewed, who had commenced employment within the last six months, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Bluebird Care Agency. There were mixed results regarding new carers being introduced to the service user by a regular member of staff; this was felt would be important both in terms of the service user's security and that the new carer had knowledge of the required care. This area was discussed with the registered person who explained that the office had recently appointed a full time supervisor so this area should improve.

No issues regarding the carers' training were raised with the UCO by the service users or relatives who discussed examples of care delivered by staff that included manual handling, use of equipment and dementia awareness. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they have any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "If the girls have any concerns regarding my XXX, they let me know."
- "Haven't any complaints."
- "It would be great if new carers could be introduced as I'm concerned about strangers calling."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding Adults' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered person who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Both of the care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to

reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory training programme. The majority of care workers had commenced employment in the last year and therefore refresher/update training was not yet required. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered person and care coordinator explained that the agency is usually invited to attend, or contribute in writing to, the commissioning trust arranged care review meetings with service users/representatives. They confirmed that they are provided with an amendment form from the social worker detailing any changes to the original care plan.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency and or that care has been rushed.

There were mixed results regarding service users being introduced to new carers by a regular carer; however it was also confirmed that new carers are usually aware of the care required.

No issues regarding communication between the service users, relatives and staff from Bluebird Care Agency were raised with the UCO. The service users and relatives advised that home visits have taken place; however only one service user was able to confirm that they had received a questionnaire from the agency to obtain their views on the service. All of the service

users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

Examples of some of the comments made by service users or their relatives are listed below:

- “Really quite impressed with Bluebird.”
- “Wonderful service.”

The UCO reviewed the agency’s documentation in relation to five service users. It was noted that one file did not contain any completed log sheets for the UCO to examine. This was discussed with the care coordinator who confirmed that the completed daily log recording sheets had just been collected from the service user’s home by the supervisor for return to the office. The inspector subsequently viewed the daily log records filed in the agency office.

The agency’s policy and procedure on ‘Record Keeping’ was viewed and found to contain clear guidance for staff. The inspector reviewed three completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no issue identified.

The registered person confirmed ongoing discussion of records management during staff supervision/team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff questionnaires received by RQIA indicated that they received supervision meetings quarterly and an annual appraisal.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments.

Four service users’ files were examined and documentation evidenced the agency had developed person centred care plans individualised to suit the service users’ needs. These care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or representatives’ views had been obtained, and where possible, incorporated.

Service user records evidenced that the agency carried out monitoring visits with service users, and telephone contacts regularly to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

Care workers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ person centred care plans. Care workers described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

The inspector reviewed the agency’s procedure on ‘management of missed calls’ and reviewed the records in respect of one missed call since December 2015. The inspector found appropriate action had been taken in respect of this matter and records evidenced a process



was in place to reduce the risk of any service user not receiving their planned call. The registered person discussed the agency's introduction of a computerised staff monitoring system. This system was described as an additional tool to ensure service user visits are completed as planned.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed.

Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

Staff supervision processes (spot check, supervision and appraisal which take place once per year for each process and staff member) were reviewed for four staff members and found to be in compliance with the agency policy timeframes.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits; however only one service user was able to confirm that they had received a questionnaire from the agency. Examples of some of the comments made by service users or their relatives are listed below:

- "All very pleasant."
- "The sitting service is flexible with times around our needs."

Review of service users' files found that care plans had been developed and tailored to meet their specific preferences.

The agency had requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires sent out in July 2016, with responses currently being collated. The inspector reviewed evidence that the commissioning trust views had been sought as part of their annual quality of services review for 2016. The registered person confirmed the annual quality report would also include staff views. The agency plan to have completed their annual quality review report by September 2016, with a summary report of findings and any improvements they plan to implement to be shared with all service users.

The inspector viewed a 'newsletter' for June 2016 which had been developed to provide service users with information on a variety of the agency activities, including charity support/ staff



photographs and advice for service users on keeping safe in the summer heat. The registered person explained that they plan to distribute a newsletter to service users bi-monthly and is to be commended.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff questionnaires received indicated that they felt service users' views were listened to and they were involved in decisions affecting their care.

The inspectors confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. Staff records evidenced that supervision and appraisals had been completed in line with their procedure timescales. From the records reviewed by the inspector no staff practice issues were identified for improvement; records detailed observation of manual handling equipment usage along with a variety of other tasks. It was good to note positive comments from service users had been recorded on their monitoring records.

The staff interviewed and staff questionnaires returned indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager Jacqueline Boyle, an office administrator, care coordinator and care supervisor ensure care workers provide domiciliary care and support to 40 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered person, care coordinator and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered person. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to be in place within their quality assurance policy and procedure.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 01 April 2015 to inspection date 10 August 2016 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint. Records evidenced effective liaison with the trust to resolve matters.

Discussion with the registered person and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports for April to June 2016. These reports were found to be comprehensive and evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards.

Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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