



The Regulation and
Quality Improvement
Authority

Bluebird Care
RQIA ID: 10968
31 Long Commons
Coleraine
BT52 1LH

Inspector: Caroline Rix

User Consultation Officer: Clair McConnell

Inspection ID: IN23541

Tel: 028 7035 6224

Email: suemaclaughlin@bluebirdcare.co.uk

**Unannounced Care Inspection
of
Bluebird Care**

10 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 10 February 2016 from 09.20 to 16.20 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Bluebird Care/Susan MacLaughlin	Registered Manager: Jacqueline Boyle
Person in charge of the agency at the time of Inspection: Jacqueline Boyle	Date Manager Registered: 7 July 2009
Number of service users in receipt of a service on the day of Inspection: 135	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- 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 manager
- Consultation with four staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and eight relatives, either in their own home or by telephone, between 16 and 28 October 2015 to obtain their views of the service. The service users interviewed live in Ballymena, Coleraine and surrounding areas, and receive assistance with the following: personal care, meals, sitting service, housework, shopping and medication.

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

On the day of inspection the inspector met with three care staff and one care supervisor to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. One staff questionnaire was received following the inspection; feedback was discussed with the registered manager and included within the body of this report.

The following records were examined during the inspection:

- Five service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Five service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Four staff meeting agendas and minutes for September 2015 to January 2016
- Four staff quality monitoring records
- Staff duty rota for February 2016
- Staff handbook

- Service user compliments received during 2015
- Seven complaints records
- Monthly monitoring reports for November 2015 to January 2016
- Annual quality report
- Procedure for management of missed calls
- Management staff daily contact log records/on call logs for November 2015 to February 2016
- Missed call record and follow up actions
- On call rota
- Three communication records with trust professionals
- Duty file
- One incident reportable to RQIA in 2015/2016.

5. The Inspection

Bluebird Care is a domiciliary care service based in Coleraine providing care from Castlerock to Ballymena area. The agency has been operational since 16 July 2009.

Services provided include assistance with personal care, social and domestic tasks and a sitting service (day and night). Service user groups who receive care include older people, those with mental health care needs, learning disability and physical disability. The agency employs 68 staff who provides care to 135 service users in their own homes. Of the 135 service users approximately 45% purchase their care via direct payments or pay by private arrangement and the remaining 55% are commissioned by mainly the Northern Health and Social Care Trust with a small number commissioned by the Belfast Health and Social Care Trust.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 29 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 Schedule 3	The registered manager is required to expand their 'Recruitment and Selection' procedure to ensure that full information and documentation is obtained in respect of all domiciliary care workers.	Met
	Action taken as confirmed during the inspection: Records evidenced that the 'Recruitment and Selection' procedure had been expanded and full information and documentation had been obtained in respect of all domiciliary care workers.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Minimum Standard 8.11	<p>The responsible person is recommended to develop their monthly monitoring report to contain a summary of staff monitoring, service user monitoring, compliments and complaints and evidence of how any issues arising have been managed.</p> <p>(Restated from 16 September 2013)</p>	Met
	<p>Action taken as confirmed during the inspection: Monthly monitoring reports viewed for November 2015 to January 2016 confirmed they have been developed to include a summary of staff and service user monitoring, compliments and complaints and evidence of how any issues arising have been managed.</p>	
Recommendation 2 Ref: Minimum Standard 13.2	<p>The registered manager is recommended to expand their 'Staff Supervision and Appraisal procedure' to specify the frequency and types of supervision each staff member will receive annually.</p> <p>(Restated from 16 September 2013)</p>	Met
	<p>Action taken as confirmed during the inspection: The 'Staff Supervision and Appraisal procedure' dated December 2014 had been expanded to include the frequency and types of supervision each staff member will receive annually.</p>	
Recommendation 3 Ref: Minimum Standard 8.10	<p>The registered manager is recommended to expand their annual quality review report to include views of staff and commissioners of their service, and an evaluation of staff training completed to date and their proposed future training requirements.</p>	Met
	<p>Action taken as confirmed during the inspection: The annual quality review report for 2015 viewed had been expanded to include views of staff and an evaluation of their training completed to date and their proposed future training requirements. The views of commissioners of their service have been obtained and will be included in their report.</p>	

<p>Recommendation 4</p> <p>Ref: Minimum Standard 12.3</p>	<p>The registered manager is recommended to ensure that mandatory training updates are provided to all staff.</p> <p>Action taken as confirmed during the inspection: The records evidenced that mandatory staff training updates have been or are planned to be provided to all staff in line with guidelines.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Minimum Standard 13.3</p>	<p>The registered manager is recommended to ensure that senior staffs receive supervision meetings in line with their procedure timeframe.</p> <p>Action taken as confirmed during the inspection: Records evidenced that senior staff have received supervision meetings as detailed within their procedure.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Minimum Standard 5.6</p>	<p>The registered manager is recommended to review their Record Keeping procedure to include staff guidance on all areas listed within standard 5.</p> <p>Action taken as confirmed during the inspection: The 'Record Keeping' procedure was viewed which had been expanded to include staff guidance on all areas listed within standard 5.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Minimum Standard 8.14</p>	<p>The registered manager is recommended to expand their procedure on Handling service user's monies to include staff guidance where emergency shopping is required.</p> <p>Action taken as confirmed during the inspection: The 'Handling Service User's Monies' procedure dated December 2014 and revised December 2015 was viewed which had been expanded to include staff guidance where emergency shopping is required.</p>	<p>Met</p>

<p>Recommendation 8</p> <p>Ref: Minimum Standard 5.2</p>	<p>The registered manager is recommended to expand their procedure on Restraint to include the review process and timescale in this regard. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments relating to the area of restraint are subject to review.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The procedure on 'Restraint' viewed dated December 2014 and revised December 2015, had been expanded to include the review process and timescale, where relevant, in which care plans and risk assessments relating to the area of restraint are subject to review.</p>		

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

The UCO was advised that there were mixed results regarding new carers being introduced to the service user by a regular member of staff; it was felt that it would be important for the agency to do so both for the service user's security and the carer's knowledge of the required care. This area was discussed with the registered manager who indicated that new staffs are usually introduced to service users.

The documentation relating to six service users was reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment; however one care plan requires to be updated. The agency's log sheets were also reviewed and it was noted that some calls had not been recorded. One service user is receiving assistance with medication; the log sheets were being consistently completed by the carers. The out of date care plan was discussed with the registered manager who confirmed that this had been updated and placed in the service users' home file.

The minutes of staff meetings for September 2015 viewed evidence of discussions relating to their record keeping practice. The staff 'Newsletter' dated August 2015 contained reminders for staff on record keeping. The registered manager confirmed that record keeping would be a matter which the agency monitors closely.

Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. Two relatives and one service user had made complaints to the agency; each had been resolved.

The complaints log was viewed by the inspector, with twenty received from April 2015 to February 2016. A sample of seven complaints records reviewed evidenced each had been appropriately managed and, where possible, resolved to the service user/relatives satisfaction.

A number of the people interviewed were able to confirm that they had received questionnaires from the agency and that observation of staff practice had taken place. Management are in regular contact with service users, either via telephone or during home visits, to discuss their care.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Records of the 2015 Quality Survey Report was viewed which contained feedback from service users and /or representatives and planned areas for improvement. This was shared by post or email with all service users/representatives during January 2016.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis, most recently during February 2016. No staff practise issue were identified during these spot checks. The monitoring visit records noted positive comments received from service users/relatives regarding staff.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Bluebird Care Agency. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Marvellous; no complaints."
- "Everything's going alright."
- "Doing a great job."
- "It's a good company."
- "I would give the girls 10 out of 10."
- "First class."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included dementia care, learning disability and working with service users with limited communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

Service user records viewed in the agency office found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

One staff questionnaire was received following the inspection day. This member of staff confirmed they were satisfied with the training received in relation to core values and communication methods. This member of staff indicated that he/she was unsatisfied that service users receive timely support from multi-disciplinary team e.g. occupational therapist, community nurse or doctor; this area was discussed with the registered manager who agreed to review their communication and support received from other professionals when assistance has been requested.

Areas for Improvement

The agency has met the required standards in respect of theme one with no areas for quality improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has procedures for management of 'Missed Visit', 'On call' and 'Security and Access' which were reviewed during inspection and found to provide staff with clear guidance relating to each situation. The agency's records verified all staff had been provided with these procedures as part of their staff handbook dated December 2014.

The registered manager and responsible person discussed their plan to introduce a new computerised system of staff rota allocation and staff electronic communication during March 2016. The registered manager explained that this system will enable supervisors/coordinators to immediately see if staffs are running late or if a service user's call has been missed.

Is Care Effective?

The UCO was informed by some of the service users and relatives interviewed that there can be variation in call times and they are sometimes contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls recently from the agency.

The registered manager indicated that there had been five service user calls missed in the last six months and a small number of late calls. Details of these were captured on a variety of records reviewed during inspection. These include duty logs, computer logs of actions taken regarding the missed/late calls, follow up action and measures taken regarding staff involved. Communications with the referring HSC Trust had taken place via telephone calls and emails. There was a record of monthly monitoring available on the day of inspection which evidenced working practices are being systematically reviewed.

Review of the February 2016 staff rota for one staff group within one service area reflected a process for allocating the staff numbers to service user calls; however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system. Staff interviewed on the day of inspection confirmed that their rota was achievable and allocations had been made with staff input.

Is Care Compassionate?

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

Areas for Improvement

The agency has met the required standards in respect of theme two with no areas for quality improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with one report received during the past year. Review of this incident report evidenced that it had been recorded and report to RQIA and the referring HSC Trust within the required timeframes. Records confirmed that appropriate action had been taken and the matter has been concluded.

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

6.0 No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Joanne Baird</i>	Date Completed	<i>15/3/16</i>
Registered Person	<i>SM</i>	Date Approved	<i>15/3/16</i>
RQIA Inspector Assessing Response	<i>Candice Rice</i>	Date Approved	<i>18-3-16</i>

Please provide any additional comments or observations you may wish to make below:

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