

Announced Care Inspection Report 16 February 2021



Bluebird Care

Type of Service: Domiciliary Care Agency
Address: 31 Long Commons, Coleraine, BT52 1LH
Tel No: 028 7035 6224
Inspector: Joanne Faulkner

www.rqia.org.uk

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Bluebird Care is a domiciliary care agency which provides care and support to service users with a range of conditions including physical disabilities, learning disabilities, mental health disorders and dementia. Care is provided in service users own homes; service users receive care and support with personal care, daily living skills and housing support.

3.0 Service details

Organisation/Registered Provider: Bluebird Care	Registered Manager: Mrs Jacqueline Annette Boyle
Responsible Individual: Ms Susan Elizabeth MacLaughlin	
Person in charge at the time of inspection: Operations Manager	Date manager registered: 07 July 2009

4.0 Inspection summary

An announced inspection took place on 16 February 2021 from 10.30 to 12.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 08 November 2018, RQIA were notified of one notifiable incident. Whilst RQIA was not aware that there was any specific risk to the service users within Bluebird Care a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to Infection Prevention and Control (IPC); it was evidenced that staff had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

One area requiring improvement was identified during this inspection with regards to the procedure for monitoring and recording staff registration status with NISCC.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 08 November 2018

No further actions were required to be taken following the most recent inspection on 08 November 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking to the service users, their relatives and staff to find out their views on the quality of the service provided.

To ensure that the appropriate staff checks were in place before staff were provided to service users, we reviewed the following:

- Recruitment information specifically relating to Access NI and NISCC registration

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the person in charge and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.0 What people told us about this agency

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for staff and questionnaires for service users and relatives to feedback to the RQIA. The information received indicated that people were very satisfied with the current care and support. Comments received:

- “It is a very good prompt, polite service and excellent patient care. ”

During the inspection we communicated with the registered person, the operations manager, staff, service users and relatives.

Comments received included:

Service user comments:

- “Find it perfect; I have no complaints. ”
- “Excellent; staff help me and check I am okay. ”
- “I ring the office if I have any problems. ”
- “I am very thankful they come in. ”
- “They always wear gloves, aprons and masks; it is hard to hear them sometimes. ”

Relative's comments:

- “Good staff they help me too.”
- “***** (senior) will supervise the staff.”
- “My husband couldn't do without it.”
- “Find the girls okay.”
- “If they are late I have a number to ring the office.”

Staff comments:

- “Really good, I do not have any problems.”
- “I can speak to the office and get supervision monthly.”
- “We get a weekly bulletin. Training is good.”
- “I love my job.”
- “Too much PPE, but that's good.”
- “I got three days induction and my NISCC renewal is in March.”
- “I love Bluebird; been working here for two years and they are 100%.”
- “Staff in the office are wonderful; they are supportive and very approachable.”
- “We get a weekly Covid newsletter.”
- “Never loved a job as much in my life; we are not rushed and if we raise issues they are dealt with.”
- “I am absolutely happy.”

We would like to thank the operations manager, staff, service users and their relatives, for their support and co-operation throughout the inspection process.

7.0 The inspection

7.1 Inspection findings

Recruitment

Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11. Pre-employment checks are completed by the agency and an electronic record retained. We reviewed documentation relating to pre-employment checks which provided assurances that Access NI checks for staff employed were completed prior to staff being supplied to provide care to service users.

We noted that a system is in place for recording registration status of staff with NISCC; however we identified that the list provided to us during the inspection was not an accurate reflection of staffs' registration status. Further discussions with the person in charge and the review of electronic records confirmed that staff supplied were appropriately registered. We discussed with the operations manager the need to develop a more robust system for monitoring and recording the information on a monthly basis. An area for improvement was identified.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records viewed and discussions with the person in charge indicated that adult safeguarding matters had been managed in accordance with the procedures. Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection on 08 November 2018. We reviewed the records and noted that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

The agency maintains a policy relating to complaints and compliments; we noted that records of complaints had been retained in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a small number of complaints since the last inspection on 08 November 2018. We found that the complaints had been dealt with in accordance with organisation's policy and procedure, and that the complainants were satisfied with the outcomes.

We reviewed the agency's monthly monitoring reports for October, November and December 2020. We identified that the process included engagement with service users, service user's relatives and staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements. We discussed with the person in charge the need to retain details of the individual records reviewed as part of this process.

Covid-19:

Discussion with the person in charge and staff identified that they had a good understanding of the procedure to follow whilst providing care and support to service users and in the event of service users or staff testing positive with Covid-19.

Staff had been provided with a range of information with regards to Covid-19 specifically relating to IPC, Covid-19 awareness and also included guidance on the donning (putting on) and doffing (taking off) of PPE. We noted that information relating to Covid-19 was emailed to staff weekly in the form of a staff bulletin. Staff can also obtain relevant information in the agency's Staff Guide phone App.

There was a system in place to ensure that IPC procedures were being adhered to. We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available within the agency. Supervisors regularly monitor staff adherence to IPC guidance and use of PPE.

Staff described how they wore PPE for activities that brought them within two metres of service users. Staff reported that there was a good supply of PPE. The service users and relatives spoken with confirmed that the staff wore PPE appropriately when providing care and support to them.

Staff could describe how they supported service users to adhere to Covid-19 guidance with particular regards to handwashing.

Staff who spoke to us were aware of the need to observe for symptoms of Covid-19 in service users, such as fever, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in a number of areas throughout the agency for staff visiting to use to ensure good hand hygiene. Posters detailing the procedure for effective handwashing were displayed as visual aids to encourage good handwashing techniques.

Areas of good practice

Good practice was found in relation to IPC; there was evidence that staff had been adhering to the current Covid-19 guidance on the use of PPE and supporting service users to adhere to guidance with regards to social distancing, hand hygiene and the wearing of facemasks.

Areas for improvement

One area for improvement was identified during the inspection with regards to the system for managing staff registration with the appropriate regulatory body.

	Regulations	Standards
Total number of areas for improvement	0	1

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the operations manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

8.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

8.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 12.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that a robust system is in place for monitoring staffs' NISCC registration status, and that the record retained is accurate and up to date.</p> <p>Ref: 7.1</p> <p>Response by registered person detailing the actions taken: The Training Manager will supervise initial NISCC applications during the Induction Training of new employees and monitor and review the applications on a monthly basis until completion. Operations Manager will be responsible for the review of existing NISCC registrations using the employer portal on a monthly basis and print out the available report for NISCC registrations due to expire and advise the employee of their required renewal.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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