

# Unannounced Care Inspection Report 1 March 2018



## Bluebird Care

**Type of Service: Domiciliary Care Agency**  
**Address: 31 Long Commons, Coleraine, BT52 1LH**  
**Tel No: 02870356224**  
**Inspector: Kieran Murray**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a domiciliary care agency which provides personal care (and housing support) to 155 individuals aged 18-65 and over 65 with physical disabilities, learning disabilities, sensory loss and impairment, autism, mental health disorders, dementia, and addiction misuse. Care is provided in service users own homes. Service users receive care and support in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are consulted and involved in all decisions associated with their care. Care is provided by 75 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bluebird Care  <b>Responsible Individual:</b> Susan Elizabeth McLaughlin	<b>Registered Manager:</b> Ms Jacqueline Annette Boyle
<b>Person in charge at the time of inspection:</b> Ms Jacqueline Annette Boyle	<b>Date manager registered:</b> 7 July 2009

### 4.0 Inspection summary

An unannounced inspection took place on 1 March 2018 from 09.50 to 17.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

#### Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development
- supervision and appraisals
- monthly monitoring reports
- restrictive practice documentation
- team working
- incident reporting

No areas requiring improvement were identified

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Jacqueline Annette Boyle, Registered Manager and the Responsible Person, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 20 June 2016

No further actions were required to be taken following the most recent inspection on 20 June 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- record of complaints
- correspondence received by RQIA

As part of the inspection the User Consultation Officer (UCO) spoke with six relatives, by telephone, on 6 and 9 March 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- personal care
- meals
- sitting service

During the inspection the inspector had a telephone conversation with two service users, visitors/representatives of two service users and one professional. The inspector met with the registered manager, registered provider and four staff.

The following records were examined during the inspection:

- five care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- care review records
- recording/evaluation of care records used by the agency
- monthly monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to adult protection
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding vulnerable adults and children policy

- restrictive practice policy
- risk management policy
- incident policy
- whistleblowing policy
- policy relating to management of data
- complaints policy
- Statement of Purpose
- Service User Guide.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Seven responses were received.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 June 2016

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 June 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction.

The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by the other staff and the registered manager.

**Staff comments:**

- “My specific needs are catered for on the rota.”
- “Flexibility in the team.”

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the assessed needs of service users at all times. The agency maintains a system for accessing support of the registered manager or senior member by agency staff.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults which is in accordance with the regional guidance ‘Adult Safeguarding Prevention in Partnership’ July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff interviewed on the day of inspection were able to name the agency’s safeguarding champion. On the day of the inspection the inspector noted that there had been no safeguarding referrals made since the previous care inspection.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this. The inspector evidenced a list of supervisions due to be completed in the forthcoming week on the agency noticeboard.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that required in the Minimum Standards such as rights of your customer and dignity training. The inspector reviewed the agency’s training matrix which indicated compliance with regulation and standards and the agency’s mandatory training requirements. Staff who spoke to the inspector advised that they complete face to face training and also have access to a computer to complete on-line training.

The registered manager informed the inspector that they were the agency’s train the trainer in supporting medications in social care settings. The registered manager also informed the inspector that they were in the process of completing the course for train the trainer in moving and handling.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. The inspector noted that one restrictive practice implemented was of the least restrictive nature considered necessary and reviewed regularly in conjunction with relevant HSCT Trust representative.

On the day of the inspection the inspector reviewed the process for reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection on 20 June 2016. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection on 20 June 2016. Records reviewed by the inspector evidenced that the agency had managed them in accordance with their policy and procedure.

The inspector noted that care and support plans are formally reviewed by the agency staff in conjunction with service users on a three monthly basis or sooner.

### **Service users' comments:**

- “The staff are very courteous.”
- “The staff do what I require.”
- “The staff are very good.”

The inspector noted comments from service users' representatives on a summary feedback report:

‘My father is cared for by Bluebird carers whom I could not speak highly enough about. They are excellent and my father has a smile on his face when they appear. They are tidy, caring and bring any problems to your attention. We as a family could not manage without them, it is great to have their service as we can have peace of mind.’

- ‘We have been delighted by this service and are very confident with leaving my mother in their care.’

The UCO was advised by all of the relatives interviewed that they had no concerns regarding the safety of care being provided by Bluebird Care Agency. New carers had been introduced to the service user by a regular member of staff or supervisor; this was felt to be important both in terms of the service user's security and for ensuring that the new carer had knowledge of the care to be provided to individual service users.

No issues regarding the carers' training were raised with the UCO by the relatives; examples provided included manual handling, use of equipment and management of medication. All of the relatives interviewed confirmed that they could approach the care workers and office staff if they had any concerns. Examples of some of the comments made by the relatives are listed below:

- “Got a great team.”
- “It allows XXX to keep some independence but gives me reassurance.”
- “XXX is very fond of them.”

Of seven responses made by staff via the electronic means, four indicated that they were ‘very satisfied, that care was safe, two indicated that they were ‘satisfied’ care was safe and one indicated that they were ‘very unsatisfied’ that care was safe.

The inspector advised the registered manager as to the ‘very unsatisfied’ response and as there were no contact details for staff, the registered manager agreed to discuss at the next team meeting for local resolution.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency’s arrangements for appropriately assessing and meeting the needs of service users were examined during the inspection. The full nature and range of service provision is detailed in the agency’s Statement of Purpose and Service User Guide. The inspector noted that the Statement of Purpose did not make reference to restrictive practice and the name of the registered manager. The registered manager updated the Statement of Purpose on the day of the inspection to include information relating to restrictive practice and to include the name of the registered manager. The inspector viewed the updated copy and found it to be satisfactory.

The inspector reviewed five service users’ care and support plans. The inspector was informed that care and support plans are reviewed three monthly by the registered manager using the agency’s customer review documentation. The registered manager informed the inspector that multi-disciplinary reviews completed in conjunction with the HSC Trust took place on a yearly basis or sooner if needed.

The agency maintains recording templates in each service user’s home file on which care workers recorded their visits. The inspector was informed by a service users’ representative that records in the home were very detailed.

Staff interviewed on the day of the inspection confirmed they were provided with details of the care planned for each service user.

Feedback received by the inspector from staff and service users’ indicated that service users or their relatives: have a genuine influence on the content of their care plans.

**Service users' comments:**

- "I have my notes in front of me."

The quality monitoring system provides a thorough standard of monitoring noted to be in accordance with information detailed within the RQIA guidance. Quality monitoring reports included details of consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly quality monitoring is undertaken by the agency's responsible person.

Records reviewed in the agency office confirmed that spot checks of staff practice was carried out within service users' homes on a regular basis by the registered manager. Records reviewed by the inspector did not record any concerns regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems in use within the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of relevant representatives when required.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a quarterly basis; the registered manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

The inspector examined the following surveys and audits on the day of the inspection, Summary Feedback Report 2016/2017, Annual Quality Report 2016/2017, Analysis of Consumer Questionnaires August 2016 and August 2017, Care Assistant Questionnaire Analysis September 2016 and November 2017, all with very positive results.

The inspector was informed that care staff use a 'tag and barcode' system via their mobile phone when they enter and leave a service users home. The care staff also log on the tasks completed and any alerts via this system. The agency has a computerised system called PASS which analyses this information in relation to outcomes, tasks, alerts and operations to enhance service delivery to the service user.

The inspector noted that the responsible individual was the winner of the women in business 'Excellent in IT award 2016' and a finalist in the local business 'Innovation Award 2017'.

Advocacy services information was displayed at the agency; these details were also outlined in the service user guide.

The inspector noted comments from a service users' representative on a summary feedback report:

- ‘They are wonderful at carefully guiding my mother so that she maintains her dignity while she is being cared for.’

On the day of the inspection the inspector spoke to a service users’ representative who expressed some concerns about the timings of her mother’s calls. The inspector assured the relative that the issue would be discussed with registered manager for local resolution.

#### **Staff comments:**

- “We don’t have a high staff turnover.”

The registered manager informed the inspector that a computer is available in the agency office for staff to use if required. Policies were available on file in the agency office.

#### **Community key workers comments:**

- “Any service user issues are dealt with very quickly.”

The UCO was informed by the relatives spoken to that they have no concerns regarding the carers’ timekeeping or that care has been rushed. The relatives also advised that they had not experienced any missed calls from the agency. They indicated that service users are usually introduced to new care workers by a regular carer or supervisor.

No issues regarding communication between the service users, relatives and staff from Bluebird Care Agency were raised with the UCO. The relatives advised that home visits and phone calls have taken place to obtain their views on the service as well as receiving a questionnaire.

Examples of some of the comments made by the relatives are listed below:

- “Would give them 10 out of 10.”
- “Has got to know them all.”
- “XXX’s condition has improved since the carers started.”

Of seven responses made by staff via the electronic means, four indicated that they were ‘very satisfied, that care was effective, two indicated that they were ‘satisfied’ care was effective and one indicated that they were ‘very unsatisfied’ that care was effective.

The inspector advised the registered manager as to the ‘very unsatisfied’ response and as there were no contact details for staff, the registered manager agreed to discuss at the next team meeting for local resolution.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to audits and surveys, spot checks, communication between service users and agency staff and other key stakeholders.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users and where appropriate their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Review of care records on the day of inspection indicated that service users are fully involved in day to day decisions and routines. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

The inspector noted comments from a service users' representative on a summary feedback report:

'The training that the carers receive for dementia clients is evidently wholly appropriate and this is coupled with the generous nature of the ladies who do this work. Many thanks to all the carers.'

It was evident that the agency staff and HSC Trust community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Feedback from service users indicated that staff have developed knowledge of individual service users' needs through careful observation and interaction over time.

Service users' comments noted by the inspector on the summary feedback report:

'Their morning visits to me help me to face the day otherwise I feel most of my day would be spent in bed, they are my incentive.'

The inspector noted the following comment made by relative on the summary feedback report:

'We had seven months of care from reliable, caring and compassionate, happy friendly and capable ladies.'

**Staff comments:**

- “I love making the older persons day a bit easier”.

All of the relatives interviewed by the UCO felt that care was compassionate. The relatives advised that carers treat them with dignity and respect, and care has not been rushed. They indicated that 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, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Bluebird Care Agency. Examples of some of the comments made by the relatives are listed below:

- “Very pleasant.”
- “Everyone’s lovely.”
- “They get on like a house on fire.”

Of seven responses made by staff via the electronic means, four indicated that they were ‘very satisfied, that care was compassionate, two indicated that they were ‘satisfied’ care was compassionate and one indicated that they were ‘very unsatisfied’ that care was compassionate.

The inspector advised the registered manager as to the ‘very unsatisfied’ response and as there were no contact details for staff, the registered manager agreed to discuss at the next team meeting for local resolution.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of the provision of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to any concern they may have in relation to care, support or staff performance and knew how to access the whistleblowing policy.

The registered manager informed the inspector that out of hours, staff can contact a supervisor or co-ordinator who has access to the registered manager.

An annual report is completed by the agency and is available within the agency.

The agency maintains a robust quality monitoring system which provides a thorough standard of monitoring in accordance with relevant RQIA guidance.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

#### **Staff comments:**

- "XXX and XXX are excellent, they have time for you."
- "Managers are approachable."

Feedback recorded on the summary feedback report from a relative:

- 'Impressed with the whole team and it is clear that the operations manager leads from the top down.'
- 'Office staff professional and helpful.'

All of the relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service or management of the agency.

Of seven responses made by staff via the electronic means, three indicated that they were 'very satisfied, the service was well led, three indicated that they were 'satisfied' the service is well led and one indicated that they were 'very unsatisfied' that the service was well led.

The inspector advised the registered manager as to the 'very unsatisfied' response and as there were no contact details for staff, the registered manager agreed to discuss at the next team meeting for local resolution.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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