

# Unannounced Care Inspection Report 8 November 2018



## Bluebird Care

**Type of Service: Domiciliary Care Agency**  
**Address: 31 Long Commons, Coleraine, BT52 1LH**  
**Tel No: 02870356224**  
**Inspector: Joanne Faulkner**  
**User Consultation Officer (UCO): Clair McConnell**

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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 care and support to 160 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, housing support and emotional wellbeing with the aim of promoting their independence.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bluebird Care  <b>Responsible Individual(s):</b> Ms Susan Elizabeth MacLaughlin	<b>Registered Manager:</b> Mrs Jacqueline Annette Boyle
<b>Person in charge at the time of inspection:</b> Mrs Jacqueline Annette Boyle	<b>Date manager registered:</b> 07/07/2009

### 4.0 Inspection summary

An unannounced inspection took place on 8 November 2018 from 10.30 to 16.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and 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:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training, supervision and appraisal
- Governance and Quality monitoring systems
- Provision of care in a person centred manner
- Service user involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

No areas for improvement were identified during the inspection.

The comments of service users, their relatives and staff have been included in the relevant report sections.

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.

The inspector and UCO would like to thank the manager, service users, relatives and staff for their welcome, support and full co-operation throughout the inspection process.

### 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 the registered person and the registered manager, 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 1 March 2018**

No further actions were required to be taken following the most recent inspection on 1 March 2018.

#### **5.0 How we inspect**

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager and registered person
- examination of records
- consultation with staff
- evaluation and feedback

During the inspection the inspector met with the manager and three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A range of policies and procedures viewed during the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received.

As part of the inspection the User Consultation Officer (UCO) spoke with seven relatives, by telephone, on 21 November 2018 to obtain their views of the service. Service users receive assistance from the agency with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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 1 March 2018

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 1 March 2018

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.**

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The manager stated that staff are not provided for work until all required checks have been satisfactorily completed. The inspection viewed the recruitment records for three staff and noted that they provided evidence that required pre-employment checks had been completed.

It was identified that the agency has a system for ensuring that a statement verified by the manager indicating that staff are physically and mentally fit for the purposes of the work which they are to perform is in place. Staff are required to sign that they have received and understood the information provided in the agency's staff handbook.

It was identified that the agency's induction programme provided to staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial three day induction and in addition shadow other staff employed by the agency. In addition staff are required to complete eight modules outlined within the comprehensive induction competency workbook within the initial 12 weeks of employment. Staff could describe the details of the induction provided which was noted to include medication competency assessment and shadowing calls.

The inspector viewed a number of individual staff induction records retained by the agency; they contained details of the information provided to staff during their induction period.

Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. It was noted that staff are provided with a job description at the commencement of employment. The agency maintains a register for all staff detailing dates of induction, training and registration status with relevant regulatory bodies.

The process for ensuring that staff provided at short notice had the knowledge and skills for the job roles was discussed with the manager. The manager stated that all staff must complete the induction programme.

Discussions with the manager and administration staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the manager and staff. It was noted that staff are required to log in and out at each call via an APP on a smart phone.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was noted that supervisory staff will shadow staff to assess competency. A record of staff supervision and appraisal is maintained. It was noted that the agency aims to directly supervise staff weekly for the initial 12 weeks of employment and monthly thereafter. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff participate in developing individual development plans as part of the annual appraisal process. Staff supervision and appraisal information viewed were noted to be retained in a well organised manner.

The manager could describe the process for identifying training needs in conjunction with the organisation's coordinator and their responsibility for ensuring that training updates are completed. Staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the appropriate knowledge and skills for their role.

The agency has an electronic system for recording staff training; information viewed indicated that the majority of staff had completed the required training. It was noted that outstanding training had been planned.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The coordinator stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager indicated that the list is reviewed on a monthly basis.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Discussions with staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the procedures for reporting adult safeguarding concerns appropriately and in a timely manner. It was noted that staff are required to complete safeguarding training during their induction programme and in addition required training updates. Staff are required to complete a workbook following induction which is reviewed and verified by the manager. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

Relatives who spoke to the UCO could describe what they would do if they had any concerns in relation to the safety of service users or the care they received.

Discussions with the manager and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency had acted in accordance with their policy and procedures in relation to two referrals made since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. It was identified that staff can access service users care records via their smart phones when visiting the homes of service users. The agency contributes to reviews involving the service users' HSCT keyworkers if appropriate. The inspector viewed a range of risk assessments in place relating to individual service users; care plans are reviewed as required.

The agency's office accommodation is located close to the town of Coleraine. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and in a well organised manner and that PC's were password protected.

The UCO was advised by all of the relatives spoken to that they had no concerns regarding the safety of care being provided by Bluebird Care Agency. They stated that new care workers are usually introduced to service users by staff currently employed by the agency; this is important both in terms of the service user's security and that the new care worker had knowledge of the care required.

The majority of the relatives spoken to had no issues regarding training; however one issue in relation to hand hygiene was raised.

All of the relatives spoken to confirmed that they were aware of the complaints procedure. Examples of some of the comments made by service users or their relatives are listed below:

- “More than happy.”
- “Great support and advice from the supervisor.”
- “No complaints whatsoever.”

**Comments received during inspection process.**

**Staff comments**

- “I got a good induction; it included some shadowing.”
- “We get unannounced monthly supervision.”
- “A lot of training; it can be a bit repetitive.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and the agency’s management of adult safeguarding matters.

**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 responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided. It was identified that a range of the agency’s policies and information was required to be updated to include the current RQIA contact details; assurances were provided by the manager that this would be actioned.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received training relating to record keeping and confidentiality during their induction programme and a recent training update relating to GDPR.

Staff could describe the processes used for supporting service users to be engaged in the care planning and review processes. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. It was noted that the agency are currently exploring the possibility of reducing the amount of paper records retained.



The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing monthly quality monitoring visits.

The inspector viewed the agency's quality monitoring reports of the visits completed by the registered person. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

## **Comments recorded on quality monitoring reports**

### **Service Users/ relatives comments**

- "Our two carers are such genuine, kind, empathetic women. They do not speak down to mummy...they honour her age and life experiences."
- "Thanks for the care provided to mother; she looks forward to the visits."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with relatives and staff indicated that staff communicate appropriately with service users.

The manager could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates regular staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions. It was identified that a range of issues are discussed at meetings, they include adult protection, confidentiality and data protection. The agency provides and quarterly newsletter to staff and service users.

The UCO was informed by the relatives spoken to that they had no concerns regarding timekeeping of staff or missed calls; however it was highlighted that on occasions care can be rushed. This was discussed with the manager following the inspection.

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. Some of the relatives spoken to could confirm that they had received a questionnaire from the agency.

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

- "They work with us to provide the care necessary for XXX."
- "There have been lots of new faces recently."
- "Gives me peace of mind that someone calls regularly with XXX and will contact me if anything is wrong."

## **Comments received during inspection process.**

### **Staff comments**

- "Great team work."

- “Communication is good.”
- “There is no rushing; service users are well looked after.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication and engagement with service users, and where appropriate their relatives 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, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive training in relation to human rights, equality and confidentiality during their induction programme. Discussions with staff and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding. It was good to note that staff practice is observed monthly as part of the agency’s supervision process.

Service user care records viewed in the agency office were noted to contain information relating to the life histories of service users and their needs, choices and preferences. Staff could describe how the support service users to make decisions about the care and support they received.

Staff described how they endeavour to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity during their induction programme.

The agency’s Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager could describe how staff development and training equips staff to engage with a diverse range of service users.

Discussions with the service user relative's, staff and the registered person and manager provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment

Records viewed and discussions with staff indicated that the agency has a range of effective methods for recording comments made by service users and/or their representatives. Records of service user feedback forms, customer care forms, care review meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; quality monitoring visits; care review meetings, and feedback received from customer satisfaction surveys. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

All of the relatives spoken to by the UCO indicated that care provided was compassionate; they advised that care workers treat them and the service users with dignity and respect. 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 the agency. Comments made by the relatives are listed below:

- "XXX looks forward to them coming. They're fantastic."
- "Great girls."
- "Doing a great job."

One issue raised in relation to staff hand hygiene was discussed with the manager and assurance provided that monitoring would be completed.

### **Staff comments**

- "Service users are well cared for."
- "I love my job."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 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 inspection reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by a team of coordinators and supervisors. Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained in the agency's office and staff can access. A number of the organisation's policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy and procedure outlines the process for managing complaints; discussions with the manager and staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their induction programme. Relatives spoken to could describe the process for raising concerns.

The agency maintains a record of complaints received. It was noted from records viewed and discussions with the manager that the agency has handled complaints received in accordance with their policy and procedures. Complaints are audited on a monthly basis as part of the organisation quality monitoring system.

It was good to note that the agency had received a large number of compliments since the previous inspection; a sample of those received are detailed below

- "Thank you for all the care and support you give to my wife."
- "Staff are wonderful."
- "An excellent service, carers are professional, adaptable and willing to learn. Well led from the top."
- "Staff are very pleasant and helpful."
- "We have had care for the last seven months from reliable, caring, compassionate, dependable, happy, pleasant carers."

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of policies and procedures, monthly supervision of all staff, monthly monitoring of staffing arrangements, complaints, accidents,

safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders.

From records viewed it was identified that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal. The registered person and manager could clearly describe the rationale for regularly reviewing the quality of the services provided.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles. It was noted that staff are provided with a job description at the commencement of employment. Staff stated that the manager and senior staff are approachable and supportive; they could describe the procedure for obtaining support and guidance including out of hours arrangements.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

All of the relatives spoken to 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.

### **Comments received during inspection.**

#### **Staff comments**

- "I feel supported; we can just call into the office."
- "The manager is always at the end of the phone."
- "Any concerns raised are followed through."
- "\*\*\*\* the coordinator sorts things out."

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

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

#### **Areas for improvement**

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

## 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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