



The Regulation and  
Quality Improvement  
Authority

Bluebird Care  
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**Unannounced Care Inspection  
of  
Bluebird Care Holywood**

**29 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 29 October 2015 from 10.00 to 16.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the Clare Mishu the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Bluebird Care/Stephen John Connor	<b>Registered Manager:</b> Clare Chowdhury Mishu
<b>Person in charge of the agency at the time of Inspection:</b> Clare Chowdhury Mishu	<b>Date Manager Registered:</b> 6 May 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 179	

## 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 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered manager
- Consultation with two care staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and eleven relatives, either in their own home or by telephone on 26 and 27 October 2015 to obtain their views of the service. The service users interviewed live in Hollywood and surrounding areas, and receive assistance with the following: personal care, sitting service, housework and financial assistance i.e. shopping. Feedback received is included within the body of this report and was discussed with the registered manager on day of inspection.

On the day of inspection the inspector met with two care staff 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. Three staff questionnaires were 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
- Three staff meeting agendas and minutes for September 2015
- Four staff quality monitoring records
- Staff duty rota for October 2015
- Staff Handbook
- Service user compliments received during 2015

- Three complaints records
- Monthly monitoring reports for June to September 2015
- Annual quality report
- Procedure for management of missed calls
- Management staff daily contact log records/on call logs for September/October 2015
- Missed call record and follow up actions
- On call rota
- Four communication records with trust professionals
- Duty file
- Four incidents reportable to RQIA in 2014/2015.

## 5. The Inspection

### Profile of Service

Bluebird Care, Holywood is a domiciliary care agency based in Holywood, Co Down providing care to people in their own homes including older people, and people with a physical disability or learning disability. Services provided include personal care, social and domestic tasks, and sitting services (day and night). The agency has been operational from March 2010, and currently provides care to 179 service users by 60 staff. The South Eastern and Belfast Health and Social Care Trust's commission their services. A number of self-referred service users receive care and support from the agency.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 12 January 2015. 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
<b>Requirement 1</b>  <b>Ref:</b> Regulation 21(1)(b)	The registered manager (acting) is required to revise the 'Record Keeping' policy and procedure to include the retention period for specified records and ensure only reference legislation, standards and guidance documents that relate to Northern Ireland.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector reviewed the agency's Record Keeping policy and procedure which included the retention period for specified records and referenced legislation, standards and guidance documents that related to Northern Ireland.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.17	The registered manager (acting) is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that management staff had completed update training on mandatory subject areas.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.11	The responsible person is recommended to record all vulnerable adult incidents/reports within the monthly monitoring reports detailing progress month to month.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed monthly monitoring reports which detailed all vulnerable adult incidents/reports progress.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 11.4	The registered manager (acting) is recommended to retain a copy of signed contracts for all staff in line with the minimum standard 11.4 timescale of within 13 weeks of commencement.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced within individual staff files that copies of staff contracts had been provided and retained within 13 weeks from commencement of employment dates.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 8.14	The registered manager (acting) is recommended to ensure service user care plans/risk assessments are fully detailed in relation to the use of restraint and financial assistance provided by care workers, where appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed confirmed that, where relevant, service user care plans/risk assessments had been reviewed and revised in relation to the use of restraint and financial assistance provided by care workers.	

### **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 pre service visits contained evidence that service users and/or representative's views had been obtained and incorporated.

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 both for the service user's security and the carer's knowledge of the required care. However, both staff interviewed on day of inspection confirmed that they were routinely introduced to any new service users by another colleague.

The documentation relating to two service users were reviewed by the UCO during the home visits. One file contained an out of date care plan and risk assessment and the log sheets were not being completed appropriately. One service user is receiving assistance with shopping; their file contained appropriate records.

The out of date care plan and risk assessment was discussed with the registered manager who confirmed that the trust care manager had recently updated this care plan however a copy had not yet been placed in the service users home file and would be addressed. The minutes of staff meetings for September 2015 reviewed evidenced discussions relating to their record keeping practice. The registered manager confirmed that record keeping would be an ongoing matter which the agency monitors closely.

#### **Is Care Effective?**

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Three complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner and ongoing monitoring to ensure that standards are being maintained.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings, included within their weekly newssheet 'Bluebird Noticeboard' and individually.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. The UCO was also advised that management visits, telephone calls and observation of staff practice are also taking place.

Records of the 2014 Quality Survey Report was viewed which contained feedback from service users and /or representatives and planned areas for improvement. This was shared in the form of a leaflet posted to all service users during the first week of December 2014.

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.

The most recent monthly monitoring reports for June to September 2015 were viewed and evidenced how information and feedback received had resulted in appropriate actions taken and working practises are being systematically monitored and reviewed.

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 October 2015. No staff practise issue were identified during these spot checks. The monitoring visit records noted positive comments received from service users/relatives regarding staff.

Three staff questionnaires were received following the inspection day. These confirmed that they were satisfied with the training received in relation to core values, communication methods and mental health care. All of the staff who returned a questionnaire also indicated high levels of satisfaction in the following areas:

- Service users care plans are appropriate to meeting their care, health and welfare needs
- Staff have enough time allocated time to complete the service users' care planned needs

### **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. 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.

Service users, as far as possible, are given their choice in regards to 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:

- "No complaints whatsoever."
- "Very happy with the care."
- "They have developed a great relationship."
- "I would recommend them."
- "Couldn't praise them enough."

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, stroke 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.

Staff who returned a questionnaire indicated that service users are afforded privacy, dignity and respect at all times and that agency management respond to suggestions for improvements made by service users.

## Areas for Improvement

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

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 'No reply' 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 and reminders included within the weekly newsheets 'Bluebird Noticeboard' during February and April 2015.

The staff handbook dated December 2014 viewed is recommended to be expanded to include an index at the start to assist staff in locating relevant information within this large manual.

#### Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. None of the people interviewed had experienced any missed calls from the agency.

The registered manager indicated that there had been one service user call missed since May 2015 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.

Review of October 2015 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.

#### 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 for all areas reviewed. The registered manager is recommended to expand the staff handbook to include an index of contents to assist staff in locating relevant information.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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### 5.5 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with seven reports received during the past year. Review of five out of the seven incident reports evidenced that each had been recorded and report to RQIA and the referring HSC Trust within the required timeframes. Records confirmed that appropriate actions had been taken to address each matter.

## 6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Clare Mishu the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.5 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 6.6 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.7 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Recommendations</b>			
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time <b>To be Completed by:</b> 10 December 2015	The registered manager is recommended to expand the staff handbook to include an index of contents to assist staff in locating relevant policies and procedures.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Bluebird Care (Holywood) is extremely happy with the positive outcome of this inspection which reflects on and rewards the hard work and dedication of all our staff.  We will add the required Index to our Staff Handbook with immediate effect.		
<b>Registered Manager Completing QIP</b>	Clare Chowdhury Mishu	<b>Date Completed</b>	24/11/2015
<b>Registered Person Approving QIP</b>	Stephen Connor	<b>Date Approved</b>	24/11/2015
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	30/12/2015

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**