

# Inspection Report

05 November 2021



## Bluebird Care

**Type of Service: Domiciliary Care Agency**  
**Address: 12 High Street, Holywood BT18 9AZ**  
**Tel No: 028 9042 6615**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Bluebird Care	<b>Registered Manager:</b> Ms Lucinda Baxter, acting
<b>Responsible Individual:</b> Dr Peter William McCormick	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Ms Lucinda Baxter	
<b>Brief description of the accommodation/how the service operates:</b>  Bluebird Care is a domiciliary care agency which provides personal care, social support and a sitting service to service users living in their own homes. Service users have a range of conditions including physical disabilities, mental health disorders and dementia.  Service users receive care and support with personal care, daily living skills, housing support and emotional wellbeing with the aim of promoting their independence. Care is commissioned by the South Eastern and Belfast HSC Trusts.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 November 2021 between 9:30 am and 3:30pm by the care inspector.

The last care inspection of the agency was undertaken on 29 April 2019. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

RQIA received information/intelligence on 14 October 2021 which raised concerns in relation to staff training, staff registration status with the Northern Ireland Social Care Council (NISCC) and compliance to the use of Personal Protective Equipment (PPE) guidance. In response to this information RQIA decided to review these matters as part of a planned inspection.

During the inspection we reviewed a range of information and spoke to the manager. We spoke to service users, relatives, HSCT representatives and staff. RQIA was unable, to substantiate the matters raised.

This inspection also focused on staff recruitment, adult safeguarding, incident reporting, complaints management and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS), Dysphagia, Covid-19 guidance and the agency's monthly quality monitoring process.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

No questionnaires were received prior to the issuing of the report. There were no responses to the electronic survey.

We received feedback from service users, staff relatives and HSCT representatives.

We spoke with two service users, a relative and three staff during the inspection; comments received are detailed below. Feedback was received from three HSCT representatives.

#### Service users' comments:

- "Very good, no concerns they come on time. If late they will ring and let you know."
- "They have a book to sign in. I have no problems they are all great."
- "Bluebird is very good, absolutely wonderful, everything is great."
- "Sometimes there is a little hold up but the girls are wonderful."
- "They (staff) wear gloves and masks; I have no problems with the agency."

#### Relatives' comments:

- "The agency is brilliant; mum is very reliant on them. They are very attentive to mum; they have been a rock for me."

- “If I have a problem I ring the office and communicate with \*\*\*\*\* (deputy); they resolve things. The staff notice things before I do. I rely on them and trust them all with mum; her keyworker is a lifesaver.”
- “The odd time they can be slightly late, only once or twice; I have no complaints”

#### **Staff comments:**

- “I love it, not all days are smooth. I am supported by the manager; if I have concerns I can come in and they listen and act upon concerns.”
- “\*\*\*\*\* (manager) very on the ball about Covid; PPE has been readily available.”
- “I have no problems getting in touch with the office. I have never once felt the need to report anything above the manager, they are very responsive.”
- “Worked here 10 years, I have no concerns. The office is very good; I have no problems getting through.
- “Care plans and books are in service users homes.”
- “Training is grand, not long since I got update.”
- “I am not slow to speak up; if you report something it gets sorted.”

#### **HSCT representatives’ comments:**

- “I was very impressed with Bluebird from the office staff to the carers that I met when reviewing my clients. Staff were approachable, caring and very professional. I had no issues of concern with the company and they demonstrated a very positive impact on my clients and their families.”
- “I have always found Bluebird Care to be very reliable and dependable. The staff are consistent with their delivery of care and call times. They also have staff that are experienced and have been with them for a long time. There is good communication between Bluebird main office, their staff and with ourselves. They are prompt at responding to any changes or updates in the clients care needs.”

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Bluebird Care was undertaken on 29 April 2019 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

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

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. The manager stated that they are facilitating more face to face training which had been online during the Covid-19 pandemic.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made to HSC Trust adult safeguarding teams since the last inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the office staff if they had any concerns in relation to safety or the care being provided. Relatives stated that they can report any concerns to staff in the office and that action is taken to resolve any matters highlighted.

Service users and relatives stated that they have been provided with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and actions taken to reduce or prevent reoccurrence.

It was noted that staff had not completed appropriate DoLS training appropriate to their job roles; this was actioned immediately following the inspection and confirmation received from the manager that staff had completed relevant training. Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

It was identified that they agency are not managing individual service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19. The manager stated that they have no issues with regard to accessing appropriate PPE for staff; they stated that on occasions they have liaised with some service users/ relatives and keyworkers with regards to disposal matters raised by staff. It was noted that a number of staff had availed of the Covid 19 vaccinations; the agency retains a record of this information.

### **5.2.2 Are their robust systems in place for staff recruitment?**

The review of a sample of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that staff provided are appropriately registered with NISCC. There was a record of new staff currently in the process of registering with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager stated that they check the NISCC database daily; they described how this has assisted them in identifying staff who had not updated their registration as required. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The discussions with the manager and staff confirmed that there was multi-disciplinary input and that collaborative working was undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. Feedback received indicated that the agency made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

The manager stated that there are currently no service users who have been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. It was noted that staff had not completed training on Dysphagia. An area for improvement has been identified.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; missed calls, NISCC registration and staffing arrangements. We discussed with the manager the benefits of including details of the review of staff supervision and training in the report. We discussed with the manager the need to keep details of the service user/staff files reviewed. We discussed with the manager the updated guidance provided by RQIA with regard to the Quality monitoring Process. This will be reviewed at the next inspection.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

Feedback from HSCT keyworkers, discussions with the manager and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met.

## 6.0 Conclusion

Based on the inspection findings and discussions held with service users, relatives, HSC Trust's representatives, and staff, RQIA was satisfied that the service was providing safe and effective care in a caring and compassionate manner.

As a result of this inspection one area for improvement was identified in with regard to staff training.

The inspector would like to thank the manager, service users, relatives, HSC Trust's representatives and staff for their support and co-operation throughout the inspection process.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Lucy Baxter, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to Dysphagia training.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Bluebirdcare Holywood Staff have now completed there training in Dysphagia.Dysphagia training as this has now been impeneted into our induction training. Every new staff member will be required to complete this before they go live .</p>

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





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