

# Unannounced Care Inspection Report 30 January 2018



## Bluebird Care

**Type of Service: Domiciliary Care Agency**  
**Address: 12 High Street, Holywood BT18 9AZ**  
**Tel No: 02890426615**  
**Inspector: Kieran Murray**

[www.rgia.org.uk](http://www.rgia.org.uk)

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 115 individuals in their own homes. Service users have a range of needs including physical disabilities, elderly in their own home and learning disability. The service users are consulted and involved in all decisions associated with their support. They are supported by 40 staff.

### 3.0 Service details

<b>Registered organization/registered provider:</b> Bluebird Care/Peter William McCormick	<b>Registered manager:</b> Ms Lucinda Baxter Acting Manager
<b>Person in charge of the agency at the time of inspection:</b> Ms Lucinda Baxter	<b>Date manager registered:</b> 27 February 2015

### 4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 10.30 to 19.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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 staff recruitment and care reviews, service user and stakeholder engagement.

Areas requiring improvement were identified in relation to induction of staff, training and development, supervision records, quality monitoring reports, risk assessments, policies and procedures, safeguarding documentation and training and staff meetings.

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>	2	9

Details of the Quality Improvement Plan (QIP) were discussed with Ms Lucinda Baxter, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of the inspection undertaken on 30 January 2018, the Regulation and Quality Improvement Authority (RQIA) had concerns that the quality of care and service within Bluebird Care falls below the expected minimum standards.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was convened on 6 February 2018, at the offices of RQIA, to discuss with the responsible person and acting registered manager RQIA's concerns in respect of Regulation 16 (5) (a) (b), Regulation 23 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 9 and Standard 12 of the Domiciliary Care Agencies Minimum Standards 2011.

During the serious concerns meeting on 6 February 2018 the responsible person and acting registered manager provided a full account of the actions taken to date and those that would be taken to ensure the minimum improvements necessary to achieve compliance with the regulations and standards identified. The RQIA has also requested that the registered person forward a copy of their monthly quality monitoring reports until further notice. RQIA were assured that the agency had plans in place to achieve compliance.

RQIA will continue to monitor the quality of service provided in Bluebird Care and may carry out an inspection to assess compliance with the Regulations and Standards.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 27 June 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 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
- records of notifiable events
- any correspondence received by RQIA since the previous inspection
- record of complaints

As part of the inspection the User Consultation Officer (UCO) spoke with six service users and five relatives, either in their own home or by telephone, on 1 and 2 February 2018 to obtain their views of the service. The service users interviewed have received assistance with the following:

- management of medication
- personal care
- meals

The UCO also reviewed the agency's documentation relating to five service users.

During the inspection the inspector met with the acting registered manager, support manager, one care assistant and one clerical staff.

The following records were examined during the inspection:

- service users' care records
- risk assessments
- monthly quality monitoring reports
- records of monthly audits
- tenants' meeting minutes
- staff induction records
- staff training records
- records relating to staff supervision
- records relating to staff recruitment
- complaints records
- incident records
- records relating to adult safeguarding
- staff rota information
- recruitment policy
- induction policy
- learning and development policy
- supervision policy
- appraisal policy
- disciplinary policy
- safeguarding vulnerable adults policy
- whistleblowing policy
- complaints policy
- confidentiality policy
- equality and diversity policy
- data protection 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 invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met.

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 27 June 2016**

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

This QIP will be validated by the care inspector at the next care inspection.

**6.2 Review of areas for improvement from the last care inspection dated 27 June 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with Standards		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 8.11 Stated: First time	The registered person is recommended to ensure completion of monthly reports are in line with standard 8.11. The registered person is recommended to expand their monthly monitoring reports to detail how feedback information and actions taken are being monitored.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager was unable to provide the inspector with documentary evidence to confirm compliance with this area of improvement. This area for improvement has been carried forward in the QIP.	

**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 inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place. The agency has a recruitment policy which the inspector noted was out of date on the day of the inspection. On further examination the inspector noted all policies and

procedures were out of date. An area for improvement was noted in relation to Standard 9 of the Domiciliary Care Agencies Minimum Standards 2011 and further discussed at the serious concerns meeting held on 6 February 2018.

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. The inspector reviewed induction records and found that records did not reflect compliance with regulations. It was also noted that induction records were unavailable in the agency office. An area for improvement was noted in relation to Regulation 16 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and further discussed at the serious concerns meeting held on 6 February 2018.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

#### **Staff comments:**

- 'Rota's are quite stable.'
- 'Consistent service user group.'

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 was out of date and was not written in accordance with the regional guidance 'Adult Safeguarding Prevention in Partnership' July 2015. The inspector was informed by the manager that safeguarding training was not up to date and there was no training plan/matrix available for the inspector to review. On the day of the inspection the inspector noted that there had been one safeguarding referral made since the previous inspection 27 June 2016. The referral information was not available for the inspector to review. The manager informed the inspector that she was the safeguarding champion for the agency. An area for improvement has been noted in relation to Standard 14 of the Domiciliary Care Agencies Minimum Standards 2011.

The inspector reviewed supervision and appraisals records and found that these were incomplete and not completed in accordance with the agency policy timeframes. The inspector noted that there was no system in place to alert the manager that supervision and appraisals were due for completion. An area for improvement was noted to Standard 13 of the Domiciliary Care Agencies Minimum Standards 2011.

There were no training plans or records available for the inspector to indicate that the agency had complied with regulation and standards to ensure staff are trained for their roles and responsibilities. An area for improvement was noted in relation to Standard 12 of the Domiciliary Care Agencies Minimum Standards 2011 and further discussed at the serious concerns meeting held on 6 February 2018.

The inspectors 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 manager informed the inspector that there were no restrictive practices in place.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been one incident since the previous inspection 27 June 2016; records provided to the inspector confirmed that they were completed in line with policy and procedure.

The inspector noted that the agency had not received any complaints since the last inspection 27 June 2016.

The inspector noted that evidence of review of service users' needs took place yearly or sooner if required.

The UCO was advised by all of the service users and relatives interviewed that there were 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 that the new carer had knowledge of the required care.

In relation to staff training the majority of the service users and relatives interviewed did not have any concerns; however one service user advised that concerns had been raised in relation to personal protective equipment and use of equipment. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Have built up a trust."
- "Any concerns about XXX they let me know."
- "Would give them 150%."

### **Areas of good practice**

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

### **Areas for improvement**

Areas for improvement were identified during the inspection in relation to staff induction procedures, policies and procedures, staff training, staff supervision and safeguarding procedures and training.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	8



## 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 people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector reviewed three service users' care and support plans. The inspector was informed that care and support plans are reviewed six to eight monthly or sooner by the agency. The manager informed the inspector that multi-disciplinary reviews with the Trust took place on a yearly basis or sooner if needed. The inspector examined the agency and Trust documentation and the records were incomplete as a service users' records had no risk assessment completed by the Trust when initially referred to the agency. An area for improvement has been noted in relation to Standard 3 of the Domiciliary Care Agencies Minimum Standards 2011.

The agency maintained recording templates in each service user's home file on which care workers recorded their visits. Records reviewed by the inspector were satisfactory.

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

### **Staff comments:**

- "Good team work."

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.

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers 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 service users and relatives advised that home visits and phone calls have taken place to obtain their views on the service as well as questionnaires. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

Examples of some of the comments made by service users or their relatives are listed below:

- "I'm trying to be independent but the carers help me if necessary."
- "Couldn't do without them."
- "Well looked after."

As part of the home visits the UCO reviewed the agency's documentation in relation to five service users and it was noted that one care plan was out of date.

The inspector spoke to the manager and has been assured that the documentation will be updated accordingly.

Monthly quality monitoring reports were not available for review on the day of the inspection. An area for improvement was noted in relation to Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and further discussed at the serious concerns meeting held on 6 February 2018.

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 manager.

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

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

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely 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.

Team meeting records were not available to indicate that team meetings took place on a regular basis; the manager and staff who spoke to the inspector verified that team meetings took place and that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive of each other and that staff communication is good. The inspector has requested that the managers creates a folder for team meeting minutes and that such records are made available in the agency for future inspections. This will be reviewed at the next inspection.

Advocacy service information was available at the agency for service users to contact if necessary.

The manager informed the inspector the desktop computer is available in the agency office for staff to use if required. Policies were also available on file in the agency office but were out of date and an area for improvement has been stated

### **Areas of good practice**

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

### **Areas for improvement**

Areas for improvement were identified during the inspection in relation to quality monitoring visits and risk assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 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/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 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.

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. 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. Examples of some of the comments made by service users or their relatives are listed below:

- "Very pleasant girls".
- "Have a bit of a laugh".
- "All very kind and chatty".

#### Staff comments:

- "Company great to work for".

#### 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.

#### 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 inspector examined management and governance systems in place to meet the needs of service users, areas for improvement have been noted. The day to day operation of the agency is overseen by the 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. Areas for improvement were identified and recorded in the quality improvement plan of this report. This includes the agency's governance of risk, which comprises 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. On the day of the inspection it was noted that one incident was managed according to policy and procedure.

The agency has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues. Safeguarding training for staff has already been highlighted as an area for improvement.

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

The agency maintains a comprehensive range of policies and procedures however all were found to be out of date at inspection. An area for improvement has been noted. Policies and procedures are accessible to all staff.

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

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 concerns about performance of a colleague and knew how to access the whistleblowing policy.

The manager informed the inspector that out of hours staff can contact a Senior Manager should the need arise.

An annual report was confirmed by the acting manager as completed by the agency however this report was not available on the day of the inspection. Following the inspection the agency forwarded a copy of their completed annual report.

The agency maintains a quality monitoring system which provides a standard of monitoring in accordance with RQIA guidance. Areas for improvement have been noted earlier in the report.

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.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One complaint had been made in relation to staff training.

Areas for improvement relating to staff training has been made earlier in the report.

#### **Staff comments:**

- 'Manager has a great understanding of my needs'.

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

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

#### **Areas for improvement**

No areas of 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**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Lucinda Baxter, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and on-going</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—</p> <p>(a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days; and</p> <p>(b) during that induction training—</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker;</p> <p>(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and</p> <p>(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p> <p>Records should be retained and available for inspection at all times.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Bluebirdcare has now designed a new training programme which will now take place over five days. This will include an introduction to Bluebirdcare, the role of the care worker, and all the mandatory units meeting the requirements of N I S C C as well as the R Q I A standards inclusive of shadowing. Records will be kept and be available and will correspond with all of the above including sign in sheets for the training and the care workers certificates. Only on completion of the above will the care worker be allocated to a service user , whilst being accompied by a senior member of staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 23(1)(2)(a)(b)(c)(3)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and on-going</p>	<p>23.—(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p>

	<p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(4) The report shall also contain details of the measures that the registered person considers necessary to take in order to improve the quality and delivery of the services which the agency arranges to provide.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p>
	<p><b>Response by registered person detailing the actions taken:</b>                  Bluebirdcare Holywood are working to create an overall in-depth report aside from their yearly audit. This will give a better view of the overall workings of the company which will include a section to identify recommendations and areas of improvement allowing these to be amended within a certain time frame. Whilst complying with this report Bluebirdcare will include the views of the service users and their families and how best to deliver the service to them. Monthly meetings will be held now with senior management to discuss all service users' delivery of care services, any issues that may have arisen, how they can and will be dealt with and a date for completion of the outcomes.</p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>                  Immediate and on-going</p>	<p>A referral form, with an assessment of need providing all necessary information, is completed before the service to the service user commences (or in exceptional circumstances, within 2 days). The referral form and any associated documents are dated and signed by the agency worker completing them or when they are received from the referring HSC Trust.</p> <p><b>Response by registered person detailing the actions taken:</b>                  The Registered Manager will check all documentation supplied by both trusts to ensure that all necessary paperwork has been sent before the start of services. The registered manager will also check to make sure that the paperwork has been signed and completed by the appropriate person and by the service user.</p>



<p><b>Area for improvement 2</b></p> <p>Ref: Standard 8.11</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and on-going</p>	<p>The registered person is recommended to ensure completion of monthly reports are in line with standard 8.11. The registered person is recommended to expand their monthly monitoring reports to detail how feedback information and actions taken are being monitored.</p> <p><b>Response by registered person detailing the actions taken:</b> The monthly reports are being completed by the Owner/Director who will then discuss the findings with the Registered Manager . When this has been done the Registered Manager will then attend to any discrepancies with in the report and a review will be set for two weeks to ensure that all has been corrected and to include feed back.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 26 March 2018</p>	<p>Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p><b>Response by registered person detailing the actions taken:</b> Bluebirdcare Holywood has spoken to their head office and explained the situation with them. Although the policies had been reviewed on February 2016 and it had stated this before opening the document, the date at the bottom of the page had not been updated. This has all now been corrected and all policies have been printed down and are available for all staff or inspectors at any time. Lucy Baxter has also supplied these to the R Q I A.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures.</p> <p><b>Response by registered person detailing the actions taken:</b> Bluebirdcare Holywood has now implemented a new training programme which is completed over five days. This includes induction, all mandatory units that comply with N I S C C and the R Q I A standards. A copy of our training programme can be supplied on request.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>Mandatory training requirements are met.</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have had or are in the process of having their training refreshed or updated whether it is due or not. This was implemented to install confidence within Bluebirdcare Holywood and has allowed new staff to train along side older staff therefore having a wide range of views. Records will be kept in the staff training files and will be available to view and at any time, as well as the sign in sheets for the training.</p>

<p><b>Area for improvement 6</b></p> <p>Ref: Standard 12.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the agency.</p> <p><b>Response by registered person detailing the actions taken:</b> Bluebirdcare Holywood has now developed a matrix programme that alerts us one month before any carers training is out of date. We are also in the process of creating a visual board where this can also be viewed and will also allow us to pinpoint areas that we think may benefit both carers and service users with specific training needs outside of the mandatory units. This plan will be reviewed annually and any new requirements added.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2018</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Records of supervision are retained and available for inspection at all times.</p> <p><b>Response by registered person detailing the actions taken:</b> Bluebirdcare Holywood has implemented a programme where the Registered Manager and the lead supervisor is aware of which carers require supervision with ref to the companys policies and their contract of employment.Monthly supervision meetings are being held for all areas, and are being recorded.</p>
<p><b>Area for improvement 8</b></p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p><b>Response by registered person detailing the actions taken:</b> All staff are fully aware of the procedures for protecting Vunerable Adults through their training. The registered Manager will deal with these concerns/ issues and all the revelant guidelines will be adhered to.</p>
<p><b>Area for improvement 9</b></p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and on-going</p>	<p>Staff have completed training on and can demonstrate knowledge of:</p> <ul style="list-style-type: none"> <li>• protection from abuse;</li> <li>• indicators of abuse;</li> <li>• responding appropriately to suspected, alleged or actual abuse; and</li> <li>• reporting suspected, alleged or actual abuse.</li> </ul> <p><b>Response by registered person detailing the actions taken:</b> All Staff in Bluebirdcare Holywood have had or are in the process of having their Safeguarding Adults training refreshed wheither it is out of date or not.Workshops where held and all staff are aware of how to deal with suspected abuse, how to handle the situation and how to report this to the offic where it can then be reported to the revelant people.</p>

<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 14.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and on-going</p>	<p>Written records are kept of suspected, alleged or actual incidents of abuse and increase details of the investigation, the outcome and action taken by the agency.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  If a case of suspected/ alleged/ actual abuse was to occur within Bluebirdcare Hollywood the Registered Manager would keep all paperwork detailing the incidents the investigation and outcomes and this would be made available to inspector or the relevant people.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews