

Unannounced Care Inspection Report 2 July 2018



Bluebird Care

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

www.rqia.org.uk

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

Bluebird Care is a domiciliary care agency which provides personal care to service users in their own homes.

3.0 Service details

Organisation/Registered Provider: Bluebird Care Responsible Individual(s): Dr Peter William McCormick	Registered Manager: Ms Lucinda Baxter – not registered
Person in charge at the time of inspection: Ms Lucinda Baxter	Date manager registered: Lucinda Baxter – application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 2 July 2018 from 09.45 to 17.45.

Information received by the Regulation and Quality Improvement Authority (RQIA) prior to this inspection identified concerns in relation to the agency's staffing arrangements.

In light of the concerns received by RQIA, the inspection sought to examine the agency's staffing arrangements and monitoring processes. In addition 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.

During the previous care inspection on 30 January 2018, the reports of the registered person's quality monitoring visits were not available for inspection. A meeting was held with the registered person at RQIA offices on 6 February 2018 during which assurances were provided by the registered person to RQIA that a robust system for quality monitoring would be established and maintained. At this meeting RQIA requested the submission of the reports of quality monitoring visits until further notice. The registered person failed to provide these to RQIA.

Subsequently during this unannounced inspection of the agency on 2 July 2018 there was no evidence that a system for quality monitoring had been developed and implemented, that quality monitoring visits had taken place, or that reports had been formulated. There were no monthly quality monitoring reports available for inspection; the manager was unclear if quality monitoring reports had been completed.

In accordance with RQIA's Enforcement Policy and Procedures, RQIA wrote to the registered person to inform them of the intention to issue a Failure to Comply notice with regards to Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At a meeting at RQIA offices on 7 August 2018, RQIA was provided with limited evidence and assurances that the registered person had established and implemented a robust and effective system for monitoring the quality of the service provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 as agreed following the previous inspection.

RQIA was concerned that the lack of governance and oversight had the potential to impact on the safety or effectiveness of the care provision within the domiciliary care agency. The outcome of the meeting resulted in a Failure to Comply notice being issued.

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

The quality improvement plan (QIP) issued following the inspection of 30 January 2018 was reviewed and three areas of improvement have been restated. Additional areas for improvement identified during this inspection are included within the QIP.

Evidence of good practice was found in relation to:

- Communication with service users and staff
- Staff induction, training and supervision

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

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 would like to thank the manager and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Lucinda Baxter, 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. One failure to comply notice was issued in relation to the agency's Quality monitoring system.

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 30 January 2018

An inspection on 30 January 2018 identified concerns relating to the quality of care provided by the agency. In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was convened on 6 February 2018 in relation to weakness identified in the agency's Quality Monitoring process. The Registered Person provided an account of the actions taken and that would be taken to ensure the minimum improvements would be made to achieve compliance with the Regulations.

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 and QIP
- records of notifiable events
- any correspondence received by RQIA since the previous inspection
- Details of a meeting held with the Registered Person on 6 February 2018
- Information provided by the Belfast Health and Social Care Trust (BHSCT)

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

- discussion with the manager
- examination of records
- consultation with staff
- consultation with representatives from the contracts departments of the SEHSCT and BHSCT both prior to and following the inspection
- evaluation and feedback

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

The following records were viewed during the inspection:

- Service users' care records
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Statement of Purpose
- Service User Guide

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met. Further information is included in the QIP that forms part of 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 30 January 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulation (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (5)(a)(b) Stated: First time	Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (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 (b) during that induction training— (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; (ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker; (iii) the staff member (or another suitably	Met

	<p>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 (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>Action taken as confirmed during the inspection: It was identified from discussions with the manager and records viewed that the agency has developed a three day induction programme for all staff. It was identified that staff are required to complete three days of classroom based learning and in addition the equivalent of two full days shadowing other staff employed by the agency.</p> <p>The inspector viewed evidence that the manager and a training officer have completed additional training to equip them to provide the training to staff. Staff induction records are retained in individual folders.</p> <p>The inspector viewed details of the information that is provided to all staff during the induction period. It was noted that during the three day induction staff will also be required to satisfactorily complete E learning modules in a number of mandatory areas.</p> <p>The inspector viewed evidence of direct observation checks by the manager that had been completed for staff recently employed by the agency.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 23(1)(2)(a)(b)(c)(3)(4)(5)</p> <p>Stated: First time</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</p>	<p>Not met</p>

	<p>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 (ii)the manner in which such services are to be provided; an</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>Action taken as confirmed during the inspection: This was assessed as being not met; in accordance with RQIA’s enforcement policy and procedures a Failure to Comply notice was issued, details of which are included within the report and QIP.</p>	
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p>	<p>A referral form, with an assessment of need providing all necessary information, is</p>	<p>Partially met</p>

<p>Ref: Standard 3.1</p> <p>Stated: First time</p>	<p>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>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency is in the process of developing a more detailed referral form. This was assessed as partially met and will be stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 8.11</p> <p>Stated: Second time</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>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that monthly quality monitoring reports had not been completed. This was assessed as not met and will be stated for a third time.</p> <p>In accordance with RQIA's enforcement policies a Failure to Comply notice was issued, details of which are included within the report and QIP.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The manager stated that all policies had been reviewed and updated in February 2016; however the date of review had not been updated prior to the previous inspection. Policies and procedures viewed during the inspection were noted to have been reviewed</p>	

	in accordance with timescales as outlined within the minimum standards. Policies are retained in a paper format held within the agency's office; those viewed were noted to be indexed and well organised.	
Area for improvement 4 Ref: Standard 12.1 Stated: First time	<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>Action taken as confirmed during the inspection:</p> <p>It was identified from records viewed that the agency requires all staff to complete a three day class room based induction programme having regard to NISCC's Induction Standards for new workers in social care. In addition staff are required to shadow other staff employed by the agency for an additional two full days. Staff are required to complete on line assessments in a number of the mandatory areas and a satisfactory level of achievement obtained.</p>	Met
Area for improvement 5 Ref: Standard 12.3 Stated: First time	<p>Mandatory training requirements are met.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was identified from discussions with the manager and staff training records viewed that the agency has recently required all staff to complete an update of training in a range of mandatory areas. The manager stated that staff will be required to update all mandatory training on an annual basis and that a record of training completed will be retained.</p>	Met
Area for improvement 6 Ref: Standard 12.8 Stated: First time	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.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that individual staff training and development plans will now be developed as part of the agency's annual staff appraisal process.</p>	
<p>Area for improvement 7</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>It was identified from records viewed that the agency has developed a more robust system for retention of information relating to individual staff employed by the agency.</p> <p>Records viewed indicated that staff had received appropriate individual supervision; appraisal and medication competency assessments.</p>	Met
<p>Area for improvement 8</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency's policy and procedures relating to the protection of vulnerable adults had been reviewed and updated; however it was noted that it needs to be reviewed to include details of the role of the identified Adult Safeguarding Champion (ASC). This area for improvement will be stated for a second time.</p>	Partially Met
<p>Area for improvement 9</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p>	<p>Staff have completed training on and can demonstrate knowledge of:</p> <ul style="list-style-type: none"> • protection from abuse; • indicators of abuse; • responding appropriately to suspected, 	Met

	<p>alleged or actual abuse; and</p> <ul style="list-style-type: none"> reporting suspected, alleged or actual abuse. 	
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that all staff have recently completed a training update in relation to adult protection. Training information viewed and discussions with the manager and staff indicated that training takes the format of face to face learning and the completion of an E learning module. It was identified that staff are required to achieve 80% or above to complete the training. It was noted that the agency retains copies of training certificates issued to staff on completion of training.</p>	
<p>Area for improvement 10</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency has developed a system for ensuring that records are retained for any suspected, alleged or actual incidents of abuse and increase details of the investigation, the outcome and action taken by the agency.</p>	

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 inspection reviewed the agency's processes in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is managed by the manager and administration staff. During the inspection the inspector viewed the agency's application and interview documentation, and

the recruitment checklist. The manager provided assurances that staff are not provided for work until all required checks have been satisfactorily completed.

The inspector reviewed the recruitment records for three staff and noted that they provided evidence that the required pre-employment checks had been completed. However it was identified that the agency did not retain a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform. An area for improvement was identified in relation to Regulation 13 (d) Schedule 3.

It was identified from discussions with the manager the staff are required to attend three days induction training at the commencement of employment and in addition are required to shadow other staff employed by the agency for two full days. The inspector viewed a proforma that the agency has developed for staff to sign to indicate that they have attended training. Two staff who spoke to the inspector could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency. The inspector discussed with the manager the benefits of including full details of the induction programme within the agency's induction policy.

It was identified that the agency has recently introduced a more robust system for recording information retained in relation to individual staff; this includes details of induction and training provided. Records relating to two staff members individual inductions were viewed and noted to reflect information as described by the manager. It was noted that the agency has developed and implemented a proforma for recording competency assessments completed for staff.

The manager stated that they are in the process of reviewing all staff information and endeavouring to ensure that all staff induction and training records are up to date and reflective of the training provided. They stated that all staff have recently received training updates in a range of mandatory areas; it was noted that staff will be required to complete mandatory training on an annual basis.

Discussions with two staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles. The agency has recently introduced a system for recording all staff details including dates of induction, training and registration status with relevant regulatory bodies.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there are appropriately experienced persons available to meet the assessed needs of individual service users.

The agency has recently introduced a process for recording staff training; the manager could describe the process for identifying training needs in conjunction with the agency's training officer. Staff were aware of their responsibility for ensuring that training updates are completed as required. Staff stated that they felt that their training was good and equipped them with the appropriate knowledge and skills for their role. The inspector noted that staff will now be required to complete required mandatory training in a number of areas on annual basis. It was noted that training is provided at the agency's offices and that the manager and training officer have recently completed 'Train the Trainer' training programme to support them in this role. It was noted that training is provided by a range of methods including classroom based and on line.

The inspector viewed a number of individual staff training records and noted that details of training completed is provided at the front of the record and that copies of training certificates are retained.

The inspector viewed a record maintained by the manager which records registration details of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager describe the process for checking registration status and stated that staff will not be supplied for work if they are not appropriately registered.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed; the agency has a proforma for recording staff supervision and appraisal. The records of four staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies since the previous inspection. It was identified that the agency plans to develop individual staff training and development plans on an annual basis as part of their appraisal process.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures were updated in to response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The policy outlines the procedure for staff in reporting concerns. One area for improvement identified during the previous inspection was assessed as being partially met and is stated for a second time; it relates specifically to the policy including details of the role of the agency's identified adult safeguarding champion (ASC).

Staff who met with the inspector provided a detailed account of the actions to be taken in relation to reporting adult safeguarding concerns. It was identified that staff are required to complete safeguarding training during their induction programme and in addition an annual update. Training records viewed by the inspector indicated that all staff had recently completed a training update in relation to safeguarding vulnerable adults.

It was noted that the agency has recently developed a process for retaining details 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 made no referrals relating to adult safeguarding 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 manager described the challenges in receiving all the relevant information from the referring HSCT representative; the inspector discussed with the manager the need to ensure that no care is provided until all relevant information including risk assessments and care plans are received. The inspector viewed a range of HSCT care plans and timetable of services. One area for improvement in relation to referral information as identified during the previous inspection was assessed as partially met and will be stated for a second time.

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

Comments received during inspection process.

Staff comments

- “This is a good company to work for; it makes you want to come to work.”
- “I get supervision and the manager does spot checks in the clients’ houses.”
- “I have had training; it is face to face and online.”
- “I can call into the office at any time and speak to the manager and admin staff.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the recently introduced processes for staff induction, training, and supervision

Areas for improvement

One area for improvement was identified during the inspection in relation to information retained by the agency for domiciliary care workers. Two areas identified during the previous inspection were assessed as partially met and will be stated for a second time; this relates to the agency’s Adult Safeguarding policy and referral information.

	Regulations	Standards
Total number of areas for improvement	1	2

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. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records; it was discussed with the manager the need to include information relating to Good Data Protection Regulation (GDPR), 2018 when the policy is next reviewed.

Records viewed during the inspection were noted to be retained in an organised and secure manner. The agency’s staff personnel and service users’ records viewed on the day of the inspection were noted to be retained securely. It was positive to note that staff personnel records are now retained in a colour coded system and are retained in a more organised manner since the previous inspection.

The manager and staff could describe the processes used for engaging service users in decisions about the care they receive. The manager provided evidence of review meetings attended and liaison with HSCT professionals. The inspector viewed a number of individual service user agreements which were noted to have been signed by service users. The manager described the range of methods used to develop and maintain effective working relationships with relevant stakeholders including HSCT representatives.

It was identified that the manager and senior staff complete audits of service user and staff records. In addition the manager and senior staff complete unannounced observation audits of staff in service users' homes; this supports the manager in obtaining feedback from service users and where appropriate their representatives in relation to the care provided.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with staff during the inspection indicated that communication processes within the agency are good.

Comments received during inspection process.

Staff comments

- "Communication is good."
- "**** does spot checks; we do not know when this will happen."
- "Manager is supportive."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	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 and compassion and to effectively engage service users in decisions relating to the care and support they receive.

Discussions with the manager and staff during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the agency. Staff described how they aim to provide the care in a person centred manner and to ensure service users are involved in making decisions about the care they receive.

The manager stated that regular observation visits are completed to the homes of service users to observe staff performance; they stated that this provides them with the opportunity to speak to service users to obtain their feedback in relation to the service being provided.

Records viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and/or their representatives.

Records of service user and care review meetings, and spot checks completed by the manager provided evidence of 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 and visits to the homes of service users.

The agency records compliments received from service users and their representatives; it was good to note that a number of positive comments had recently been received.

Compliments received by the agency

- 'Thank you to the wonderful carers who come in daily; they are fantastic.'
- 'Sincere thanks to the staff with reference to my husband ... they showed true caring, compassion, courtesy and kindness.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of care in an individualised manner.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 needs of service users. The agency is managed on a day to day basis by the acting manager; it was noted that the manager is currently in the process of completing a qualification that will enable them to apply to be registered as the manager. The registered person stated that they will be supporting the manager in their role in the interim period. Staff who spoke to the inspector could describe the process for obtaining support and guidance at any time including the agency's out of hour's arrangements.

The inspector reviewed the agency's system for monitoring the quality of the service provided. It was noted that during an unannounced inspection of the agency on 30 January 2018, the reports of the registered person's quality monitoring visits were not available for inspection. At a meeting held at RQIA offices on 6 February 2018, the registered person provided assurances to RQIA that a robust system for quality monitoring would be established and maintained.

RQIA requested the submission of the reports of quality monitoring visits on 8 February 2018 until further notice. It was identified that the registered person had failed to provide these to RQIA.

Subsequently during this inspection there was no evidence that a system for quality monitoring had been developed and implemented, that quality monitoring visits had taken place, or that reports had been formulated. There were no monthly quality monitoring reports available for inspection; the manager was unclear if quality monitoring visits or reports had been completed.

In relation to the concerns identified during the previous inspection and the findings identified from this inspection, and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue a Failure to Comply notice in respect of Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At a meeting at RQIA offices on 7 August 2018, RQIA was provided with limited evidence and assurances that the registered person had established and implemented a robust and effective system for monitoring the quality of the service provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA was concerned that the lack of governance and oversight has the potential to impact on the safety or effectiveness of the care provision within the domiciliary care agency. A Failure to Comply notice was issued.

It was identified that the agency has in place a range of policies and procedures noted to be in accordance with those as outlined within the minimum standards; they are retained in a paper format. 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 outlines the procedure for managing complaints; it includes contact details of the NI Ombudsman and RQIA. Discussions with the manager and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted from records viewed and discussions with the manager that the agency has received no complaints since the previous inspection.

Staff who spoke to the inspector had an understanding of the responsibilities of their job roles; it was noted that staff had been provided with a job description at the commencement of employment. Staff stated that the manager is approachable and could describe the procedure for obtaining support and guidance.

The manager provided a full account of the processes which had been and were currently being implemented to achieve full compliance with the Domiciliary Care Agencies Regulations and Minimum Standards and the areas of improvement as identified in the previous inspection. Although there was evidence to indicate that the agency had addressed a number of the areas of improvement as identified at the previous inspection it was noted that full compliance had not been achieved and a number have been restated for a second time or third time.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Comments received during inspection.

Staff comments

- "Manager is very supportive."

Areas of good practice

Positive comments were provided by staff in relation to the support received from the manager.

Areas for improvement

Two areas for improvement were identified during the previous inspection in relation to the agency's quality monitoring system; they were assessed as not met and have been stated for a second time. One Failure to Comply notice was issued in relation to the quality monitoring process.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lucinda Baxter, 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>Area for improvement 1</p> <p>Ref: Regulation 23(1)(2)(a)(b)(c)(3)(4)(5)</p> <p>Stated: Second time</p> <p>To be completed by: 15 October 2018 (as outlined in failure to comply notice: FTC000013)</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; an</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>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</p> <p>The report of the visits undertaken in accordance with this regulation must evidence the agency's progress towards compliance with the most recent RQIA Quality Improvement Plan and include evidence of improved outcomes for service users.</p>
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	<p>The reports of the visits undertaken in accordance with this regulation must be forwarded to RQIA on a monthly basis no later than the 10th of the month until further notice.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Bluebirdcare Holywood has now introduced a MMR which includes all the regulations that are required to be covered by the R Q I A. Since the last inspection two of these reports have been sent into the R Q I A and Bluebirdcare Holywood have had no indication that these have not complied with the R Q I A . This report outline covers all the necessary information that allows Bluebirdcare Holywood to evalvate our service, to collect information that allows us to provide the best service of care to our service users, taking into consideration their views, and that of their familys and other health care professionals, to identify weakness or shortfalls, and how to proceed.</p>
<p>Area for improvement 2</p> <p>Ref: 13 (d) Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p>
<p>To be completed by: Immediate from the date of inspection</p>	<p>Response by registered person detailing the actions taken: The Registered person and the manager has now reviewed all staff files and all necessary signed paperwork has been completed, and all staff have been signed off as fit for work.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: Second time</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>To be completed by: Immediate from the date of inspection</p>	<p>Response by registered person detailing the actions taken: After speaking with the compliance department of the Belfast Trust , they have confirmed with Bluebirdcare that they do not always provide N I S A T S , and that some customers have not had this assessment done on them. Customers that may have been in hospital are more likely to have them, before being sent home. All the revelant information is stated on their care plan from the Belfast Trust, and the compliance dept of the Belfast Trust said they can be contacted to confirm this.</p>
<p>Area for improvement</p>	<p>The registered person is recommended to ensure completion of</p>

<p>2</p> <p>Ref: Standard 8.11</p> <p>Stated: Third time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>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>Response by registered person detailing the actions taken: These reports have now been developed to comply with all the regulations and standards of the R Q I A . This report also details a improvement plan to detail with any feedback, and what action needs to be taken, and the completion date for these actions. Then on the following report it asks for an update on the previous report.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</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>This relates specifically to the procedure detailing the role of the Adult Safeguarding Champion.</p> <p>Response by registered person detailing the actions taken: This policy has now been updated to include the role of the Adult Safeguarding Champion, and all relevant HSC telephone numbers relating to this job role.</p>

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

