



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Bluebird Care Holywood
Establishment ID No: 11086
Date of Inspection: 12 January 2015
Inspector's Name: Caroline Rix
Inspection No: 17366

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Bluebird Care Holywood
Address:	12 High Street Holywood BT18 9AZ
Telephone Number:	02890426615
E mail Address:	hollywood@bluebirdcare.co.uk
Registered Organisation / Registered Provider:	Bluebird Care / Mr Stephen John Connor
Registered Manager:	Monica Frances McShane (acting)
Person in Charge of the agency at the time of inspection:	Monica Frances McShane (acting)
Number of service users:	168
Date and type of previous inspection:	27 March 2014, Unannounced Inspection
Date and time of inspection:	12 January 2015 from 9.20am to 15.50pm Primary unannounced inspection
Name of inspector:	Caroline Rix

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	0
Relatives	5
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	6 all after the closure date

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Bluebird Care, Holywood is a domiciliary care agency based in Holywood, Co Down, providing care to people in their own homes including older people, and people with a physical disability or learning disability. Services provided include personal care, social and domestic tasks, and sitting services (day and night). The agency has been operational from March 2010, and currently provides care to 168 service users by 49 staff. The South Eastern and Belfast Health and Social Care Trust's commission their services. A number of self-referred service users receive care and support from the agency.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Bluebird Care was carried out on 12 January 2015 between the hours of 09.20 and 15.50. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Bluebird Care had two requirements and two recommendations made during their previous announced inspection on 18 September 2013, and one requirement during the unannounced inspection of 27 March 2014. All requirements were found to be 'compliant' and both recommendations were reviewed as 'compliant'. This outcome is to be commended.

Visits to service users were carried out by the UCO prior to the inspection and a summary of findings is contained within this report. Findings following these home visits were discussed with the registered manager.

The inspector did not have the opportunity to meet with staff members to discuss their views on the day of inspection as this was an unannounced inspection and staffs was not available.

One requirement and two recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

Thirty staff surveys were issued and six were received, all after the closure date, which is a disappointing response. The registered manager (acting) confirmed that all surveys were distributed to staff on receipt from RQIA. Matters raised from the questionnaires were discussed by the inspector in the course of this inspection.

Staff comments were included on some of the returned surveys as follows;

'I only received this survey 4/09/14 which is overdue'.

'It is a pleasure to be part of the Bluebird Care team. Everyone works hard to provide the best care possible'.

'As I started to work for Bluebird agency not long ago, I am getting to know customers, but I am getting huge support from the girls in the office and my colleagues'.

'I feel Bluebird Care could treat their staff better and give more respect. They should also include the customers more, e.g. changing a call time without asking them if it is ok'.

'I do not feel that they provide us with the support we need and the communication between the office and care workers is unacceptable'.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with two service users and five relatives between 26 and 30 September 2014 to obtain their views of the service being provided by Bluebird Care in the Holywood vicinity. The service users interviewed live in Donaghadee and the surrounding areas, have been using the agency for a period of time ranging from eleven months to two years, receive at least one call per week and are receiving the following assistance:

- Personal care
- Meals
- Financial assistance for example shopping
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually advised of the name of, or introduced to, new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed.

It was good to note that the majority of the people interviewed had no concerns regarding the quality of service being provided by the staff from Bluebird Care.

One relative advised that a complaint had been made to the agency and was satisfied with the outcome. All of the people interviewed were aware of whom they should contact if any issues arise and were able to confirm that management visits or observation of staff practice had taken place in their home.

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

- "Couldn't say a word about them."
- "The carers are very amenable. My XXX has good carry-on with them."
- "Very lucky with the carers; we have no complaints."
- "They try to keep consistent carers which makes it easier for XXX."
- "Delighted with the service."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of three service users. During the home visits, the UCO was advised that two service users experience restraint in the form of bed rails and lap bands; the use of such was not documented in their care plans or risk assessments. The matter was discussed with the registered manager who has been requested that any use of restraint is documented accordingly for all service users.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency. However the UCO was informed that one service user is receiving help with shopping and payment of bills. The matter was discussed with the registered manager during the inspection and documentation should be amended accordingly.

During the home visits, the UCO was advised that no service users are receiving assistance with medication by the carers from Bluebird Care therefore there was no documentation to review in this regard. All visits by carers are to be recorded on log sheets which are held in the service user's home; however one issue was identified as some calls for one service user takes place in a day centre. The matter was discussed with the registered manager as part of the inspection.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated December 2013 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager (acting) during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. However update training in a number of areas were found to be overdue for the registered manager (acting) and a coordinator and this is to be addressed.

Review of appropriate appraisal and supervision processes for all management staff were confirmed during inspection as in place.

Monthly monitoring processes are currently in place and operational. The report content was recommended for expansion to include details relating to vulnerable adult matters as appropriate.

Records regarding two vulnerable adult incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

Two recommendations have been made in relation to this theme.

The registered manager (acting) and management staff are recommended to complete all outstanding update training on mandatory subject areas.

The responsible person is recommended to record vulnerable adult incidents/reports within the monthly monitoring reports detailing progress month to month.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Record Keeping' dated October 2010 which was found to be partially compliant with regulation 21. This procedure is required to be reviewed in relation to the retention period for specified records and to ensure only Northern Ireland legislation; standards and guidance documents are referenced.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of 'Bedside Rails' dated February 2014 which was reviewed as satisfactory. The agency currently provides care to a number of service users that require some form of restraint. However the care plans and risk assessments in relation to this area were not all fully detailed. This area was discussed with the registered manager (acting) and is to be addressed.

The agency policy and procedure on 'Handling Money' dated April 2014 was reviewed during inspection as compliant. The registered manager (acting) confirmed that a number of service users are in receipt of financial assistance from the agency. Review of service user care plans and risk assessments during home visits and within the agency office found these records were not all fully detailed, and these areas are to be addressed.

One requirement and one recommendation have been made in relation to this theme.

The registered manager (acting) is required to review the 'Record Keeping' policy and procedure to include the retention period for specified records and ensure only reference legislation, standards and guidance documents that relate to Northern Ireland.

The registered manager (acting) is recommended to ensure service user care plans/risk assessments are fully detailed in relation to the use of restraint and financial assistance provided by care workers, where appropriate.

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

One recommendation has been made in respect of this theme.

The registered manager (acting) is recommended to retain a copy of signed contracts for all staff in line with the minimum standard 11.4 timescale of within 13 weeks of commencement.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1 (27 March 2014)	Regulation 13 Schedule 3(4)	The registered manager is required to ensure that full and satisfactory information is obtained relating to each domiciliary care worker prior to visiting a service user.	Records evidenced that full and satisfactory information had been obtained relating to each domiciliary care worker prior to visiting a service user.	Once	Compliant
2 (18 September 2013)	Regulation 5 Schedule 1	The registered manager is required to expand their Statement of Purpose to include their updated complaints procedure. (Restated from 5 November 2012)	The Statement of Purpose dated December 2013 was viewed which had been expanded to include their updated complaints procedure.	Twice	Compliant
3 (18 September 2013)	Regulation 17	The registered manager is required to retain a record to verify all staff receives a copy of their revised Staff Handbook.	Records evidenced that a system has been introduced to verify that all staff had received a copy of their revised Staff Handbook during 2014.	Once	Compliant

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1 (18 September 2013)	Standard 3.5	The registered manager is recommended to ensure that the names of staff expected to visit most regularly be provided in a written format to each service user. (Restated from 5 November 2012)	Records evidenced that the names of staff expected to visit service users most regularly had been provided in a written format within home held files.	Twice	Compliant
2 (18 September 2013)	Standard 13.2	The registered manager is recommended to expand their staff supervision procedure to specify the types of supervision each staff member will receive during a year.	The Staff Supervision procedure dated October 2013 was reviewed and now includes the types of supervision each staff member will receive during a year.	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>We believe ourselves to be compliant with the above regulations and standard. Our Manager has recently completed her Level 5 qualification and regularly attends relevant training sessions and seminars.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The ‘Statement of Purpose’ dated December 2013 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager (acting), together with the two co-ordinators and one supervisor, with a second supervisor due to commence duties soon, and care staff.</p> <p>The registered manager (acting) has applied to be the permanent registered manager following completion of the required qualification, and this is currently being processed by RQIA registration team.</p>	<p>Substantially compliant</p>

Training records for the registered manager (acting) were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). A few of the mandatory training areas were reviewed as out of date in the past year i.e. infection control and moving and handling and have been recommended for renewal.

The manager has also completed training in the areas of supervision and appraisal and this is to be commended.

Most areas of training reviewed included a competency assessment element which had been signed off by the assessor.

The registered manager (acting) is currently planning to enrolled on additional training relating to dementia care, 'Alzheimer's train the trainer course', due to commence this year. She has recently completed the QCF Level 5 Diploma in 'Leadership for Health and Social Care Services' in July 2014; this was discussed during inspection in terms of keeping abreast of new areas of development.

It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC with expiry date of May 2015.

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>We believe that our current working practices, policies and procedures are followed and are compliant with the requirements of the relevant standards.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency 'Supervision and Appraisal' policy and procedure dated October 2013 was clearly referenced regarding practices for all staff including the processes for management staff supervision and appraisal.</p> <p>Appraisal for the manager currently takes place on an annual basis and was reviewed for 2013 and 2014 for the registered manager (acting). Supervision records were also reviewed as appropriately detailed and had been completed within their procedure timescales.</p> <p>The inspector reviewed the agency log of two incidents reported through to RQIA over the past year (both vulnerable adult incidents). Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the vulnerable adult matters within appropriate timeframes.</p>	<p>Substantially compliant</p>

Monthly monitoring reports completed by the registered person were reviewed during inspection for September, October and November 2014 and found to be concise and partially compliant. The responsible person is recommended to record vulnerable adult incidents/reports within the monthly monitoring reports detailing progress month to month.

The agency had completed their annual quality review for the year 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements for 2015. The registered manager confirmed that this report had been sent to service users in December 2014, with plans to provide a copy to trust care managers and their own staff teams in early 2015.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Training and service delivery requirements are constantly monitored and we believe that our training programme is sufficiently robust to ensure that we are compliant with these standards and regulation.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a 'Training and Development' policy and procedure dated October 2010 which sits alongside their annual programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 for all grades of staff and confirmed as compliant.</p> <p>Training records for one of the coordinators were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). However one of the mandatory training areas was reviewed as out of date in the past year i.e. protection of vulnerable adults. Record viewed confirmed update training on protection of vulnerable adults has been scheduled for February 2015.</p> <p>Records viewed for one of the coordinators confirmed she has completed training in the areas of supervision and appraisal and this is to be commended. Training records for the supervisor confirmed she has completed this training in December 2014 as part of her induction training programme, along with the second supervisor recently promoted within the agency and this is to be commended.</p>	<p>Substantially compliant</p>

Most areas of training reviewed included a competency assessment element which had been consistently signed off by the assessor.	
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Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
Training and service delivery requirements are constantly monitored and we believe that our training programme is sufficiently robust to ensure that we are compliant with these standards and regulation.	Substantially compliant
Inspection Findings:	
<p>The agency 'Supervision and Appraisal' policy and procedure dated October 2013 was clearly referenced regarding practices for all staff including the processes for management staff supervision and appraisal.</p> <p>Appraisal for management staff currently takes place annually and was reviewed during inspection for 2014. Appraisal records for one of the coordinators were viewed for 2014 as appropriate along with supervision records verified as having taken place in line with their procedure timescale. Appraisal and supervision meetings regarding the supervisor have not yet taken place as this staff member has recently been promoted.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

Provider's Self-Assessment:	
Such records are kept according to regulations and standards.	Substantially compliant
Inspection Findings:	
<p>The agency policies on 'Handling Money' dated April 2014 and the 'Bedside Rails' policy dated February 2014 were each reviewed during inspection as compliant. The agency policy and procedure on 'Record Keeping' dated October 2010 was reviewed and is required to be expanded to include the retention period for records and the removal of references to CQC.</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording. • Medication administration is detailed on the daily evaluation recording, alongside a separate section for PRN (as and when required) medications. The inspector found that recording the number of tablets and inclusion of a full list of medication as good practice. • The agency hold a money agreement within the service user agreement. • Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping. • Staff spot checking template which includes a section that can be completed on adherence to the agency recording policy. • Staff group supervision template includes records management (recording and reporting). <p>All templates were reviewed as appropriate for their purpose.</p> <p>Review of four staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2014 were reviewed as compliant with no staff competence issues arising in this area.</p> <p>Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for four staff members during inspection and confirmed as compliant in these areas.</p>	Substantially compliant

Review of service user files during home visits confirmed appropriate recording in the general notes and medication records. A full list of service user medication was also included in the service user's home files.

During the home visits, the UCO was advised that two service users experience restraint in the form of bed rails and lap bands; the use of such was not documented in their care plans or risk assessments. Review of these service users' office held records during the inspection; found that one of the two files did evidence such documentation. This matter was discussed with the registered manager (acting) who has been recommended to ensure that any use of restraint is documented accordingly for all service users.

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>Bluebird Care has Policies and Procedures in place which are followed by staff in such circumstances.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policy and procedure on ‘Handling Money’ dated April 2014 was reviewed during inspection as compliant.</p> <p>Review of the care plans and risk assessments during the UCO home visits advised that no service users were receiving financial assistance, for example shopping, from the agency. However the UCO was informed that one service user is receiving help with shopping and payment of bills. Office records relating to this service user were reviewed which did not contain details of financial assistance within the care plan. The records did contain a relevant risk assessment; however this was not signed or dated as agreed. These records were discussed during inspection with the registered manager (acting) and are to be included in the service users care plan/risk assessment as appropriate.</p> <p>The inspector reviewed office records relating to another service user in receipt of assistance with shopping, these were found to be fully compliant and detailed.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
The Policies and Procedures, documentation and working practices of Bluebird Care are all in place to ensure we comply fully with all relevant legislation.	Substantially compliant
Inspection Findings:	
<p>Review of the 'Recruitment and Selection' policy and procedure dated April 2014 confirmed compliance with Regulation 13 and Schedule 3.</p> <p>Review of four staff files for those recruited during 2014 confirmed their compliance with Regulation 13 and Schedule 3.</p> <p>The full driving licence and car insurance were compliant for all staff members reviewed during inspection. Job descriptions issued during the recruitment process were also confirmed during inspection.</p> <p>Staff contracts signed at employment commencement was in place within two out of four files sampled. Files for two staff that commenced employment during June 2014 did not contain contracts, and are recommended to be obtained for these and all staff in line with minimum standard 11.4 timescale of within 13 weeks of commencement.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed five out of the six complaints received during 2014, these indicated that each had been appropriately managed and resolved.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Monica McShane, registered manager (acting), as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Unannounced Inspection

Bluebird Care

12 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Monica McShane registered manager (acting) during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 21(1)(b)	The registered manager (acting) is required to revise the 'Record Keeping' policy and procedure to include the retention period for specified records and ensure only reference legislation, standards and guidance documents that relate to Northern Ireland.	Once	Unfortunately an older and incorrect version of this policy was presented to the inspector. The correct version as held by us is completely compliant.	Within two months of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 8.17	The registered manager (acting) is recommended to ensure all management staff completes outstanding update training on mandatory subject areas.	Once	This related solely to the Care Manager requiring updated Moving & Handling training. This session will be completed within the timescale.	Within three months of inspection date.
2	Minimum Standard 8.11	The responsible person is recommended to record all vulnerable adult incidents/reports within the monthly monitoring reports detailing progress month to month.	Once	We are compliant, however one incident had been omitted from the written documentation in error.	Within one month of inspection date.
3	Minimum Standard 11.4	The registered manager (acting) is recommended to retain a copy of signed contracts for all staff in line with the minimum standard 11.4 timescale of within 13 weeks of commencement.	Once	All copies will be secured and retained as per legislation.	Within three months of inspection date.
4	Minimum Standard 8.14	The registered manager (acting) is recommended to ensure service user care plans/risk assessments are fully detailed in relation to the use of restraint and financial assistance provided by care workers, where appropriate.	Once	Such Care Plans have been updated where relevant.	Within one month of inspection date.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Monica McShane
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Stephen Connor

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	18/02/2015
Further information requested from provider			