

Unannounced Care Enforcement Inspection Report

15 October 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, Acting no application required
Person in charge at the time of inspection: Ms Lucinda Baxter	Date manager registered: N/A

4.0 Inspection summary

An unannounced inspection took place on 15 October 2018 from 10.00 to 12.00.

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

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to Regulation 23. The date of compliance with the notice was 15 October 2018.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000013 issued on 8 August 2018.

Evidence was available to validate compliance with the Failure to Comply Notice.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lucinda Baxter, acting manager, as part of the inspection process and can be found in the main body of the report.

Further enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 2 July 2018

In addition to those actions detailed in the QIP further actions were required to be taken following the most recent inspection on 2 July 2018 as outlined below.

During the 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 and effectiveness of the care provision within the domiciliary care agency. The outcome of the meeting resulted in a Failure to Comply notice being issued.

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
- Failure to Comply Notice: FTC000013
- The reports of quality monitoring activity undertaken on behalf of the registered person and submitted to RQIA

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

- discussion with the manager and registered person
- examination of records

- evaluation and feedback

During the inspection the inspector met with the manager; the registered person attended for part of the inspection.

The following records were viewed during the inspection:

- Adult Safeguarding Policy
- Service user referral information
- Quality Monitoring reports
- Staff recruitment information

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 July 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 2 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<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>Met</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>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> <p>The reports of the visits undertaken in accordance with this regulation must be</p>	
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	<p>forwarded to RQIA on a monthly basis no later than the 10th of the month until further notice.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was identified that the registered person has developed a system for evaluating the quality of the services provided by the agency and for completing a report on a monthly basis.</p> <p>The registered person had forwarded the monthly reports to RQIA by the 10th of each month from the date of the most recent inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</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>Action taken as confirmed during the inspection:</p> <p>The agency has developed a process for ensuring that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>It was noted from records viewed that the agency has developed a proforma that is signed by the registered manager for all staff supplied; it details that the registered manager has assessed that the domiciliary care worker as being mentally and physically fit for the job role.</p>	Met
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date</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</p>	Met

of inspection	<p>referring HSC Trust.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed referral information received in relation to a number of service users and noted that the information had been provided to the agency prior to the commencement of the service to each service user. It was noted that referral forms are dated when received by the agency.</p>	
<p>Area for improvement 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>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>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency has developed a system for developing monthly reports in accordance with standard 8.11.</p>	Met
<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>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency's Adult Safeguarding Policy, December 2016 and noted that it had been reviewed and updated to include information relating specifically to the role and responsibilities of the agency's identified Adult Safeguarding Champion.</p>	Met

6.3 Inspection findings

FTC Ref: FTC000013

Notice of failure to comply with Regulation 23. of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(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—

(a) arranges the provision of good quality services for service users;

(b) takes the views of service users and their representatives into account in deciding—

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(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.

(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.

(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.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

In relation to this notice the following three actions were required to comply with this regulation.

- 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.
- 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.
- 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.

Evidence was available to validate compliance with the Failure to Comply Notice.

The inspector reviewed the monthly monitoring reports completed by the registered person since the previous inspection. The contents of the reports were noted to be detailed and contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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