

Unannounced Care Inspection Report 16 June 2016



Bluebird Care (Lisburn & Down)

Type of Service: Domiciliary Care Agency
Address: Unit A12C, Knockmore Business Centre, 162 Moira Road,
Lisburn BT28 IJA
Tel No: 02892670982
Inspector: Lorraine O'Donnell

1.0 Summary

An unannounced inspection of Bluebird Care (Lisburn) took place on 16 June 2016 from 09:30 to 15:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust. One area for improvement was identified during the inspection; the agency has been recommended to ensure that all policies and procedures are dated when issued, reviewed or revised.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring are in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. However, one recommendation for improvement has been made. It was recommended that staff receive formal supervision quarterly in accordance with the agency's policy.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement relating to compassionate care were identified during this inspection.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability.

Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

The areas for quality improvement identified were the review of the current monthly quality monitoring procedure in accordance with Standard 8.11 and the agency must ensure the policies and procedures are subject to three yearly review.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

Other than those actions detailed in the previous quality improvement plan (QIP) there were no further actions required to be taken following the last inspection.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Miss Sarah Wright, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: T, C & J2 Limited t/a Bluebird Care (Lisburn & Down)/Timothy Ian Chrishop	Registered manager: Sarah Elizabeth Wright
Person in charge of the agency at the time of inspection: Sarah Elizabeth Wright.	Date manager registered: 14 April 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report
- Record of complaints notified to the agency

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

- Discussion with the registered person/manager
- Consultation with one member of staff
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with three service users and six relatives, either in their own home or by telephone, between 31 May and 3 June 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Housework
- Shopping

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

On the day of inspection the inspectors met with two care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The questionnaires asked for staff views regarding the service, and requested their return to RQIA. Seven completed staff questionnaires were returned to RQIA and information from these questionnaires has been included in this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Two recently recruited staff members' records
- Two longer term staff recruitment records
- Induction policy and procedure, programme of induction and supporting templates
- Two recently recruited staff members' induction and training records
- Training and development policy and procedure
- Staff supervision and appraisal policy and procedures
- Two long term staff members' quality monitoring, supervision, appraisal records
- Two long term staff members' training records
- Three staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Two trust contract compliance reports
- Two new service user records regarding referral, assessment, care planning and review
- Three long term service user records regarding review, reassessment and risk assessment
- Three long term service users' quality monitoring records
- The agency's service user guide/agreement
- The agency's statement of purpose

- Three monthly monitoring reports
- Annual quality report 2015
- Three compliments
- Two staff meeting agenda
- Three emails to trust professionals/keyworkers regarding changes to service users' care

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 2 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.3 Stated: First time	The registered manager is recommended to expand the Staff Handbook to include an index of contents to assist staff in locating relevant policies and procedures.	Met
	Action taken as confirmed during the inspection: The inspector viewed the Staff Handbook which contained a detailed index to assist staff locate relevant information.	

4.2 Is care safe?

The agency currently provides services to 82 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found the recruitment policy did not contain the date it had been written or reviewed. The agency has been recommended to ensure policies and procedures are updated in accordance with minimum standards.

Two files were sampled relating to recently appointed staff which verified all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. The agency incorporates elements of the Northern Ireland Social Care Council (NISCC) induction standards within their induction process. Due to staff not currently requiring to be registered with NISCC this process has not been fully embedded by the agency. The agency manager confirmed plans to ensure that staff are registered in line with NISCC timeframes and at that point will fully implement the NISCC induction standards. This staff described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Bluebird Care Agency. New carers usually have been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

The majority of the service users and relatives interviewed raised no concerns with the UCO in regards to training; one relative felt that training in dementia awareness would be beneficial, as well as a longer shadowing period. This information was discussed during inspection with the registered manager. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they have any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “If the girls have any concerns about XXX, they always ring me.”
- “More than happy.”

The agency’s policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance to the required standards. The policy however requires updating in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The registered person/manager provided assurances that this policy would be reviewed. The agency’s whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/16 confirmed all care workers had completed the required mandatory update training programme. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered.

Records reviewed for two long term staff members evidenced mandatory training and quality monitoring, as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

A review of safeguarding documentation regarding one safeguarding matter confirmed that potential concerns were managed appropriately and in accordance with the regional safeguarding protocols and the agency policies and procedures.

The care worker interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out care review meetings with service users/representatives on a consistent basis to ensure service user needs were being met. This was supported by feedback received from a number of service users and families during UCO discussions. The agency manager confirmed that trust representatives were contactable when required. The registered manager confirmed the agency provide feedback to the trust commissioners as necessary. Feedback in this regard was reviewed within several service user files during inspection.

Service users and relatives spoken with by the UCO, staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Of the seven staff questionnaires returned, the responses received would indicate a high level of satisfaction with the service.

Areas for improvement

One area for improvement was identified during the inspection.

The agency has been recommended to ensure that all policies and procedures are dated when issued, reviewed or revised.

Number of requirements:	0	Number of recommendations:	1
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4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. One relative advised that they had experienced a small number of missed calls from the agency. The register for missed and late calls was reviewed during inspection. The process confirmed ongoing review of missed/late calls and was discussed by the registered person/manager. The records viewed during inspection confirmed missed calls management had been discussed with staff. The registered person/manager provided assurances during inspection that this matter would continue to be reviewed during monthly quality monitoring.

Service users advised that they were usually introduced to new carers by a regular carer. It was also confirmed that new carers had been made aware of the care required.

One issue regarding communication between the service users, relatives and staff from Bluebird Care Agency was raised with the UCO regarding the cancellation of calls. This was discussed with the registered manager during inspection and records relating to this issue were viewed. These records indicated the matter had been appropriately managed by the agency. A number of service users and/or their representatives confirmed they had been asked for their views on the service, either through home visits, phone calls or questionnaires. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

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

- "Definitely no complaints."
- "Very happy with the service."
- "Any issues are resolved with the office staff; very pleased with them."

The UCO reviewed the agency's documentation in relation to two service users and an issue regarding the signing of log sheets was noted. Discussions with the registered manager confirmed action had been taken to address this issue for example the staff had been reminded to use their full signature when signing records. The registered manager confirmed discussion of records management during staff team meetings and during training updates; discussion with the staff during the inspection supported ongoing review of this topic.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs are identified. Staff interviewed and records viewed during inspection confirmed ongoing monitoring/spot checks were being completed by their manager to ensure effective service delivery. Records indicated that staff had not received formal quarterly supervision sessions in accordance with agency policy.

Service user records viewed included referral information received from the HSC Trust care bureau and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant risk assessments. The agency risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure. Annual questionnaires were confirmed by the registered person/manager as issued to service users to obtain feedback on services provided. Twenty-nine completed questionnaires had been received by the agency and the inspector was advised that the information provided will be included within the 2016 Annual report. Service user files reviewed during inspection contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans. The agency also maintained a system of providing updates to trust professionals and evidence of this process was reviewed during inspection.

The agency had not completed an annual quality review report for 2016 at the time of inspection, the inspector was informed by the registered person, Mr Timothy Ian Chrishop, following the inspection this report was to be completed within the following month and there were plans to include evidence of key stakeholder involvement in accordance with Minimum Standard 8.12.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans.

Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. It was good to note that the seven staff who completed and returned questionnaires indicated care provided was of a high standard.

Areas for improvement

One area for improvement was identified during the inspection.

It is recommended staff receive supervision in accordance with agency policy.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

A number of service users and/or their representatives confirmed their views had been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Bluebird Care Agency. During inspection the inspector viewed 29 customer questionnaires completed by service users and returned to the agency. The register manager stated this information would be used to improve services and the results would be included in the 2016 Annual report.

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

- “Wonderful bunch of girls.”
- “No complaints about the girls.”
- “Some of the girls go the extra mile.”

Records viewed in the agency office and discussions with staff confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The service users are invited by the agency to complete annual quality review questionnaires.

The completed questionnaires evidenced positive feedback from service users and their family members. Compliments reviewed during inspection provided the following information in support of compassionate care:

- “Service of a high standard.”
- “Staff are caring and kind.”
- “Carers are very good.” (Trust Professional)

The agency did not have any complaints records to view during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person Mr Timothy Ian Chrishop and the registered manager, the agency provides domiciliary care and support to 82 people living in their own homes.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Review of service user agreements within service user files were found to contain information relating to the previous registered manager. Following inspection the manager forwarded to RQIA an updated version and gave assurances this updated version would be provided to service users and placed in the service users' files.

The policy and procedure manual was reviewed and contents discussed with the registered person/manager. Staff confirmed that they had access to the agency's policies and procedures. However, the inspector was unable to confirm the agency had arrangements for policies and procedures to be reviewed at least every three years.

All of the service users and relatives interviewed by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Two relatives advised that they had made complaints to the agency and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

The complaints information was reviewed within the service user guide during inspection.

Discussion with the registered person/manager supported that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of two reportable incidents which had occurred since the previous inspection confirmed appropriate procedures in place.

Two commissioning trust contract compliance matters arising since the previous inspection were reviewed during inspection. All matters had been appropriately reviewed by the agency and communicated with the trust; appropriate records had been completed and were held centrally for review.

The inspector reviewed the monthly monitoring reports for March to May 2016. These reports evidenced that responsible person had been monitoring the quality of service. The reports did not always reflect feedback from service users, staff and commissioners; this has been recommended going forward.

The care worker interviewed indicated that they felt supported by senior staff that were described as approachable and always available. The on-call system in operation was described as invaluable to them for sharing concerns, seeking advice but also as a support and reassurance outside office hours. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users. The seven staff who completed and returned questionnaires indicated a high level of satisfaction with this service.

Staff also supported that current staffing arrangements are appropriate in meeting service users' needs.

Ongoing electronic communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning trust.

Areas for improvement

The agency has been recommended to review the current monthly quality monitoring procedure in accordance with Standard 8.11.

The agency has been recommended to ensure policies and procedures are reviewed three yearly and to ensure they are dated when issued, reviewed or revised.

Number of requirements:	0	Number of recommendations:	2
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Additional matters reviewed during inspection

The inspector discussed matters raised with the UCO during service user home visits. The registered person/manager provided information and discussion in relation to all matters raised and provided records indicating these matters had been addressed.

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sarah Wright, the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 9.4 Stated: First time To be completed by: 16 September 2016	<p>Policies and procedures are dated when issued, reviewed or revised.</p> <p>Response by registered person detailing the actions taken: All policies and procedures will now be dated when issued, reviewed or revised</p>
Recommendation 2 Ref: Standard 9.5 Stated: First time To be completed by: 16 September 2016	<p>Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Response by registered person detailing the actions taken: All policies and procedure are subject to systematic review. Unfortunately the Registered Person wasn't available at the time of inspection to demonstrate this. The time of review is driven by changes in legislation and Bluebird Care Franchise Support Centre</p>
Recommendation 3 Ref: Standard 8.11 Stated: First time To be completed by: 16 September 2016	<p>The registered person monitors the quality of services in accordance with agency's written procedures and completes a monitoring report on a monthly basis. The report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided.</p> <p>Response by registered person detailing the actions taken: The monthly monitoring report follows exactly the layout and guidance as provided by the RQIA and will now include a summary of views from carers/representatives and service users</p>
Recommendation 4 Ref: Standard 13.3 Stated: First time To be completed by: Immediate from the date of inspection	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by registered person detailing the actions taken: All formal supervision meetings will be recorded in accordance with the company procedure going forward</p>

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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