

Unannounced Care Inspection Report 10 January 2019



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: Joanne Faulkner

User Consultation Officer (UCO): Clair McConnell

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

This is a domiciliary care agency which provides care and support to service users with a range of conditions including physical disabilities, learning disabilities, mental health disorders and dementia. Care is provided in service users own homes; service users receive care and support with personal care, daily living skills, housing support and emotional wellbeing with the aim of promoting their independence. The agency provides care primarily in the Lisburn and Down areas.

3.0 Service details

Organisation/Registered Provider: T, C & J2 Limited t/a Bluebird Care (Lisburn & Down)	Registered Manager: Sarah Elizabeth Wright
Responsible Individual: Timothy Ian Chrishop	
Person in charge at the time of inspection: Sarah Elizabeth Wright	Date manager registered: 14/04/2015

4.0 Inspection summary

An unannounced inspection took place on 10 January 2019 from 10.00 to 15.00.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users, relatives and other relevant stakeholders
- Staff induction, training and supervision
- Governance and Quality monitoring systems
- Provision of care in a person centred manner
- Service user involvement

This was supported through review of records at inspection and from feedback received from service users and relatives.

No areas for improvement were identified during the inspection.

The comments of staff, service users and their relatives have been included in the relevant report sections.

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 and UCO would like to thank the manager, service users, relatives and staff for their support and full co-operation throughout the inspection process.

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 Sarah Wright, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 February 2018

No further actions were required to be taken following the most recent inspection on 14 February 2018.

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
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager and registered person
- examination of records
- consultation with service users' and relatives
- evaluation and feedback

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A range 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.

The inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

As part of the inspection the UCO spoke with seven service users and six relatives, either in their own homes or by telephone, on 8 and 9 January 2019 to obtain their views of the service. It was identified that the service users receive assistance from the agency's staff with the following:

- Management of medication
- Personal care
- Meals
- Sitting service
- Shopping

In addition the UCO reviewed the agency's documentation relating to six service users.

Feedback received by the inspector and UCO during the course of the inspection is reflected throughout this report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 14 February 2018

There were no areas for improvement made as a result of the last care inspection.

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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that the policy was required to be updated to reflect that one written reference is to be obtained from the current or most recent employer. This was completed immediately following the inspection and a copy forwarded to RQIA.

The manager stated that staff are not provided for work until all required checks have been satisfactorily completed. The inspector viewed the recruitment records for three staff and noted that they provided evidence that the required pre-employment checks had been completed and that the process was robust.

It was identified that the agency has a system for ensuring that a statement verified by the manager indicating that staff are physically and mentally fit for the purposes of the work which they are to perform is in place. Staff are required to sign that they have received and understood the information provided in the agency's staff handbook.

It was identified that the agency's induction programme provided to staff is in excess of the three day timescale as required within the domiciliary care agencies regulations. Records viewed and discussion with the manager indicated that new domiciliary care workers are provided with an initial three day induction followed by shadowing with other staff for a number of days. In addition staff are required to complete worksheets in a range of areas such as health and safety, dignity and respect and behavioural management. It was identified that during the initial 12 week probationary period the agency provides weekly supervision monitoring for staff.

The inspector viewed a number of individual staff induction records retained by the agency; they contained details of the information provided to staff during their induction period.

Discussions with service users and relatives indicated that staff had the appropriate skills to fulfil the requirements of their job roles. The agency maintains details of all staff induction, training, supervision and registration status with relevant regulatory bodies.

The inspector discussed with the manager the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The manager stated that all staff are required to complete the full induction programme prior to being supplied for work.

Discussions with the manager and administration staff demonstrated that the agency endeavours to ensure the required number of experienced persons available to meet the assessed needs of individual service users are in place at all times.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. It was noted that staff receive a minimum of four direct observation supervisions per year and in addition annual appraisal. During the induction programme, supervisory staff will shadow staff weekly to assess competency and to provide support and guidance. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. It was identified that comprehensive records of staff supervision and appraisal are maintained. Staff supervision and appraisal information viewed were noted to be retained in a well organised manner.

The manager could describe the process for identifying training needs in conjunction with the agency's office manager and their responsibility for ensuring that staff complete required training updates. Staff were required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users such as dementia awareness. The agency has a system for recording staff training; information viewed indicated that the staff had completed the required training.

The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC) and retain copies of staff certificates. The manager stated that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered. Discussions with the manager indicated that the list is reviewed on a monthly basis in conjunction with the office manager.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and details the procedure for staff in reporting concerns. The registered manager is the identified Adult Safeguarding Champion (ASC).

It was identified from discussions with the manager and training records viewed that staff are required to complete safeguarding training during their induction programme and in addition an annual training update.

Service users and relatives who spoke to the UCO could describe what they would do if they had any concerns in relation to the safety of service users or the care they received.

Discussions with the manager evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) adult protection 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 in relation to adult protection matters 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. It was identified that prior to commencement of a service the agency receives a range of relevant assessments and information from the HSCT keyworker. The inspector viewed a range of risk assessments in place relating to individual service users.

The manager could describe the process for ensuring that service users are involved in the development of their individual care planning process. Care plans are provided for staff in the service users homes and that care plans are reviewed at least annually. The agency contributes to reviews involving the service users' HSCT keyworkers if appropriate.

The agency’s office accommodation is located close to Lisburn. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, an intercom system was in place to gain access, records were stored securely and in a well organised manner and that PC’s were password protected.

The UCO was advised by all of the service users and relatives spoken with that they had no concerns regarding the safety of care being provided by Bluebird Care. They stated that care is usually provided by a consistent team of care workers. They indicated that new care workers are introduced to them by a regular member of staff. Service users considered this to be important in relation to their security and also for ensuring that new care workers had knowledge of their needs and required care.

The UCO was advised by those spoken to that they had no concerns regarding the safety of care being provided by Bluebird Care. No issues regarding the knowledge and skills of the care workers were raised with the UCO; examples given included manual handling, catheter care and working with individuals with a diagnosis of dementia.

All of the service users and relatives spoken to confirmed that they could approach the care workers and office based in the agency staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- “I try to do what I can but the girls help me if necessary.”
- “Couldn’t complain about any of them.”
- “Very happy with them.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and the agency’s management of adult safeguarding matters.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed that agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided.

The agency’s data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received training relating to record keeping during their induction programme.

Staff could describe the processes in place for supporting service users to be engaged in the care planning and review processes. During the inspection the inspector and UCO viewed a number of individual service user care records; it was noted that staff record daily the care and support provided.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users; this includes a process for completing monthly quality monitoring visits.

The inspector viewed the agency's quality monitoring reports of the visits completed by the registered person. Records viewed were noted to be comprehensive and indicated that the process is effective; an action plan is developed. The manager stated that the report is discussed as part of the monthly management meeting.

It was identified that the person completing the report had visited a number of service users to obtain their views on the service provided. Reports viewed were noted to include comments made by service users, and where appropriate their representatives. In addition the reports included details of the review of the previous action plan, review of accidents, incidents, staffing arrangements, care records and complaints. Following discussion with the manager the agency updated the report format to include information relating to safeguarding matters identified.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and their relatives indicated that the agency's staff communicate appropriately with them.

The manager could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders were appropriate.

The UCO was informed by the service users and relatives spoken to that they had no concerns regarding the care workers' timekeeping or that care had been provided in a rushed manner. Service users are usually introduced to new carers by a regular member of staff

One relative advised that their service user had experienced one missed call from the agency; however it was identified that the agency had not been informed of this matter. This was discussed with the manager during the inspection and assurances provide that the matter would be followed up.

No issues regarding communication between the service users, relatives and staff from Bluebird were raised with the UCO. A number of the service users and relatives spoken to confirmed that they had received a monitoring visit and that they had received a questionnaire to obtain their views on the service.

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

- "Consistency is very important. We have got to know them all."
- "Very happy with Bluebird."
- "Absolutely no problems."

As part of the home visits completed by the UCO the agency's documentation in relation to six service users was reviewed. Three care plans required to be updated and two issues were noted with the completion of the daily log sheets. This was discussed with the manager during the inspection; the manager confirmed immediately following the inspection that relevant care

plans had been updated and that an email had been forwarded to all staff in relation to record keeping and completion of service user care records.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive training relating to human rights and confidentiality during their induction programme. Discussions with the manager, service users and relatives and records viewed indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the agency and in the way care is provided. It was good to note that staff practice is observed at least quarterly as part of the agency's supervision and spot check process.

Service user care records viewed in the agency office were noted to contain information relating to the life histories of service users and their care needs. The manager could describe how service users are supported to make decisions about the care and support they received. It was noted that service users sign to indicate that they have been involved in the care planning process. The manager stated that staff endeavour to provide care and support in an individualised manner.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff receive information relating to equality and diversity during their induction. The manager could describe how staff supervision and training equips staff to engage with a diverse range of service users.

Discussions with the service users and their relative's, and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication

- effective service user involvement
- appropriate stakeholder involvement
- equity of care and support
- provision of care in an individualised manner

Records viewed and discussions with staff indicated that the agency has a range of methods for obtaining and recording comments made by service users and/or their representatives. Records of service user monitoring visits, stakeholder questionnaires, care review meetings and reports of quality monitoring visits indicated regular 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; quality monitoring process; regular spot checks; care review meetings, and feedback received from customer satisfaction surveys. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

All of the service users and relatives spoken to by the UCO indicated that care provided was compassionate; they advised that care workers treat them with dignity and respect and indicated that care had not been provided in a rushed manner. It was confirmed that service users, as far as possible, are given their choice in regards to meals and personal care.

It was identified that the agency had sought the views of service users and relatives through home visits and questionnaires to ensure satisfaction with the care that has been provided by Bluebird Care. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't praise them enough."
- "They take the time to have a bit of a chat and joke with me."
- "All very nice."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care to meet the individual assessed needs of the service users. There was evidence of the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided.

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 inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is managed on a day to day basis by the manager supported by a team of senior staff and administrative staff. The manager could describe the process for staff and services to obtain support and guidance at any time including out of hour arrangements. Service users and relatives who spoke to the UCO confirmed that they were familiar with the procedure for contacting the agency if required.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically and that staff can access if required; the manager stated that they are in the process of creating a file containing the key policies that will be retained in the agency office. The policies and procedures 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 and procedure outlines the process for managing complaints; discussions with the manager indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received training in relation to management of complaints during their induction programme. Service users and relatives spoken to could describe the process for raising concerns.

The agency maintains a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had received no complaints since the previous inspection. It was noted that complaints are audited on a monthly basis as part of the agency's quality monitoring system.

The inspector discussed with the manager information that had been provided to RQIA prior to the inspection in relation to the service provided to one individual; it was confirmed that this matter had not been raised with the agency but with the HSCT representative. Prior to the inspection the inspector discussed the information with the HSCT keyworker and assurances were provided that the issues raised were being addressed.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, direct observation and monitoring of staff, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the process the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders.

From records viewed it was identified that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision

and appraisal. The manager could clearly describe the rationale for regularly reviewing the quality of the services provided.

The inspector viewed the agency's annual report which included details of the outcome of questionnaires provided to service users to obtain their views on the service provided. It was noted that more than 50% of those issued were returned. Responses from returned questionnaires indicated that 99% of the respondents were satisfied with the service provided and that staff arrived at the allocated time and 100% indicated that the staff treated them with respect and were polite. An action plan was developed to address any identified issues.

Comments received form the returned questionnaires

- "Carers are wonderful, trying to make life as comfortable as possible for my relative."
- "Excellent service."
- "Everything is ok; I am happy."
- "I am very satisfied, both **** and **** are caring, considerate and kind to my father."
- "All the carers are great, don't know what I would do without them."

The organisational and management structure of the agency is outlined in the Service User Guide; it details lines of accountability. It was noted that staff are provided with a job description at the commencement of employment and that staff receive support and guidance during supervision and monitoring visits by the senior. Service users and relatives who spoke to the UCO were aware of the roles of staff. The Statement of Purpose clearly outlines tasks which agency staff are and are not permitted to provide; this information is provided to service users and other relevant stakeholders at the commencement of the service.

The registered person has worked effectively with RQIA to operate and lead the agency in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated. It was noted that records had been updated to include the recently updated contact details of RQIA.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

All of the service users and relatives spoke with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process; engagement with staff and service users and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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