

# Unannounced Care Inspection Report

## 09 February 2021



## Bluebird Care (Lisburn & Down)

**Type of Service: Domiciliary Care Agency**

**Address: Unit A12C, Knockmore Business Centre, 162 Moira Road,  
Lisburn, BT28 IJA**

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**Inspector: Angela Graham**

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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

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

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 10 January 2019, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Bluebird Care (Lisburn and Down) a decision was made to undertake an on-site inspection adhering to social distancing guidance.

An unannounced inspection took place on 09 February 2021 from 09.40 to 14.20 hours.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with the responsible person, service users and service users' representatives. We also reviewed the list of all Covid-19 related information, disseminated to staff and verified staff understanding in the context of staff discussions during and post inspection.

One area for improvement was identified in relation to the management of complaints.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control (IPC), the use of personal protective equipment (PPE) and Covid-19 education.

All those spoken with indicated that they were happy with the care and support provided.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with, Mr Timothy Ian Chrishop, responsible person and Miss Sarah Elizabeth Wright, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 10 January 2019

No further actions were required to be taken following the most recent inspection on 10 January 2019.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and written and verbal communications received since the previous care inspection.

Following our inspection we focused on contacting the service users, service users' representatives, staff and Health and Social Care (HSC) professionals to obtain their views on the service. We spoke with four service users, two service users' representatives and four staff post inspection. We also obtained the views of two HSC professionals.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated December 2020).

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Three service users/relative responses were received.

We would like to thank the responsible individual, the manager, HSC professionals, service users, service users' representatives and staff for their support and co-operation throughout the inspection process.

## 6.0 What people told us about this agency

The information received shows that people were generally satisfied with the current care and support. Three service users/relative questionnaires were received. All respondents were very satisfied that care was safe, effective, compassionate and well led. With the exception of one respondent that was "undecided" regarding effective care. No additional information was provided to support this response.

All questionnaire responses were shared with the responsible individual following the inspection for further consideration and action, as appropriate.

During the inspection we spoke with the responsible individual and the manager. We also spoke with service users' representatives; service users and staff post inspection and obtained views from HSC professionals. All those spoken with indicated that that they were happy with the care and support provided by the agency. Comments are detailed below:

### Comments from staff included:

- "I had a very good induction. I had two days training in the office with social distancing measures and two days online training. I also had shadowing of single and double runs."
- "I have the Bluebird App and can access Covid-19 information and all policies and procedures. A donning and doffing video is available on the App. You can watch the video at any time as it is always available."
- "Lots of PPE available and no problem getting more."
- "All my mandatory training is up to date including IPC, adult safeguarding and moving and handling. We are offered lots of training and the training is relevant to my role"
- "I am well supported in my job. A great company to work for."
- "I always wear my gloves, apron and mask in the service user's home. Hand washing is very important."
- "I have done my Covid training recently, this is mandatory."
- "I am well supported in my role and good communication and sharing of information."
- "We had training on donning and doffing and disposal of PPE."

### Comments from service users' included:

- "Staff are very very good and very attentive. I could not wish for better."
- "Staff are always polite and greet me like a long lost friend."
- "Given Covid staff pay particular attention to wearing their PPE and handwashing."
- "If I have a new girl starting, one of the current carers will bring her along and show her the ropes."
- "Very reliable and the staff spoil me."
- "Staff always ask my view of what needs to be done."
- "I have a blue book in the house with all the contact numbers for Buebird if I needed to contact them".
- "Staff always turn up when they are supposed to."
- "I really look forward to seeing their cheery facing coming through the door, they always lift my spirits."

- “Staff always wear their PPE to keep me safe.”

#### **Comments from service users’ representatives included:**

- “Consistency is important to Xxxx and they do their very best to send the same carer knowing how important it is.”
- “I can’t say enough positives about the carers or give them enough praise.”
- “Xxxx has a good rapport with the carers and they know all his needs.”
- “Staff take the time and chat to my mother spending the time with her and finding out how she is.”
- “Staff are always professional, polite, very friendly and caring.”
- “A very valuable service.”

#### **Comments from HSC professionals included:**

- “So far all feedback has been positive and the new packages seem to be working well.”
- “No issues raised by clients or family members.”
- “The communication is good and any changes in the clients is immediately reported to me by phone and followed up with an email from the manager.”
- “I have quite a few care packages being delivered by Bluebird. I find them a good service.”
- “It is my view that the service delivery is good.”

### **6.1 Inspection findings**

#### **Recruitment**

The manager confirmed that the agency’s staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. We viewed documentation that indicated there is a robust recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service users homes.

The agency retains details of the registration status and expiry dates of staff required to be registered with the NISCC. The manager advised 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 information regarding registration details and renewal dates are monitored on a monthly basis. Discussion with staff confirmed that they were registered with NISCC.

#### **Covid-19**

We spoke with the responsible individual, the manager and to four staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE. The staff members spoken with reported that there was an appropriate supply of PPE and PPE was of a good quality.

Service users and service users’ representatives spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users.



We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE was provided to staff. Staff confirmed they had completed training in relation to infection prevention and control and Covid-19 awareness training. This included training on the donning and doffing of PPE. All those consulted with described how their training included the correct donning and doffing procedures. The manager further described how a range of other Covid-19 related information was available for staff to read.

It was positive to note that tele monitoring to service users and service users' representatives was undertaken to ensure staff were compliant with Covid-19 PPE guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

## **Governance and Management Arrangements**

A complaints and compliments record was maintained in the agency. RQIA received a complaint on 12 January 2021 and this complaint was shared with the manager on 13 January 2021. A record of this complaint including details of the investigations made, the outcome and any action taken in consequence was not recorded in the agency's complaints record. We discussed the complaint with the manager and the manager confirmed that local resolution had been achieved. An area for improvement has been made in this regard. The agency retains a record of compliments received.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Regulation 23 quality monitoring visits had been undertaken monthly by the responsible individual. A sample of reports viewed for October to December 2020 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff; a review on the conduct of the agency and development of action points.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussions with the manager and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that from the date of the last care inspection there had been no referrals made HSCT in relation to adult safeguarding matters.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practices, staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including infection prevention and control measures.

### Areas for improvement

One area for improvement was identified in relation the management of complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Timothy Ian Chrishop, responsible person and Miss Sarah Elizabeth Wright, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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



## 7.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 22 (8)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A record of complaints , including details of investigations made along with all actions. The complaint highlighted in the above report had been dealt with, fully in accordance with legislation and guidance and most importantly immediately. Records of actions and conversations made but due to the lockdown guidance, the file in the office was unable to be completed until the Manager was able to attend the office.</p> <p>The report is now contained in the file in the office. Obviously these files have to be kept secure in accordance with Data Protection Act 2018 and to meet the ICO guidance and cannot be taken out of the office. It is felt no further action is required.</p>

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



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