

# Unannounced Care Inspection Report 14 February 2018



## Bluebird Care (Lisburn & Down)

**Type of Service: Domiciliary Care Agency**

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**Tel No: 02892670982**

**Inspector: Kieran Murray**

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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 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 personal care to 90 individuals (adults and children) with physical disabilities, elderly with physical disabilities, elderly care, elderly and young people with learning disabilities, dementia, in their own homes. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. The service users are consulted and involved in all decisions associated with their support. They are supported by 30 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bluebird Care (Lisburn & Down)	<b>Registered Manager:</b> Sarah Wright
<b>Responsible Individual(s):</b> Timothy Chrishop	
<b>Person in charge at the time of inspection:</b> Sarah Wright	<b>Date manager registered:</b> 4 April 2015

### 4.0 Inspection summary

An unannounced inspection took place on 31 January 2018 from 09.45 to 16.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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 staff recruitment, care reviews, training and development, supervision and appraisals and monthly monitoring reports.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sarah Wright, Registered Manager, as part of the inspection process and can be found in the main body of the report.

### 4.2 Action/enforcement taken following the most recent care inspection dated 16 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 June 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of complaints
- record of notifiable incidents
- correspondence with RQIA

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and five relatives, by telephone, on 7 and 8 December 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- personal care
- meals
- housework

During the inspection the inspector met with the registered manager, responsible person, three staff.

The following records were examined during the inspection:

- a range of care and support plans
- Health and Social Care (HSC) Trust assessments of needs and risk assessments
- care review records
- recording/evaluation of care used by the agency
- monthly monitoring reports
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding vulnerable adults and children policy
- restrictive practice policy
- risk management policy
- incident policy
- whistleblowing policy
- policy relating to management of data
- complaints policy
- statement of purpose
- service user guide

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

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 person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 June 2016

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 16 June 2016

Action required to ensure compliance with Standards		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.4 <b>Stated:</b> First time	Policies and procedures are dated when issued, reviewed or revised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed policies and procedures and evidenced that all policies were reviewed and date of review was recorded.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector evidenced systematic three yearly reviews of policies and procedures.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed monthly monitoring reports completed according to the layout and guidance provided by RQIA. The monthly monitoring reports included the views from carers/representatives and service users.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 13.3 <b>Stated:</b> First time	Staff have recorded formal supervision meetings in accordance with the procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector evidenced records and found that formal supervision meetings had taken place in accordance with the company procedure.	

### 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.**

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place. The inspector examined a range of staff files which showed that appropriate pre-employment checks had taken place.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. The inspector spoke to two staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by the other staff and the registered manager. Staff stated that they are required to shadow other staff members during their induction.

**Staff comments:**

- “We all got a three day induction.”
- “Great team.”

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults in accordance with the regional guidance ‘Adult Safeguarding Prevention in Partnership’ July 2015. The inspector received feedback from the registered manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. Staff spoken with on the day of inspection were able to name the agency’s safeguarding champion.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear lines of accountability. On the day of the inspection the inspector noted that there had been one safeguarding referral made since the previous inspection 16 June 2016. The referral was made appropriately in conjunction with the HSC Trust as evidenced by the inspector.

Staff spoke with on the day of inspection were aware of their obligations in relation to child protection policy and procedures. The inspector evidenced training provided by the agency in relation to child protection.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training plans which indicated compliance with regulation and standards.

The inspectors received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. The inspector noted that two restrictive practices implemented were of the least restrictive nature considered necessary, but the records were incomplete and on examination of these records the inspector found that there was no evidence of service user, representatives, agency staff reviews with the Trust. Following the inspection, the agency forwarded information that provided the necessary assurances in relation to the implementation and reviews of these restrictive practices.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been no incidents since the previous inspection on 16 June 2016.



The inspector noted that the agency had received no complaints since the last inspection on 16 June 2016.

The inspector noted that evidence of review of service users' needs took place yearly or sooner if required by both the Trust and the agency.

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 had 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.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included use of equipment and application of medical stockings. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't be better."
- "Peace of mind for me."
- "Wouldn't like to lose them."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, next of kin contact details, training, supervision and appraisal, adult safeguarding and risk management.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide. The inspector noted that the Statement of Purpose made no reference to restrictive practice. The registered manager updated the Statement of Purpose on the day of the inspection to include restrictive practice. The inspector viewed the updated copy and found it be satisfactory.



The inspector reviewed six service users' care and support plans. The inspector was informed that care and support plans are reviewed yearly or sooner by the registered manager using customer review documentation. The registered manager informed the inspector that multi-disciplinary reviews with the Trust took place on a yearly basis or sooner if needed. As stated earlier the review of restrictive practices were not undertaken but following the inspection, the agency forwarded information that provided the necessary assurances in relation to the implementation and review of the restrictive practices.

The agency maintained recording login each service user's home file on which care workers recorded their visits. The inspector examined records and these were satisfactory.

Staff spoken with on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users' indicated that service users or their relatives: have a genuine influence on the content of their care plans.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from Bluebird Care Agency were raised with the UCO. The service users and relatives advised that home visits have taken place to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

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

- "Takes off some of the pressure for me."
- "Very happy with them."
- "Can't fault them."

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives as appropriate and community keyworkers, and progress on improvement matters. Monthly quality monitoring is undertaken by the agency's responsible person. The inspector noted the following comment from a community professional.

(The agency) "reputation was extremely good and all customers(service users) were happy with the service provided to them".

Records reviewed in the agency office confirmed that spot checks of staff practice was carried out within service users' homes on a regular basis by the registered manager. Records reviewed by the inspector recorded no concerns regarding staff practice during spot checks and monitoring visits.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The registered manager and staff described effective verbal and written communication systems with the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Staff who spoke to the inspector outlined their understanding of service user's choice, dignity, and respect.

Review of team meeting records indicated that team meetings took place on a regular basis; the registered manager and staff who spoke to the inspector verified this. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

The inspector reviewed the annual quality report for 2016 which evidenced service user's, relatives, staff, and commissioner feedback. The registered manager advised the inspector that the report was shared with all service users, relatives, staff and stakeholders.

Advocacy service information was available at the agency as well as in the service user guide for service users to contact if necessary.

#### **Staff comments:**

- "We all just muck in together."

The registered manager informed the inspector the desktop computer is available in the agency office for staff to use if required. Policies were also available on file in the agency office.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, spot checks, communication between service users and agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Review of records on the day of inspection indicated that service users are fully involved in day to day decisions and routines. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff.

The inspector viewed a number of thank you cards in the agency and noted a relatives comment 'XXX you did a great job cleaning up, much appreciated'.

It was evident that the agency staff and community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

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.

Views of service users and relatives have been sought through home visits to ensure satisfaction with the care that has been provided by Bluebird Care Agency. Examples of some of the comments made by service users or their relatives are listed below:

- “XXX loves them.”
- “They get on very well.”
- “Very happy with the girls.”

**Staff comments:**

“I contact all customers and their representatives when I am planning my customer Reviews”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that all safeguarding referrals were managed according to policy and procedure.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal supervision within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to any concern they may have in relation to care, support or staff performance and knew how to access the whistleblowing policy.

The registered manager informed the inspector that out of hours staff can contact a Senior Care Assistant who in turn has access to both the registered manager and deputy manager should the need arise.

An annual report is completed by the agency and is available on the noticeboard within the agency.

The agency maintains a robust quality monitoring system which provides a thorough standard of monitoring in accordance with RQIA guidance.

The inspector reviewed the following audits, Annual Quality Report 2016 and the Annual Consumer Survey 2016/17, both with positive outcomes.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service or management.

**Staff comments:**

- “I personally think the service is well led.”
- “Management are very accommodating and approachable.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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



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