



The Regulation and  
Quality Improvement  
Authority

## **PRIMARY INSPECTION**

**Name of Establishment:** Bluebird Care (Lisburn & Down)  
**Establishment ID No:** 12080  
**Date of Inspection:** 2 October 2014  
**Inspector's Name:** Caroline Rix  
**Inspection No:** IN017367

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of agency:</b>	Bluebird Care (Lisburn & Down)
<b>Address:</b>	Unit A12C, Knockmore Business Centre, 162 Moira Road, Lisburn, BT28 IJA
<b>Telephone Number:</b>	02892670982
<b>E mail Address:</b>	cathryncanning@bluebirdcare.co.uk
<b>Registered Organisation / Registered Provider:</b>	Bluebird Care/Timothy Ian Chrishop
<b>Registered Manager:</b>	Cathryn Anne Canning
<b>Person in Charge of the agency at the time of inspection:</b>	Cathryn Anne Canning
<b>Number of service users:</b>	52
<b>Date and type of previous inspection:</b>	19 November 2013, Primary Unannounced
<b>Date and time of inspection:</b>	2 October 2014 from 9.30am to 3.45pm Primary unannounced inspection
<b>Name of inspector:</b>	Caroline Rix

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	1
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	19	6

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**  
**Standard 8 – Management and control of operations**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**
- **Theme 2**  
**Regulation 21 (1) - Records management**
- **Theme 3**  
**Regulation –13 Recruitment**

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Bluebird Care, Lisburn and Down are a domiciliary care agency based in Lisburn, Co Down, providing care to people in their own homes including older people, and people with a physical disability or learning disability and mental care needs and children. Services provided include personal care, social and domestic tasks, and sitting services (day and night). The agency has been operational from August 2012, and currently provides care to 52 service users by 19 staff. The South Eastern and Health and Social Care Trust's commission their services and can provide services within the Northern HSC Trust area. A number of self-referred service users receive care and support from the agency.

Bluebird Care had four recommendations made during the agency's previous inspection on 19 November 2013. All recommendations were found to be 'compliant'. This outcome is to be commended.

## **Summary of Inspection**

### **Detail of inspection process**

The annual unannounced inspection for Bluebird Care Lisburn and Down was carried out on 2 October 2014 between the hours of 09.30 and 15.45. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO following the inspection on 6 and 7 October 2014, and a summary of findings is contained within this report. Findings following these home visits were discussed with the registered manager.

The inspector had the opportunity to meet with one staff member on the day of inspection to discuss her views regarding the service and feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff member during inspection supported that she has an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

### **Staff survey comments**

Nineteen surveys were issued and six received which is a disappointing response.

Staff comments were included on some of the returned surveys as follows;

'I feel that a very high standard of care is provided by the agency and everything is monitored closely.'

'I feel it is a very good agency to work for, the staff are all great.'

'My manager is first class, always there when you need her, also very helpful and trustworthy.'

## Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with two service users and four relatives on 6 and 7 October 2014 to obtain their views of the service being provided by Bluebird Care Agency in the Lisburn locality. The service users interviewed live in Hillsborough and surrounding areas, have been using the agency for a period of time ranging from approximately two months to two years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Sitting service
- Housework
- Security check

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed, this is good practice.

It was good to note that all of the people interviewed had no concerns regarding the services being provided by the staff from Bluebird Care. None of the people interviewed had made a complaint about the agency, however all were aware of whom they should contact if any issues arise. The majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service and that observation of staff practice had taken place in their home.

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

- "Fabulous. So friendly and chatty with my XXX."
- "Couldn't say a word about them."
- "We appreciate the help. No issues with the carers."
- "Definitely no complaints."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of four service users. During the home visits, the UCO was informed that two service users experience restraint in the form of bed rails; the use of such was documented in their care plans and risk assessments.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, no issues were identified to be addressed.

During the home visits, the UCO was advised that two service users are receiving assistance with medication by the carers from Bluebird Care; however such assistance was not documented on the care plan or risk assessment and one medication log was not being

completed consistently. The above matters were discussed with the registered manager who has been requested to ensure that the matters are addressed accordingly.



## Summary

Five recommendations have been made in respect of the outcomes of this inspection.

### Theme one - Management and control of operations

#### **Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Statement of Purpose' dated September 2014 viewed contain details of the organisational structure, the qualifications and experience of senior staff and includes the roles and responsibilities of each grade of staff.

Discussions with the registered manager during inspection and review of records for the manager supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments had been completed.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision records were not in place and have been requested for implementation.

Monthly monitoring reports completed by the registered person were reviewed during inspection and found to be detailed, concise and compliant.

Records regarding two medication incidents were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

Two recommendations have been made in relation to this theme.

The registered manager is recommended to ensure that records are maintained of the managers' supervision meetings in line with their procedure timeframe.

The registered manager is recommended to expand their 'Quality Assurance and Customer Feedback' policy and procedure to include the views of staff and commissioners of their service along with their evaluation of staff training completed to date and their proposed future training requirements.

### Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Recording and Reporting Care Practices' which contains guidance for staff on this subject; the procedure was found to be partially compliant with standard 5 and has been recommended for review.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' which was found to be partially compliant and has been recommended for review.

The agency does not currently provide care to any service users that require restraint.

The agency has a policy or procedure on 'Handling Service Users Monies' which was found to be partially compliant and has been recommended for review. The agency does not currently provide financial support to any service users.

Three recommendations have been made in relation to this theme.

The registered manager is recommended to review their 'Recording and Reporting Care Practices' procedure to include staff guidance on all areas listed within standard 5.

The registered manager is recommended to expand their procedure on 'Handling Service User's Monies' to include staff guidance where emergency shopping is required.

The registered manager is recommended to expand their procedure on 'Restraint' to include the review process and timescale in this regard and ensure that, where relevant, care plans and risk assessments relating to the area of restraint are subject to review.

### **Theme 3 – Recruitment**

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed full compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme.

**The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.**

## Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standards 2.2 and 15.17	<p>The registered manager is recommended to update their Complaints procedure to include details of the role of the ombudsman / NI Commissioner for Complaints. Their updated procedure should subsequently be included within their Statement of Purpose and a copy provided to service users as part of their Service Users' guide.</p> <p><b>(Restated from 31 May 2012)</b></p>	<p>The Complaints procedure reviewed had been updated to include details of the role of the ombudsman / NI Commissioner for Complaints. Their updated procedure had been included within their Statement of Purpose and a copy provided to service users as part of their Service Users' guide.</p>	Twice	Compliant

2	Minimum Standard 13.2	The registered manager is recommended to amend their staff supervision procedure to include the types of supervision staff will receive and review the timescale for supervisions.	The Staff supervision procedure viewed dated January 2014 had been amended to include the frequency and types of supervision staff will receive each year.	Once	Compliant
3	Minimum Standard 14.4	The registered manager is recommended to undertake staff competency assessments at a date following actual training to ensure continued staff understanding of their roles and responsibilities regarding protection of vulnerable adults.	Records evidenced that staff competency assessments had been carried out following protection of vulnerable adults training and this has been incorporated within their staff training programme.	Once	Compliant
4	Minimum Standard 3.5	The registered manager is recommended to provide service users with the names of staff who will be visiting their homes in written format.	Records evidenced that all service users are provided with the names of staff who will be visiting their homes in written format.	Once	Compliant

<b>THEME 1</b> <b>Standard 8 – Management and control of operations</b> <b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>	
<p><b>Criteria Assessed 1: Registered Manager training and skills</b></p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). <b>Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</b></p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 10 (3):</b>  <b>The Registered Manager has and will continue to undertake training as appropriate to her role and the needs of the service. She has been a registered Manager for a number of years and in line with Domiciliary Care Agencies Standards has completed a level 5 Diploma in Leadership for Health and Social Care Services for Adults Management. She has also completed the Diploma for Residential Management. This coupled with professional experience within the field for over 12 years ensures she has the skills to manage the agency.</b></p> <p><b>Regulation 11 (1)</b>  <b>The agency is managed in-line with current policies and procedures to ensure that stringent processes and audits are carried out to meet service users needs and that staff are managed effectively. There is regular contact with our customers and their families to ensure positive relationships are created and maintained. This is carried out both formally and informally to ensure they are happy with the current level of care provided by the agency.</b></p>	<p>Compliant</p>

<p><b>Standard 8.17</b>  <b>Most of the manager's training is self directed, reflecting the needs of the care team and the customers alike. She has attended courses such as, Medication train the trainier, Prevention of pressure sores, SOVA for Managers and specific care manager training and these are recorded.</b>  <b>The Registered manager's training has been sourced from various certified stakeholders, Trusts and Community groups to ensure training is current and meets the necessary minimum criteria of mandatory training for providersof care in a regulated services, September 2012. There is a training plan in place for her and this is reflected in certificates of attendance or certificates of completion.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The Statement of Purpose dated September 2014 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager together with the care staff. The agency does not currently have other senior staff employed due to their size but are currently in the process of recruiting a care coordinator.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element and these had been consistently signed off by the assessor.</p> <p>The registered manager is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development. The registered manager had completed her QCF Level 5 Health and Social Care training in 2012 and is currently an ambassador for NISCC in relation to promoting domiciliary care in the community and this is to be commended.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC with certificate viewed dated valid from April 2013 to April 2018.</p>	<p>Compliant</p>

<p><b>Criteria Assessed 2: Registered Manager's competence</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Standard 8.10</b> Practice levels are audited to ensure consistent practice and in-line with our governing policies and procedures. This is completed through spot checks, supervision, service user reviews with customers and feedback received from peers and staff if applicable. We use role plays and specific scenarios to ensure care staff are aware of the importance of reporting any concerns, comments and complaints and use reflective approaches to learn from our errors. If working practices are found not to be in-line with our policies and practices, action is taken and reported when necessary.</p> <p><b>Standard 7.13</b> Medication is one of our most important roles and this is highlighted during medication training and each care worker is trained to third tier, to create an overall awareness of their roles and understanding of the importance of medication. If an error/incident is observed it is acted upon and reported to the appropriate authorities</p> <p><b>Standard 12.9</b> There are pathways in place to ensure the level of training for the care staff are embedded into practices in the field. This may be observed via spot checks or through competency paperwork. This is continually evaluated as part of quality improvements and monthly planning.</p>	<p>Compliant</p>

<p><b>Standard 13.5</b>  <b>All supervisions are carried out in-line with the current policies. For the first 12 weeks, Care workers are assessed on their level of practice and understanding of their role each week. This covers 12 different aspect of care to ensure compliance and understanding of their importance.</b>  <b>Our current policy states that Supervision will take place every six months (after probation),this may be through formal, group, telephone or face to face. this creates an avenue for the care staff to communicate any concerns or training need that they feel they require.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency's 'Staff Supervision' policy and procedure dated January 2014 was clearly referenced regarding practices for management staff supervision.</p> <p>The 'Appraisal' policy and procedure reviewed dated December 2013 details this process as annual for all staff. Appraisal for the manager currently takes place on an annual basis and records were reviewed of the September 2014 appraisal. Supervision records were not available however the responsible person and registered manager confirmed that supervision does currently take place on a monthly basis. The registered manager is recommended to ensure that records are maintained of her supervision meetings in line with their procedure timeframe.</p> <p>The inspector reviewed the agency log of two incidents reported through to RQIA over the past year (both medication issues). Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the medication matters within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the registered person were reviewed during inspection for July to September 2014 and found to be detailed, concise and compliant, and found to include a staff competency area for use as appropriate.</p> <p>The agency had completed their annual quality review for the year 2013 which was viewed and records evidenced that service users had been provided with a copy. The agency 'Quality Assurance and Customer Feedback' policy and procedure dated September 2013 was viewed. This procedure is recommended to be expanded to include the views of staff and commissioners of their service along with their evaluation of staff training completed to date and their proposed future training requirements.</p>	<p>Substantially compliant</p>



<p><b>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</b></p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 13 (b)</b>  <b>All Care workers are initially assessed through the interview process, primarily through their application form and when invited to an interview. If an applicant gives a positive interview they are invited to attend a two day induction training course. During this time an enhanced Accessed NI (including barred list) is sent for each individual. Two references, preferably from most recent employer and from an accountable person are also sought.</b>  <b>The individual also completes Manual Handling training before shadowing can commence. New Recruits are not allowed into contact with any customers until we have confirmed their identity, two references and mandatory training is complete. The new employees shadow Care workers with the agreement of the customers until they feel confident and competent in what the care plan asks them to do.</b></p> <p><b>Standard 7.9</b>  <b>Specific Training is sourced to create a better understanding for the care workers working with customers with a specific diagnosis, for example Parkinsons training, Catheter/Catheter bundle training. We do not adminster eye drops or ear drops as there has been no customer with this level of need, should this occur specific trainng will be sought from a qualified Healthcare professional.</b></p> <p><b>12.4 Each care worker has an individual training record in place, this will highlight specfic training sought pertaining to their roles and responsibilities.</b></p>	<p>Compliant</p>

<p><b>13.1 The Registered Manager has completed training with regard to supervision and appraisals along with other management training during her registered care manager. This is evidenced through certificates.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency holds a 'Training and Development' policy and procedure dated September 2013 which sits alongside their programme for mandatory training. Review of this policy and procedure was found to be in line with RQIA mandatory training guidelines September 2012 and confirmed as compliant.</p> <p>The agency, due to their size, does not currently employ any other senior staff, but are currently recruiting for a care coordinator. Therefore no records were reviewed within this section.</p>	<p>Not applicable</p>

<p><b>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</b></p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Standard 8.10</b>  <b>Working Practices are regularly assessed in various ways. This is completed by telephone, house visits and on a day to day basis. When the needs of a customer changes their care plan is reviewed, During this time customers or their familys/advocate are given an avenue to discuss any aspects of their care. Unannounced Spot checks are carried out on staff to ensure compliance with time keeping and care practices. By using different approaches it enables the registered Manager to oversee all aspects of the care provided from communication to different levels of assistance.</b></p> <p><b>Standard 7.13</b>  <b>Medication errors and incidents are reported in a timely fashion, we manage an oncall service which enables the care staff to report any errors or concerns that occur out of hours. Any thing of note is acted upon in accordance with procedures and to appropriate authorities.</b>  <b>We have some customers who require limited assistance with medication, such as prompting or manipulation of their blister pack. Where there is assistance offered there is an individual assessment and agreement sought from the individual customer and signature of agreement. Care staff then complete a MAR sheet to indicated the level of assistance given. Medication intervention is directly assessed by using a specific assessment tool to ensure the care worker is adhereing to training and the medication assessment.</b></p>	<p>Compliant</p>

<p><b>Standard 13.5</b>  <b>Care Staff are appraised on an annual basis, this is in line with current supervision. There is one care worker undertaking her health and social care level 3 and 3 more due to start in September as a result of supervsion/appraisal. Personal Development plans are visable in each care workers individual file. There has been specific training sought for key workers based on the needs of their customers.</b></p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency, due to their size, does not currently employ any other senior staff, but are currently recruiting for a care coordinator. Therefore no records were reviewed within this section.</p>	<p>Not applicable</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

**THEME 2**  
**Regulation 21 (1) - Records management**

**Criteria Assessed 1: General records**

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 21 (1)</b>All records are maintained in a locked cabinets in the care manager's office, files are individual, clearly labelled, current and in an organised fashion. They are available at all times and stored on the premises.</p> <p><b>(2)</b> In the customer homes there are individual files, containing the time table of service, trust careplan, Bluebird Care Care plan and adjoining assessments such as personal care and support, nutrition and hydration and medication assessment. There is also daily notes, MAR sheets if required and a copy of the customer guide. All files have the office number and the emergency on call number. The file is stored in agreement with the customer.</p> <p><b>Standard 5.2</b> The records maintained in the home are based on the level of needs of the individual. All care staff are encouraged to notate tasks carried out in line with care plan and any change to the individual level of engagement, wellbeing is reported to the office and reported to those that need to know. Any changes to the level of care is made in agreement with the governing trusts, customer, Care manager and family/advocates. Any changes to the care plan will be highlighted to the care worker to ensure consistency of care. Daily notes and MAR sheets are returned to the office at the end of each month to be audited by the care manager and held in the customer's files or archived. Any issues identified during these audits are used as a reflective tool and learning outcomes are fed back to staff. Compliance is also adhered too.</p> <p><b>Standard 5.6</b> All records are legible, accurate and up to date and signed by the person making the entry.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency policies and procedures on 'Recording and Reporting Care Practices', 'Handling service user's monies' and 'Restraint' were reviewed during inspection as partially compliant. Their procedure on 'Recording and Reporting Care Practices' is recommended for review to include staff guidance on all areas listed within minimum standard 5.</p>	<p>Substantially compliant</p>

Their procedure on 'Handling service user's monies' is recommended for review to include staff guidance where emergency shopping is needed for occasional tasks outside of care plan tasked shopping.

The procedure on 'Restraint' is recommended to be expanded to include the review process and timescale for service users who require restraint.

Templates were reviewed during inspection for:

- Daily evaluation recording
- Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications. The recording of the number of tablets and inclusion of a full list of medication was in place. This was confirmed as compliant during staff and management discussions.
- The agency hold a money agreement within the service user agreement
- Emergency shopping record for occasional shopping tasks outside of a care plan tasked shopping
- Staff spot checking template which includes a section on adherence to the agency recording policy
- Staff group supervision template includes records management (recording and reporting)

All templates were reviewed as appropriate for their purpose.

Review of three staff files during inspection confirmed staff adherence to records keeping practices as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising. The staff member interviewed confirmed that recording practices was a regular topic discussed at supervision and team meetings.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in these areas.

The Staff Handbook viewed contained guidance in the areas of record keeping, medication records, shopping and restraint with records of handbook receipts viewed in sampled staff files.

The registered manager discussed records management as a regular topic during staff meetings/group supervision, review of recent staff meeting minute records dated September 2013, January 2014 and April 2014, evidenced this topic.

During the home visits, the UCO was advised that two service users are receiving assistance with medication by the carers from Bluebird Care; however such assistance was not documented on the care plan or risk assessment

and one medication log was not being completed consistently. The above matters were discussed with the registered manager who has been requested to ensure that the matters are addressed accordingly.

Review of four service user files held in the office confirmed appropriate recording in the general notes and medication records for each viewed. The care plans and risk assessments were found to be current and fully detailed the support required in relation to medication assistance.

Review of service user records and discussion with the registered manager during inspection indicated that restraint is not currently in place for any of their service users in respect of bedrails or lap belts.





<p><b>Criteria Assessed 3: Service user money records</b></p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—          (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p><b>Regulation 15 (6)</b>  <b>We currently assist one customer with shopping but an account has been set to enable our care team to collect the daily paper and small items such as milk, without the need for financial transactions.</b></p> <p><b>Each Care worker has completed managing service users' monies training and the importance of adhering to the policies and procedures when carrying out a shopping task for the agreed customer.</b></p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Review of the care plans during the home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. The registered manager confirmed that at present they do not provide support to any service users in the area of finances or shopping.</p>	<p>Not applicable</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>THEME 3 Regulation 13 - Recruitment</b>	
<b>Criteria Assessed 1:</b>	<b>COMPLIANCE LEVEL</b>
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work that he is to perform;</li> <li>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> <li>• all necessary pre-employment checks are carried out;</li> <li>• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and</li> <li>• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .</li> </ul> <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• the applicant’s identity is confirmed;</li> <li>• two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer;</li> <li>• any gaps in an employment record are explored and explanations recorded;</li> <li>• criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);</li> <li>• professional and vocational qualifications are confirmed;</li> <li>• registration status with relevant regulatory bodies is confirmed;</li> <li>• a pre-employment health assessment is obtained</li> <li>• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and</li> <li>• current status of work permit/employment visa is confirmed.</li> </ul>	

<b>Provider's Self-Assessment:</b>	
<p>Regulation 13.                  All aspects of our recruitment process are in line with our recruitment policy and procedure which is compliant with the minimum standards laid down by RQIA.                  Each care worker has an individual file which contains a proforma that itemises all obligatory needs to ensure they are met before an offer of employment can commence. This is complimented by internal monitoring to ensure overall compliance.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Review of the 'Staff Recruitment and Selection' policy and procedure and subsequent revision on the day of inspection confirmed full compliance with regulation 13 and schedule 3. Their 'Recruitment of Ex-Offenders Northern Ireland' policy and procedure dated September 2013 viewed was found to be in line with legislation.</p> <p>Review of four staff recruitment files for those employed from December 2013 onwards confirmed full compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **Additional Areas Examined**

### **Complaints**

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed the one complaint received during 2013 during the agency's inspection and confirmed the complaint had been appropriately managed and records confirmed it had been resolved. No complaints have been received for the year 2014 to date.

### **Additional matters examined**

No additional matters were reviewed as a result of this inspection.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Cathryn Canning registered manager and Timothy Chrishop Responsible Person, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Caroline Rix**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Unannounced Primary Inspection**

**Bluebird Care Lisburn & Down**

**2 October 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered person Timothy Chrishop and the registered manager Cathryn Canning during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 13.3	The registered manager is recommended to ensure that records are maintained of the managers' supervision meetings in line with their procedure timeframe.	Once	This has been actioned in line with our current procedure. minutes will be held in the registered manager's file.	Within two months of inspection date.
2	Minimum Standard 8.12	The registered manager is recommended to expand their 'Quality Assurance and Customer Feedback' policy and procedure to include the views of staff and commissioners of their service along with their evaluation of staff training completed to date and their proposed future training requirements.	Once	This has been actioned and will include views of the governing trusts and commissioning professionals involved with our customer base. It will include and reflect the evaluation of staff training and outline future training needs of the organisation as a whole.	Within six months of inspection date.
3	Minimum Standard 5.6	The registered manager is recommended to review their 'Recording and Reporting Care Practices' procedure to include staff guidance on all areas listed within standard 5.	Once	The "recording and reporting care practices" procedure has been reviewed and updated to include all areas listed in standard 5. This has also been implemented into the induction training for new staff and there has been a memo sent to the current staff.	Within three months of inspection date.
4	Minimum Standard 8.14	The registered manager is recommended to expand their procedure on 'Handling Service User's Monies' to include staff guidance where emergency shopping is required.	Once	This procedure has been expanded to include emergency buys and is in line with current training.	Within three months of inspection date.



5	Minimum Standard 5.2	The registered manager is recommended to expand their procedure on 'Restraint' to include the review process and timescale in this regard and ensure that, where relevant, care plans and risk assessments relating to the area of restraint are subject to review.	Once	This will be actioned in the recommended time frame and the importance discussed at the next team meeting to create and overall awareness for the care team.	Within three months of inspection date

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Cathryn Canning
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Tim Chrishop

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Caroline Rix	16/12/14
Further information requested from provider			