



The **Regulation and
Quality Improvement
Authority**

Bluebird Care (Lisburn & Down)
RQIA ID: 12080
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Inspector: Caroline Rix
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**Unannounced Care Inspection
of
Bluebird Care (Lisburn & Down)**

2 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 2 November 2015 from 09.45 to 16.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Sarah Wright the registered manager and Tim Chrishop the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Bluebird Care (Lisburn & Down)/ Timothy Chrishop	Registered Manager: Sarah Wright
Person in charge of the agency at the time of Inspection: Sarah Wright	Date Manager Registered: 23 February 2015
Number of service users in receipt of a service on the day of Inspection: 67	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with two care staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and five relatives, either in their own home or by telephone, on 8 and 12 October 2015 to obtain their views of the service. The service users interviewed live in Lisburn and surrounding areas, and receive assistance with the following: management of medication, personal care and meals. Feedback received is included within the body of this report and was discussed with the registered manager on day of inspection.

On the day of inspection the inspector met with two care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report. The inspector gave the registered manager ten questionnaires to distribute to randomly selected staff members for their completion, asking for their views regarding the service, and return to RQIA. Three staff questionnaires were received following the inspection; feedback was discussed with the registered manager and included within the body of this report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Staff meeting agenda and minutes for June 2015
- Four staff quality monitoring records

- Staff duty rota for October/November 2015
- Staff Handbook
- Service user compliments received during 2015
- Complaints log
- Monthly monitoring reports for July to October 2015
- Annual quality report
- Procedure for management of missed calls
- Management staff daily contact log records/on call logs for September/October 2015
- Missed call record and follow up actions
- Four communication records with trust professionals
- Duty file
- One incident reportable to RQIA in 2015.

5. The Inspection

Profile of Service

Bluebird Care Lisburn and Down is 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 67 service users by 27 staff. The South Eastern and Health and Social Care Trust and the Northern Health and Social Care Trust's commission their services within the greater Lisburn area and Antrim area. A number of self-referred service users receive care and support from the agency.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 2 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 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.	Met
	Action taken as confirmed during the inspection: Records evidenced that management staff had received supervision meetings in line with their procedure timeframe.	

<p>Recommendation 2</p> <p>Ref: Standard 8.12</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The 'Quality Assurance and Customer Feedback' policy and procedure was viewed which had been expanded to include staff and commissioners views and a staff training element.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.6</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The 'Recording and Reporting Care Practices' procedure was viewed which had been expanded to include staff guidance on all areas listed within standard 5.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.14</p>	<p>The registered manager is recommended to expand their procedure on 'Handling Service User's Monies' to include staff guidance where emergency shopping is required.</p> <p>Action taken as confirmed during the inspection: The 'Handling Service User's Monies' procedure dated October 2014 was viewed which had been expanded to include staff guidance where emergency shopping is required.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 5.2</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The procedure on 'Restraint' viewed dated October 2014, had been expanded to include the review process and timescale, where relevant, in which care plans and risk assessments relating to the area of restraint are subject to review.</p>	<p>Met</p>

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visits contained evidence that service users and/or representative's views had been obtained and incorporated.

The UCO was advised that new carers are usually introduced to, or advised of the name of, new carers by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to one service user was reviewed by the UCO during the home visits. It was noted that the care plan contained out of date information, and call times and medication records had not been consistently recorded.

The out of date care plan was discussed with the registered manager who confirmed that the trust care manager had recently updated this care plan however a copy had not yet been placed in the service users home file and would be addressed. The minutes of staff meetings for June 2015 reviewed evidenced discussions relating to their record keeping practice. The registered manager confirmed that record keeping would be an ongoing matter which the agency monitors closely.

Is Care Effective?

The UCO was informed by all of the people interviewed that they are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding management of medication and that they were satisfied with the outcome.

Management visits are taking place on a regular basis to discuss their care, however none of the people interviewed were able to confirm that observation of staff practice had taken place or that they had received a questionnaire from the agency.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Records of the 2014 Quality Survey Report was viewed which contained feedback from service users and /or representatives and planned areas for improvement. This was shared by post with all service users during January 2015.

Records viewed in the agency office confirmed that direct observation of staff practice was carried out within service user's homes on a regular basis, most recently during August 2015. No staff practise issue were identified during these spot checks. The monitoring visit records noted positive comments received from service users/relatives regarding staff.

The complaints log was reviewed, with no complaints received during 2015 to date as confirmed by the responsible person.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

Service user records viewed in the agency office found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

The most recent monthly monitoring reports for July to October 2015 were viewed and evidenced how information and feedback received had resulted in appropriate actions taken and working practises are being systematically monitored and reviewed.

Three staff questionnaires were received following the inspection day. Two staff confirmed they were satisfied with the training received in relation to core values and communication methods; one member of staff highlighted the need for more training in the area of behaviours that challenge, communication methods and mental health care.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Bluebird Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- “Couldn’t complain about anything.”
- “No concerns with the girls.”
- “Good service.”
- “It gives me peace of mind to know that the carers call with my XXX and will contact me if there are any concerns.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included dementia and working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service during management visits.

Areas for Improvement

The agency has met the required standards in respect of theme with no areas for quality improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency to ensure communication channels with service users and their relatives are maintained. These included daily contacts, on call arrangements and management of missed and late calls. The agency has procedures for management of 'Missed Visit', 'On call' and 'Security and Access' which were reviewed during inspection and found to provide staff with clear guidance relating to each situation. The agency's records verified all staff had been provided with these procedures as part of their staff handbook dated December 2014.

The staff handbook dated December 2014 viewed is recommended to be expanded to include an index at the start to assist staff in locating relevant information within this large manual.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. A number of the people interviewed also advised that they had experienced a small number of missed calls from the agency.

The registered manager indicated that there had been two service user call missed since January 2015 and a small number of late calls. Details of these were captured on a variety of records reviewed during inspection. These include duty logs, computer logs of actions taken regarding the missed/late calls, follow up action and measures taken regarding staff involved. Communications with the referring HSC Trust had taken place via telephone calls and emails.

Review of the October/November 2015 staff rota for the full staff group within each service area reflected a process for allocating the staff numbers to service user calls; however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system. Staff interviewed on the day of inspection confirmed that their rota was achievable and allocations had been made with staff input.

Is Care Compassionate?

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

Areas for Improvement

The agency has met the required standards in respect of theme two for all areas reviewed. The registered manager is recommended to expand the staff handbook to include an index of contents to assist staff in locating relevant information.

Number of Requirements:	0	Number of Recommendations:	1
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5.3 Additional Areas Examined

The inspector reviewed the agency's RQIA notification of incidents log, with one report received during the past year. Review of this incident report evidenced that it had been recorded and report to RQIA and the referring HSC Trust within the required timeframes. Records confirmed that appropriate action had been taken, however the matter has not yet concluded.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sarah Wright the registered manager and Tim Chrishop the responsible person as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1
Ref: Standard 8.3

Stated: First time

To be Completed by:
14 December 2015

The registered manager is recommended to expand the staff handbook to include an index of contents to assist staff in locating relevant policies and procedures.

Response by Registered Person(s) Detailing the Actions Taken:

The staff handbook has been broken down into sections and a detailed index has been added to assist staff in locating relevant information.

Registered Manager Completing QIP	Sarah Wright	Date Completed	14/12/15
Registered Person Approving QIP	Tim Chrishop	Date Approved	20/12/15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	04/01/16

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