The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Bluebird Care (Lisburn & Down)**

**Provider:** **T, C & J2 Limited t/a Bluebird Care (Lisburn & Down)**

**Date of Inspection:** **21 April 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:** | T, C & J2 Limited t/a Bluebird Care (Lisburn & Down) |
| **Responsible Individual:** | Mr Timothy Chrishop |
| **Registered Manager:** | Mrs Sarah Wright |
| **Service Profile –**<br>This is a domiciliary care agency which provides care and support to service users with a range of conditions including dementia and frail elderly. Care is provided in service users' own homes. The agency provides support with personal care, daily living skills, housing support and emotional wellbeing with the aim of promoting service user independence. Service users live primarily in the Lisburn, Down and south Antrim areas. | |

## 2.0 Inspection summary

An unannounced inspection took place on day month year, between 09.45 am and 2.15pm by a care inspector.

The last care inspection of the service was undertaken on 2 January 2025 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, specifically maintaining a robust system for professional registrations to be maintained and monitored by the manager.

The inspector would like to thank the responsible individual, manager, service users and staff for their support throughout the inspection process.

## 3.0 The inspection

## 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

## 3.2 What people told us about the service and their quality of life

As part of the inspection, the inspector spoke with staff working for and within the service. Some service users and relatives were also contacted. A number of service user/relatives questionnaires were distributed to obtain their views on the support provided by the service.

The information provided indicated that the service users and relatives felt very satisfied with the care they received. They said care was safe and effective, that staff were respectful; and the management of the care was good. A service user commented that 'they go the extra mile and are very polite.' Relatives also spoke positively, praising the caring attitudes of the care workers. There were no concerns raised.

Staff who spoke with the inspector advised that the training and support they received from the manager was of a good standard and that service users were treated well.

## 3.3 Inspection findings

### 3.3.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.
Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of these records confirmed that one recent incident had been referred to Police Service of Northern Ireland (PSNI). The manager was advised to notify RQIA of this matter and to ensure any incidents involving PSNI are notified to RQIA. These matters will be reviewed at a future inspection.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed training appropriate to their roles in Deprivation of Liberty Safeguards (DoLS) as part of the MCA framework. This supports staff to make informed decisions in line with best practice and uphold service users' rights. The manager confirmed that no service users were subject to DoLS or restrictive practices at the time of inspection.

### 3.3.2 Staffing and recruitment practices.

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was a system in place for professional registrations to be monitored by the manager. The inspector conducted a sample check to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. This random check revealed one employee did not have current registration with NISCC. The responsible person provided assurances that this employee would be removed from the rota until registration was complete and that all staff registrations would be rechecked. An area for improvement has been identified. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. The induction procedure, also included shadowing of a more experienced staff member. There was also a robust ongoing training programme provided to all staff, commensurate with their roles and responsibilities. This included training on dysphagia and how to respond to choking incidents. All staff had been provided with training in relation to medicines management.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

### 3.3.3. Care delivery and care records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

It was good to note that care records were person centred, very detailed and regularly reviewed and updated to ensure they continued to meet the service users' needs. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated dietary requirements.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

### 3.3.4 Managerial oversight and Governance

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager confirmed that no complaints had been received since the last inspection.

There was a procedure to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, the service had an operational policy and procedure that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner. This matter is also emphasised at induction.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
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| **Total number of Areas for Improvement** | 0 | 1 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Timothy Chrishop, (Responsible Individual) and Sarah Wright, (Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.
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# Quality Improvement Plan

**Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021**

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| **Area for improvement 1**<br><br>**Ref:** Standard 12.6<br><br>**Stated:** First time | The Registered Person shall ensure arrangements are in place to ensure that care workers are able to maintain their registration with the appropriate professional regulatory body.<br><br>Ref: 3.3.2 |
| **To be completed by:**<br>**Immediate and ongoing** | **Response by registered person detailing the actions taken:**<br>All new staff are required to complete and submit their NISCC registration application as part of the induction process. A formal monitoring checklist has been implemented to evidence compliance, track progress, and ensure all applications are submitted within required timeframes. This checklist will be reviewed and updated on a weekly basis to maintain accurate oversight.<br>For existing staff, NISCC registration status will now be monitored weekly rather than monthly. This enhanced frequency ensures continuous compliance with regulatory requirements, provides early identification of upcoming fee payments, and prevents any risk of registrations lapsing. Any issues identified during weekly checks will be escalated promptly in line with organisational governance procedures.<br>This approach strengthens our compliance with RQIA standards, particularly in relation to:<br><br>•Ensuring all staff are appropriately registered with relevant professional bodies<br>•Maintaining accurate and up to date workforce records<br>•Demonstrating robust oversight, monitoring, and governance arrangements |

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