

Inspection Report

Name of Service: Bluebird Care

Provider: Bluebird Care

Date of Inspection: 14 January 2025

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: | Bluebird Care |
| Responsible Individual/Responsible Person: | Ms. Susan Elizabeth McLaughlin |
| Registered Manager: | Ms. Karen Sweeney |
| Service Profile – Bluebird Care is a domiciliary care agency, conventional type which provides care and support to service users with a range of conditions including older people with frailty, physical disabilities, learning disabilities, mental health problems and dementia. The agency's office is located in Coleraine town. Care is provided in service users' own homes; service users receive support with personal care and daily living skills. | |

2.0 Inspection summary

An unannounced inspection took place on 14 January 2025, between 10.10 a.m. and 4.20 p.m. It was conducted by a care inspector and facilitated by the manager.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the care delivery was safe and that compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency including recording of complaints and adult safeguarding referrals, care plans and overview of staffs' professional registrations. Areas for improvement also included monthly quality monitoring procedures and notification of changes to RQIA. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Good practice was identified in relation to staff recruitment and training.

Bluebird Care uses the term 'customers' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 agency 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 Bluebird Care. 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

No responses were received to the service user questionnaires and electronic survey.

No further service user feedback was sourced as part of this inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 residents. There was evidence of robust systems in place to manage staffing.

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.

Evidence could not be provided on the day of inspection that there was a robust system in place for the manager to monitor staffs' professional registrations. The agency's staff in post did not correlate fully with the information on the Northern Ireland Social Care Council (NISCC) website. An area for improvement has been identified.

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. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.3.2 Care Delivery

A 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.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

3.3.3 Management of Care Records

Care plans had been developed to direct staff on how to meet service users' needs. All care records were held confidentially.

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

A review of a sample of care records identified that moving and handling risk assessments were not reflected in all service users' care plans. This has been identified as an area for improvement. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion.

A number of service users were assessed by a Speech and Language Therapist with recommendations provided and some required their food and fluids to be of a specific consistency. These recommendations were recorded in service users' care plans.

It was noted that there was no Safeguarding Log in place. Consequently, the manager had no oversight or awareness of any potentially open or ongoing safeguarding referrals within the agency. This also meant that they had no mechanism to review any potential trends around adult safeguarding matters. This has been identified as an area for improvement.

3.3.3 Quality of Management Systems

Ms. Karen Sweeney has been manager within the agency since 12 December 2024. Her registration has not yet been submitted to RQIA; this matter will be kept under review.

The agency had moved to alternative office premises within Coleraine town several months preceding the inspection. RQIA had not been informed of this change of address. This is not in keeping with the regulations. An area for improvement has been identified.

The manager reported no concerns had been raised by staff under the Whistleblowing Policy.

There were systems in place to ensure that complaints were managed in accordance with the agency's policy and procedure. However, there was not a robust process in place for retaining details of the nature of any complaints received, investigations undertaken, outcomes and learning and satisfaction of complainants. This has been identified as an area for improvement.

Each month, the registered individual (RI) consults with service users, their relatives and staff and examines all areas of the running of the agency. The reports of these visits were completed in detail; however, none were signed by the RI and there was a lack of evidence that the manager had reviewed the completed reports. This does not assure RQIA that improvement is being driven and embedded into practice. This has been identified as an area for improvement.

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

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

Where staff are unable to gain access to a service users home, there is a procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

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 | 6 | 0 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Karen Sweeney, Manager and Ms. Sue McLaughlin, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p> | <p>The Registered Person shall ensure a system is developed and implemented to demonstrate robust oversight of staffs' NISCC registrations.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Care Manager is now registered as a NISCC endorser and has full access to the employers portal in addition to Training Manager. All employees NISCC registration is recorded in a specific section on our online employee records. NISCC is now included in RI's monthly auditing reports.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 15(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p> | <p>The Registered Person shall ensure that the service user care plans are reflective of Moving and Handling Risk Assessments supplied by Health and Social Care Trust staff.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All customer care plans are being reviewed and updated to specifically reflect details from Moving and Handling Risk Assessments provided form Trust staff.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 15(6)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p> | <p>The registered person shall specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made.</p> <p>This is specific to a Safeguarding Log.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Care Manager and incoming Training Manager have completed Level 3 Safeguarding training (20/02/25). Safeguarding Logs are now in place and regularly updated with any safeguarding concerns or incidents.</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 28(e)(i)</p> <p>Stated: First time</p> | <p>The registered person shall inform RQIA of any change of address of the agency.</p> <p>Ref: 3.3.4</p> |

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| <p>To be completed by: immediately following inspection</p> | <p>Response by registered person detailing the actions taken: Director has completed the change of address.</p> |
| <p>Area for improvement 5 Ref: Regulation 22(8) Stated: First time To be completed by: Immediate and ongoing from the date of inspection</p> | <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken. This should also include details of the complainant's satisfaction.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Complaints log is in place and completed in accordance with recommendations made by Inspector.</p> |
| <p>Area of Improvement 6 Ref: Regulation 23(4) Stated: First time To be completed by: immediate and ongoing from the date of inspection</p> | <p>The registered person shall ensure that the monthly monitoring reports are shared with the manager and signed by both.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Monthly monitoring areas and actions are now discussed at regular meetings between RI and Care Manager</p> |

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