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: 2 January 2025

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

1.0 Service information

Organisation/Registered Provider:	T, C & J2 Limited t/a Bluebird Care (Lisburn & Down)
Responsible Individual/Responsible Person:	Mr Timothy Ian Chrishop
Registered Manager:	Miss Sarah Elizabeth Wright
Service Profile – 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 2 January 2025, between 9.30 a.m. and 3.00 p.m. by a care Inspector.

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

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place. Staff were provided with development opportunities to facilitate career progression.

As a result of this inspection there were no areas for improvement identified which the agency provided evidence they have addressed following the inspection. All previous areas for improvement were assessed as having been addressed by the provider. Full details can be found in the main body of this report.

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 this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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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 for staff.

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

Staff and Trust representatives who we communicated with as part of the inspection indicated that there were no concerns in relation to the agency. Staff and Trust representatives spoke very positively in regard to the care delivery in the agency. Staff indicated they enjoyed working at the agency and were supported by the manager. Service users confirmed they were very satisfied with the care and support they received and were treated with dignity and respect by all staff.

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied or satisfied that care provided was safe, effective and compassionate. They also indicated that they felt supported by the manager and were happy working at the agency.

Returned service user/relatives questionnaires indicated that the service users/representatives were satisfied/very satisfied with the care and support provided.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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.

Review of the customer information guide in relation to complaints identified that whilst it outlined the process of how to complain. This document required updating to ensure it contained contact details for both commissioning trusts complaints department. The agency updated the document, submitted it to RQIA and it was assessed as satisfactory.

There were no complaints received since the last inspection, should complaints be received they would be reviewed as part of the agency's quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. The complaints recording template prompted staff to record all the relevant information to include a summary, action taken, a record of discussion with service user outcome and evidence of spot checks of care delivery if applicable.

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

The agency did not have regular staff meetings, this was discussed with the manager who advised they would recommence these meetings and ensure staff could contribute to the agenda. Progress in relation to these meetings will be assessed at the next inspection.

Where staff are unable to gain access to a service users home, the service has an operational policy, procedure or protocol that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

3.3.2 Staffing (recruitment and selection, induction and training).

Safe staffing begins at the point of recruitment and continues through to staff induction and regular staff training.

The recruitment records included evidence full employment histories are obtained, gaps explained for applicants and references are obtained from the last employer.

A review of the agency's staff recruitment records for three staff members 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. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) there was a system in place for professional registrations to be monitored monthly by the manager.

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. There was a structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Post registration training requirement was discussed at supervision with staff to ensure that all staff are compliant with the requirements. Staff confirmed they have been support in completion of additional training to enhance opportunities for career progression.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. These records indicated that all staff were compliant with all training requirements. The was evidence of robust oversight arrangements in relation to ensuring ongoing training compliance.

Staff were provided with training appropriate to the requirements of their role.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that a number of staff were compliant with their manual handling training and use of manual handling equipment in use was reflected in care records.

3.3.3 Care Records

A formal review of a service user's care plan should take place at least once per year. The manager confirmed that annual review meetings organised by the Trust were not consistently arranged by the Trust for all service users. There were records provided to evidence that the agency contributes to the annual review of the service users care plans either by attending meetings when they are scheduled. The manager was advised to contact the Trust when annual reviews are due and ensure they share the annual review report they complete for each service user with the Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. 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 SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that the majority of staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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. Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. Care records included SALT dietary requirements.

3.3.4 Safeguarding

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.

The agency had not made any referrals to the HSC Trust in relation to adult safeguarding therefore there were no records to review.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.5 Deprivation of Liberty Safeguards (DoLS)

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. The agency shared a copy of their newly developed risk register and provided assurances it would be updated at regular intervals. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

4.0 Quality Improvement Plan/Areas for Improvement

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

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