The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bluebird Care**

Provider: **Bluebird Care**

Date of Inspection: **16 April 2026**

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:	Bluebird Care
Responsible Individual/Responsible Person:	Ms. Susan Elizabeth MacLaughlin
Registered Manager:	Mrs. Karen Sweeney
Service Profile: Bluebird Care is a domiciliary care agency providing 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. Care is provided in the service users' own homes. The agency's office is located in Coleraine town.	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2026, between10.15 am to 5.45 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 January 2025; and to determine if the agency is delivering safe, effective and compassionate care, and if the service is well led.

As a result of this inspection, five of the six areas for improvement were addressed by the provider. One area for improvement has been stated for the second time. Full details, including the area for improvement restated, can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

Service users and their relatives informed us that they were satisfied with the care and support provided by Bluebird Care.

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 QIP issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of the service users and their relatives who are receiving care and support; the home care workers who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

During the inspection, we spoke with service users, their relatives, and staff members.

Service users informed us that the service provided to them is "very good," and the carers are "very friendly." Comments included: "The service is very good, and I have been with Bluebird Care for a while. The carers are very friendly; they are all very good. I have no concerns. The carers have made a difference in my life," and "I can speak very highly of the girls; they are very good, friendly, and capable. I have no concerns and do not feel rushed. The staff are all adaptable and very nice."

Relatives commented: "The service is brilliant; the staff demonstrate excellent empathy and are punctual and courteous. There have been no missed calls, and the carers are not rushed. We maintain good communication with the service."

Staff spoke positively about the management, care, and support delivered to service users by the agency, as well as staff training. Comments included: "The manager is very approachable; we work well as a team; the carers are given sufficient time to complete their calls. I love working here." and "Communication with the service is very good; the manager is very approachable, understands the job, and is very helpful; I receive enough training, and we can always ask about additional training."

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 service users.

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

Review of the 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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). It was positive to note that a system was in place for the manager to monitor professional registrations. The previously stated area for improvement regarding the monitoring of NISCC registrations has been addressed. Staff members confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a robust, structured induction programme that included shadowing a more experienced staff member. Records reviewed for newly appointed staff confirmed that they had completed a structured orientation and induction to ensure they were competent to fulfil the roles and responsibilities of their job.

The agency has maintained a record for each member of staff, documenting all training, including induction and professional development activities undertaken. A review of a sample of staff training records established that staff had received mandatory training relevant to their roles and responsibilities. For those staff who required updated refresher training, dates for completion had been identified. It is positive to note that the agency provides training on dementia awareness.

Procedures were in place for appraising the staffs' performance in keeping with the agency's policy and procedures. A review of a sample of staff appraisal records confirmed that they were completed in accordance with their policy and procedure.

3.3.2 Care Delivery and Care Records Records

Service users' needs were assessed by the commissioning Trust when they were first referred to the agency and before care delivery commenced. The Trust also provided a care plan based on the service users' assessed needs. The details of care plans were shared with the service users and/or their representatives as appropriate. However, it was noted that a service user's moving and handling risk assessment was not fully reflected in the care plan. An area for improvement has been stated for the second time. It was positive to note evidence of regular communication with Trust representatives when changes in service user support needs were identified.

Care reviews were conducted in accordance with the agency's policies and procedures. In instances where care reviews were outstanding, evidence showed that the agency had contacted the Trust to request a date for the review.

A review of a sample of daily notes indicated that they were legible, up-to-date, and signed by the person making the entry. A system was in place to ensure that completed daily notes were returned to the registered office regularly, facilitating timely audits. However, it was observed that the return date and the signature of the staff member returning the daily notes were absent. To ensure robust auditing, advice was provided to ensure that both a signature and the date of return are recorded for the daily notes and care records when the service ceases.

Consultation with staff established that they are given sufficient time to complete care calls in accordance with the care plan.

Service users' care records were held confidentially.

3.3.4 Quality of Management Systems

There has been a recent change in the management of the agency. Mrs Karen Sweeney has been the registered manager since 7 September 2025. Staff spoke positively about the management team.

There has been a change in the address of the registered office since the last inspection. RQIA has been informed of this change. The previously stated area for improvement has now been addressed.

Monitoring arrangements were in place in compliance with regulations and standards. A review of the agency's quality monitoring reports established that there was engagement with service users, service users' relatives, staff, and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records, accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements. There is evidence that all quality monitoring reports have been shared with the manager. A previously stated area for improvement has been addressed.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was positive to note that these were reviewed in detail as part of the monthly quality monitoring process.

A system was in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. Complaints received since the last inspection were appropriately managed and reviewed as part of the agency’s quality monitoring process. Discussions with staff confirmed that they understood how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the management team. It is positive to note that a complaints log, which recorded the outcome of each complaint, was in place. The previously stated area for improvement has been addressed.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. There was an appointed ASC for the agency. It was established that effective systems

and processes were in place to manage the safeguarding and protection of adults at risk of harm. It is positive to note that an adult safeguarding log, detailing all adult safeguarding incidents, has been recorded. The previously stated area for improvement has been addressed. It was also positive to note that staff had completed adult safeguarding training, and those spoken with demonstrated a clear understanding of their responsibility in identifying and responding to any actual or suspected incidences of abuse, as well as the process for reporting concerns.

There was a protocol in place for staff to follow should they be unable to gain access to service users' homes.

There was evidence that the agency responded to concerns, raised with them and implemented measures to enhance both practice and the quality of service provided.

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
Total number of Areas for Improvement	1*	0

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Sweeney, Registered Manage and Ms Susan Elizabeth MacLaughlin, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for Improvement 1 **Ref:** Regulation 15(2)(a) **Stated:** Second time	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. Ref: 3.3.2
To be completed by: Immediate from date of inspection.	**Response by registered person detailing the actions taken:** All customer care plans are being reviewed to ensure they reflect all details from the Moving and Handling Risk Assessments provided by the Health & Social Care Trust staff.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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