

Unannounced Care Inspection Report 20 June 2016



Bluebird Care

Type of Service: Domiciliary Care Agency
Address: 31 Long Commons, Coleraine BT52 1LH
Tel No: 02870356224
Inspectors: Caroline Rix and Aileen Aupy

1.0 Summary

An unannounced inspection of Bluebird Care took place on 20 June 2016 from 09.30 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care Trust (HSC Trust). No areas for quality improvement were identified

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jacqueline Boyle the registered manager, as part of the inspection process, and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered provider: Bluebird Care/Susan Elizabeth McLaughlin	Registered manager: Jacqueline Annette Boyle
Person in charge of the agency at the time of inspection: Jacqueline Annette Boyle	Date manager registered: 7 July 2009

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the registered manager
- Consultation with three care workers
- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with four service users and five relatives in their own homes, on 8 and 9 June 2016, to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals

On the day of inspection the inspectors met with three care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Two completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas
- Employee Handbook
- Complaints log and records
- Monthly monitoring reports for February to May 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 10 February 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

Bluebird Care is a domiciliary care agency based in Coleraine providing care to 152 people living in their own homes.

A range of policies and procedures was reviewed relating to staff recruitment and induction training, and found to be in compliance with relevant regulations and standards.

Four care workers files were sampled relating to recruitment details which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. The review of this documentation was facilitated by a practical checklist at the front of each care worker's file, clearly detailing Bluebird Care's structured system for induction training, supervision and competency assessment programme. One of the three care staff interviewed, who had commenced employment within the last year, described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Bluebird Care Agency. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives, who discussed examples of care delivered by staff that included manual handling, use of equipment and management of medications. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "We have a really good team."
- "Can't say a bad word about any of them."
- "Great bunch of girls."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding Adults' policy and procedure provided information and guidance as required; however, it did not reference the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. This was discussed with the registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Each of the three care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse.

They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend, or contribute in writing to, the commissioning trust arranged care review meetings with service users/representatives. The registered manager confirmed they are provided with an amendment form from the care manager detailing any changes to the original care plan.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users reported that they were normally introduced to, or advised of the name of, new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the care required.

No issues regarding communication between the service users, relatives and staff from Bluebird Care Agency were raised with the UCO.

A number of the service users and relatives advised that home visits have taken place and that they have received a questionnaire from the agency to obtain their views on the service. All of

the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package.

Examples of some of the comments made by service users or their relatives are listed below:

- “Very attentive.”
- “Couldn’t do without them.”
- “It gives me peace of mind that someone calls regularly with my XXX.”

During the home visits, the UCO reviewed the agency’s documentation in relation to four service users. It was noted that there were a small number of calls or times not recorded in their log sheets. This matter was discussed with the registered manager who confirmed their on-going monitoring of recording practice would address any practice issues found.

The agency’s policy and procedure on ‘Record Keeping’ was viewed and found to contain clear guidance for staff. The inspectors reviewed four completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with no issue identified.

The registered manager confirmed ongoing discussion of records management during staff supervision meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff questionnaires received by RQIA indicated that they received supervision meetings and an annual appraisal.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments.

Four service users’ files were examined and documentation evidenced the agency had developed person centred care plans individualised to suit the service users’ needs. These care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or representatives’ views had been obtained, and where possible, incorporated.

Care workers interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Care workers described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

Service user records evidenced that the agency carried out monitoring visits with service users, and telephone contacts regularly to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed.

Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home. The registered manager confirmed no service user calls had been missed since their previous inspection in February 2016. The registered manager discussed the agency's introduction of a computerised staff monitoring system. This system was described as an additional tool to ensure service user visits are completed as planned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care. During the home visits the UCO observed interactions between two carers and a service user; these were felt to be appropriate and friendly in nature.

Views of service users and relatives have been sought through home visits and questionnaires to ensure satisfaction with the care that has been provided by Bluebird Care Agency. Examples of some of the comments made by service users or their relatives are listed below:

- "Very caring girls."
- "The girls have become like friends."
- "My XXX has great banter with the girls."

Review of service users' files found that care plans had been developed and tailored to meet their specific preferences. The files viewed contained a page titled 'What is important to me,' which detailed service users' particular likes and routines which was described by staff interviewed as helpful.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. Staff described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff questionnaires received indicated that they felt service users' views were listened to and they were involved in decisions affecting their care.

The inspectors confirmed that direct observation of staff practice was carried out within service users' homes on a regular basis. Staff records evidenced that supervision and appraisals had been completed in line with their procedure timescales.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and at team meetings.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. The care workers interviewed and staff questionnaires returned indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received indicated that they were satisfied their current staffing arrangements met their service users' needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is the service well led?

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager Jacqueline Boyle, an office manager and care supervisors ensure care workers provide domiciliary care and support to 152 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

Discussion with the registered manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities.

The policy and procedure manual was reviewed and contents discussed with the registered manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to have been implemented with all of the policies sampled reviewed since December 2014.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2015 to inspection date 20 June 2016 with a range of complaints recorded. The inspectors reviewed a sample of five complaints records which supported appropriate management, review and where possible, resolution of each complaint. Records evidenced that management clearly recognised their duty of care to their staff in relation to a challenging situation within a service user's home, and had records of effective liaison with the trust to resolve matters.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant

bodies appropriately. No incident reports had been received since their previous inspection in February 2016.

Monthly monitoring reports were viewed for March to June 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided and completed a summary of staff and service user monitoring, compliments and complaints and evidenced how any issues arising had been managed.

The annual quality review report for 2015 viewed had been expanded to include views of staff and an evaluation of their training completed to date and their proposed future training requirements. The views of commissioners of their service had been obtained and included in their report. The annual quality review process is carried out each July; therefore the 2016 report had not yet been completed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

No requirements or recommendations resulted from this inspection.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews