



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Bluebird Care
Establishment ID No: 10968
Date of Inspection: 29 September 2014
Inspector's Name: Caroline Rix
Inspection No: 16573

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Bluebird Care
Address:	31 Long Commons Coleraine BT52 1LH
Telephone Number:	(028) 7035 6224
E mail Address:	suemaclaughlin@bluebirdcare.co.uk
Registered Organisation / Registered Provider:	Bluebird Care / Miss Susan Elizabeth MacLaughlin
Registered Manager:	Mrs Jacqueline Annette Boyle
Person in Charge of the agency at the time of inspection:	Mrs Jacqueline Annette Boyle
Number of service users:	124
Date and type of previous inspection:	16 September 2014, Primary Announced
Date and time of inspection:	29 September 2014 from 9.30am to 4.40pm Primary unannounced inspection
Name of inspector:	Caroline Rix

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	4
Staff	0
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	4

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Bluebird Care is a domiciliary care service based in Coleraine providing care from Castlerock to the Ballymena area. The agency has been operational since 16 July 2009.

Services provided include assistance with personal care, social and domestic tasks and a sitting service (day and night). Service user groups who receive care include older people, those with mental health care needs, learning disability and physical disability. The agency employs 62 staff who provides care to 124 service users in their own homes. Of the 124 service users approximately 40% purchase their care via direct payments or pay by private arrangement and the remaining 60% are commissioned by mainly the Northern Health and Social Care Trust with a small number commissioned by the Western Health and Social Care Trust and Belfast Health and Social Care Trust's.

Review of action plans/progress to address outcomes from the previous inspection

Bluebird Care had one requirement and three recommendations made during the agency's previous inspection on 16 September 2013. The one requirement was found to be 'compliant'. One of the three recommendations was found to be 'compliant' with the remaining two 'moving towards compliance'. These outstanding recommendations have been carried forward, and included in the attached quality improvement plan (QIP).

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Bluebird Care Coleraine was carried out on 29 September 2014 between the hours of 09.30 and 16.40. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO following the inspection on 25 and 26 September 2014, and a summary of feedback is contained within this report. Findings following these home visits were discussed with the manager.

Staff survey comments

Thirty staff surveys were issued and four received which is a disappointing response. The manager confirmed that all surveys had been distributed to care staff.

Staff comments were included on some of the returned surveys as follows;

'More petrol allowance towards our miles'.

'I feel more staff meetings maybe beneficial to carers. When new member of staff joins more shadowing would be beneficial to both customer and carers.'

These comments were discussed with the manager who agreed to review their schedule of staff meetings and induction programme.

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with four service users and four relatives on 25 and 26 September 2014 to obtain their views of the

service being provided by Bluebird Care in the Coleraine vicinity. The service users interviewed live in Ballymoney and the surrounding areas, have been using the agency for a period of time ranging from six months to two years, receive at least one call per day and are receiving the following assistance:

- Management of medication
- Personal care
- Meals
- Housework

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that the majority of the people interviewed confirmed that service users are usually introduced to new members of staff by a regular carer. The UCO was also informed that the agency usually provides a copy of the rota so that the service user is aware which carer is on; this is good practice. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff and they would usually be contacted by the agency if their carer had been significantly delayed.

It was good to note that there were no concerns regarding the quality of care being provided by the carers from Bluebird Care and the service users were aware of whom they should contact if any issues arise. One relative advised of a complaint being made in regards to the attitude of one carer; the complainant was satisfied with the outcome. Another relative advised of making a complaint in relation to infection control and that the issue was ongoing; this matter was discussed with the registered manager as part of the inspection. It was good to note that the majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service or that observation of staff practice had taken place in their home.

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

- "I have a good rapport with the carers."
- "The girls are brilliant."
- "I have no qualms about the care."
- "Very courteous and polite."

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of four service users. During the home visits, the UCO was advised that one service user experiences restraint in the form of a lap band which was discussed with the registered manager as part of the inspection.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. One service user is receiving assistance with medication; however there was no medication log in the service user's file for review. It was also noted that the care plan for one service user contained out of date information.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets, the UCO noted one issue in relation to the signing of the carer's name and that some calls had not been recorded. The above matters were discussed with the

registered manager who has been requested to ensure that the matters are addressed accordingly.

Summary

One requirement and eight recommendations (two restated from 16 September 2013) have been made in respect of the outcomes of this inspection.

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Statement of Purpose' reviewed contains details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager during inspection and review of records for the manager and management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines September 2012. Update training in the area of fire safety was found to be out of date for senior staff; however, the training plan confirmed this training is scheduled for all staff within three months.

A staff competency process has been developed by the agency and is operational during 2013/14 for staff.

Review of appropriate appraisal processes for all management staff were confirmed during inspection however supervision processes were not in place and have been requested for implementation.

Monthly monitoring processes are currently in place and operational. The report template was found to be brief and is recommended for further review as described within the follow up section of this report.

No reports regarding medication incidents or vulnerable adult reports were received by the agency during the past year, therefore no records were reviewed.

Five recommendations (two restated from 16 September 2013) have been made in relation to this theme.

The responsible person is recommended to develop their monthly monitoring report which contains a summary of staff monitoring, service user monitoring, compliments and complaints and evidence of how any issues arising have been managed. (Restated from 16 September 2013).

The registered manager is recommended to expand their 'Staff Supervision and Appraisal procedure' to specify the frequency and types of supervision each staff member will receive annually. (Restated from 16 September 2013).

The registered manager is recommended to expand their annual quality review report to include views of staff and commissioners of their service, along with an evaluation of staff training completed to date and their proposed future training requirements.

The registered manager is recommended to ensure that mandatory training updates are provided to all staff.

The registered manager is recommended to ensure that senior staffs receive supervision meetings in line with their procedure timeframe.

Theme 2 - Records management

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency has a policy and procedure in place on 'Record Keeping' which contains guidance for staff on this subject; the procedure was found to be partially compliant with standard 5 and has been recommended for review.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a policy and procedure in place on use of 'Restraint' which was found to be partially compliant and has been recommended for review.

The agency currently provides care to a number of service users that require some form of restraint. The care plans and risk assessments in relation to this area were appropriately detailed.

The agency has a policy or procedure on 'Handling Service Users Monies' which was found to be partially compliant and has been recommended for review. The agency does not currently provide financial support to any service users.

Three recommendations have been made in relation to this theme.

The registered manager is recommended to review their 'Record Keeping' procedure to include staff guidance on all areas listed within standard 5.

The registered manager is recommended to expand their procedure on 'Handling Service User's Monies' to include staff guidance where emergency shopping is required.

The registered manager is recommended to expand their procedure on 'Restraint' to include the review process and timescale in this regard.

The registered manager is recommended to ensure that, where relevant, care plans and risk assessments relating to the area of restraint are subject to review.

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed partial compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. All the points listed within schedule 3 are to be included within their procedure.

Records confirmed that, with the exception of two staff files missing the next of kin details and a statement by the registered manager that the person is physically and mentally fit for work which he is to perform; information had been obtained for staff as required. These areas were discussed with the registered manager and have been addressed appropriately.

One requirement has been made in respect of this theme.

The registered manager is required to expand their 'Recruitment and Selection' procedure to ensure that information on the domiciliary care workers next of kin is obtained, evidence of satisfactory knowledge of the English language is sought (where applicable), and includes a statement by the registered manager that the person is physically and mentally fit for work which he is to perform.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 6 (c)	<p>The registered manager is required to provide all service users with an updated complaints procedure that includes the role of RQIA in relation to unresolved complaints.</p> <p>(Restated from 4 & 5 July 2012)</p>	<p>Records evidenced that from November 2013 the undated complaints procedure information had been provided to all service users as part of their service user guide.</p>	Twice	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 8.11	The responsible person is recommended to develop a monthly monitoring report which contains a summary of staff monitoring, service user monitoring, compliments and complaints and evidence of how any issues arising have been managed.	Records viewed of monthly monitoring reports from April to August 2014. However these reports had been only partly completed and need to be fully detailed and signed by the responsible person.	Once	Moving towards compliance
2	Standard 14.1	The registered manager is recommended to provide all staff with a copy of their 'Safeguarding adult's' flowchart of key steps that they should follow within the process.	The agency has developed a system that confirmed all staff had received their 'Safeguarding adult's' flowchart as part of their updated staff handbook during December 2013.	Once	Compliant
3	Standard 13.2	The registered manager is recommended to expand their 'Staff Supervision and Appraisal procedure' to specify the frequency and types of supervision each staff member will receive annually.	The 'Staff Supervision and Appraisal procedure' viewed dated November 2013 had been revised but does not specify the frequency and types of supervision each staff member will receive annually.	Once	Moving towards compliance

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Regulation 11 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The Agency has a Statement of Purpose which remains in the Office but it is available at any time to be read. Each Customer has a bespoke detailed Care Plan, a copy of which is in the Customers home and on file in the Office. They also have a copy of the Customers Information Guide which gives them information on the Company with guidance and contact details for relevant bodies should they need to made contact with them. Policies and Procedures are also in place relating to the efficient management and running of the business.</p> <p>Regular training and updating of the Agency’s Care Manager’s knowledge and skills is ongoing. A training record is maintained and contained within the Care Manager’s file.</p> <p>The Care Manager’s up to date knowledge ensures that all Care Workers are trained to the standards set down by RQIA, NISCC and Bluebird Care.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	

<p>The Statement of Purpose dated December 2013 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person, registered manager together with two care supervisors, a care coordinator and care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). The manager has also completed training in the areas of supervision and performance appraisal in September 2014/staff disciplinary procedures in June 2014 and staff recruitment in May 2014 and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element that had been signed off by the assessor.</p> <p>The registered manager had completed a Social Work diploma in September 2009 and is not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is registered with NISCC and certificate viewed with expiry date of July 2017.</p>	<p>Compliant</p>
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<p>Criteria Assessed 2: Registered Manager’s competence</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All medication errors and incidents are reported in line with policies and procedures to the appropriate authorities. Monthly reports are submitted to the Northern Health and Social Care Trust.</p> <p>Working practices are regularly and systematically audited in line with the agency’s policies and procedures, through customer reviews and inspection of documentation.</p> <p>Effect of training is monitored through unannounced inspections while Staff are working in the community, Staff reviews, Performance appraisals and Customer reviews.</p> <p>Annual Staff appraisals are carried out by the Care Manager to review performance against their job description and agree development plans.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>As described within the follow up section above, the ‘Staff Supervision and Appraisal policy and procedure’ dated November 2013 had been revised but does not specify the frequency and types of supervision each staff member will receive annually. Revision of the policy and procedure is required in this respect.</p> <p>Appraisal for the manager currently takes place on an annual basis and the records reviewed for November 2013 confirmed the appraisal was completed in line with their procedure. Supervision currently takes place with responsible person on a weekly basis. Records of these meetings were viewed and it was suggested that a template be developed to allow for consistent recording.</p>	<p>Substantially compliant</p>

The inspector reviewed the agency log of incident reported through to RQIA. No incident reports had been received over the past year; therefore no records were available for review.

Monthly monitoring reports completed by the registered person were reviewed during inspection for April to August 2014 and found to be partly completed. The responsible person is recommended to develop their monthly monitoring report to contain a summary of staff monitoring, service user monitoring, compliments and complaints and evidence of how any issues arising have been managed.

The agency had commenced their annual quality review for the year up to May 2014; the resulted of feedback from service users are currently being collated and their report has not yet been completed. The content of their annual review was discussed with the registered manager, and is recommended that this document includes feedback from staff and commissioners of their service, and an evaluation of staff training completed to date and their proposed future training requirements.

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Healthcare workers provide customer specific training when required, eg tube feeding, administration of certain medications and application of creams. It is Company policy that all Care Workers have the necessary skills to perform any task required of them. All Care Workers undergo initial Induction Training including safe Moving and Handling and Medication. Statutory Training is recorded on computerised Staff files and the Care Manager is alerted when updated training is required. Any other training needs are identified through reviews and annual appraisals. The Care Manager has received management and performance appraisal training. Supervisors and the Co-ordinator are currently undertaking supervisory and performance appraisal training at Level 4.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a 'Staff training and development' policy and procedure which sits alongside the annual programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines (September 2012) and confirmed as compliant.</p> <p>Training records for one care coordinator and one care supervisor were found to be in place regarding all areas of mandatory training areas with exception to Fire Safety which was out of date. Training on fire safety has been scheduled for all staff between October and December 2014 as viewed on their training plan. The registered</p>	<p>Substantially compliant</p>

manager is recommended to ensure that mandatory training updates are provided to all staff.

Both senior staff records viewed indicated that they had also completed training in the areas of staff supervision and appraisal along with areas of additional training deemed appropriate for managers, and this is to be commended.

Most areas of training reviewed included a competency assessment element which had been signed off by the assessor.

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All medication errors and incidents are reported in line with policies and procedures to the appropriate authorities. Monthly reports are submitted to the Northern Health and Social Care Trust.</p> <p>Working practices are regularly and systematically audited in line with the agency’s policies and procedures, through customer reviews and inspection of documentation.</p> <p>Effect of training is monitored through unannounced inspections while Staff are working in the community, Staff reviews, Performance appraisals and Customer reviews.</p> <p>Annual Staff appraisals are carried out by the Care Manager to review performance against their job description and agree development plans.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>Appraisal for all staff currently takes place annually and was reviewed during inspection for 2013/2014. Appraisal records for the care coordinator and care supervisor were viewed; most recently having taken place in April and May 2014. Supervision records for the care coordinator were found to have taken place most recently in November 2013 and the care supervisor did not have any supervision records in place since promoted to current position in April 2014. The registered manager is recommended to ensure that senior staffs receive supervision meetings in line with their procedure timeframe.</p> <p>Records viewed confirmed that the senior staffs are registered with NISCC, and a system is in place to verify</p>	<p>Substantially compliant</p>

continued registration of each senior staff member with their registering body.	
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PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

COMPLIANCE LEVEL

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

<p>Provider's Self-Assessment:</p>	
<p>Each Customer has a current bespoke care plan in their own home containing a detailed record of the prescribed services. These care plans are in a file, which is checked by the Supervisor on a regular basis. A copy is maintained in the Customers file in the agency office.</p> <p>The following information is recorded in the file;</p> <ul style="list-style-type: none"> • the date and arrival and departure times of every visit by agency staff; • actions or practice as specified in the care plan; • changes in the service user’s needs, usual behaviour or routine and action taken; • unusual or changed circumstances that affect the service user; • contact between the care or support worker and primary health and social care services regarding the service user; • contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user; • requests made for assistance over and above that agreed in the care plan; • incidents, accidents or near misses occurring and action taken. <p>Care Workers update records on each visit, accurately and legibly and sign and date the entry.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policies and procedures on ‘Record Keeping’ dated July 2013, ‘Handling service user’s monies’ dated April 2014 and ‘Restraint’ were reviewed during inspection as partially compliant. Their procedure on ‘Record Keeping’ is recommended for review to include staff guidance on all areas listed within standard 5.</p> <p>Their procedure on ‘Handling service user’s monies’ is recommended for review to include staff guidance where emergency shopping is needed for occasional tasks outside of care plan tasked shopping.</p> <p>The procedure on ‘Restraint’ is recommended to be expanded to include the review process and timescale for service users who require restraint.</p>	<p>Substantially compliant</p>

Templates were reviewed during inspection for:

- Daily evaluation recording
- Medication administration is detailed on the daily evaluation recording, alongside a separate record for PRN (as and when required) medications.
- The agency hold a money agreement within the service user agreement
- Staff group supervision template includes records management (recording and reporting)

All templates were reviewed as appropriate for their purpose.

The staff spot checking template viewed is recommended for review to include a section on adherence to the agency recording policy.

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff supervision records for 2013-14, with no staff competence issues arising.

Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in these areas. The staff handbook viewed dated July 2013 contains guidance for staff in the areas of record keeping, shopping and restraint.

The registered manager, office managers discussed records management as a regular topic during staff meetings/group supervision. Review of staff meeting minutes for November 2013 and April 2014 evidenced this topic, including recording practices relating to medications and daily log records.

Review of two service user files held in the office confirmed appropriate recording in the general notes and medication records detailed an itemised list and number of tablets given, with staff full signatures in place. A full list of service user medication was confirmed to have been included within the service user's home files, including the home visited by the UCO prior to this inspection.

One care plan was noted to be out of date regarding the number of visits received and the registered manager confirmed that a revised care plan had been requested from the care manager.

Review of two service user records during the inspection and discussion with the registered manager confirmed that restraint is in place for a number of service users in respect of bedrails and lap belts. Review of both service

user files evidenced the use of restraint was included within their care plans and risk assessments as appropriate.

However, the review process was not documented; the registered manager is recommended to ensure that, where relevant, care plans and risk assessments relating to the area of restraint are subject to review.

<p>Criteria Assessed 2: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>The Agency has policies and procedures in place outlining the arrangements for dealing with money relation to the customer. Records are in place recording payments made by customers in relation to the agreed services delivered.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the care plans during the home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. The registered manager confirmed that at present they do not provide support to any service users in the area of finances or shopping.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

THEME 3 Regulation 13 - Recruitment	
<p>Criteria Assessed 1:</p> <p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none">(a) he is of integrity and good character;(b) he has the experience and skills necessary for the work that he is to perform;(c) he is physically and mentally fit for the purposes of the work which he is to perform; and(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none">• all necessary pre-employment checks are carried out;• criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and• all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none">• the applicant’s identity is confirmed;• two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer;• any gaps in an employment record are explored and explanations recorded;• criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);• professional and vocational qualifications are confirmed;• registration status with relevant regulatory bodies is confirmed;• a pre-employment health assessment is obtained• where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and• current status of work permit/employment visa is confirmed.	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment:</p>	
<p>Bluebird Care follows a rigorous recruitment process ensuring applicants are selected for interview against set criteria including checking against the NISCC barred list. Questions on the application form provide information relating to experience, education, qualifications, membership of any relevant bodies, 3 references. An interview then takes place. If the candidate is successful at interview an offer of employment is made subject to satisfactory references and Enhanced disclosure from AccessNI At this point a pre employment health check is carried out. A valid driving licence and class 1 insurance is confirmed.</p>	<p>compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the staff 'Recruitment and Selection' policy and procedure dated April 2014 was found to be partially compliant with regulation 13 and schedule 3. The registered manager is required to expand their procedure to ensure that information on the care workers next of kin is obtained, evidence of satisfactory knowledge of the English language is sought (where applicable), and includes a statement by the registered manager that the person is physically and mentally fit for work which he is to perform.</p> <p>Review of four staff recruitment files for those employed from December 2013 onwards confirmed partial compliance with Regulation 13, Schedule one and standard 11. Two of the four staff files did not contain details of their next of kin, or a statement by the registered manager that the person is physically and mentally fit for work which he is to perform, however all the remaining information and documents had been obtained. This area was discussed with the registered manager who confirmed the information required would be requested and completed immediately.</p> <p>Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed two of the seventeen complaints received during 2013 and confirmed records to be compliant with appropriate management of these issues.

The agency had received ten complaints during 2014 to date, records of four received were reviewed, these confirmed each complaint had been appropriately managed and resolved to the complainants satisfaction.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jacqueline Boyle registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Caroline Rix
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Bluebird Care

29 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with registered manager Jacqueline Boyle during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 13 Schedule 3	The registered manager is required to expand their 'Recruitment and Selection' procedure to ensure that full information and documentation is obtained in respect of all domiciliary care workers.	Once	The required information is now obtained in respect of all care workers.	Within one month of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 8.11	The responsible person is recommended to develop their monthly monitoring report to contain a summary of staff monitoring, service user monitoring, compliments and complaints and evidence of how any issues arising have been managed. (Restated from 16 September 2013)	Twice	The monthly monitoring report completed by the responsible person has been adapted to include staff and service user monitoring, compliments and complaints and comments to explain how issues have been resolved. This new version is now in place.	Within one month of inspection date.
2	Minimum Standard 13.2	The registered manager is recommended to expand their 'Staff Supervision and Appraisal procedure' to specify the frequency and types of supervision each staff member will receive annually. (Restated from 16 September 2013)	Twice	Through consultation with Bluebird Care this is in the process of being adopted and will be in place within the required time period.	Within three months of inspection date.
3	Minimum Standard 8.10	The registered manager is recommended to expand their annual quality review report to include views of staff and commissioners of their service, and an evaluation of staff training completed to date and their proposed future training requirements.	Once	Adaptation of the quarterly report is underway and will be completed and in place within the required six month period.	Within six months of inspection date.

4	Minimum Standard 12.3	The registered manager is recommended to ensure that mandatory training updates are provided to all staff.	Once	A system is now in place detailing all mandatory training for staff	Within three months of inspection date.
5	Minimum Standard 13.3	The registered manager is recommended to ensure that senior staffs receive supervision meetings in line with their procedure timeframe.	Once	Regular senior staff supervision meetings have now been scheduled on a regular monthly basis.	Within three months of inspection date.
6	Minimum Standard 5.6	The registered manager is recommended to review their Record Keeping procedure to include staff guidance on all areas listed within standard 5.	Once	This review is underway and will be completed within the required time period.	Within three months of inspection date.
7	Minimum Standard 8.14	The registered manager is recommended to expand their procedure on Handling service user's monies to include staff guidance where emergency shopping is required.	Once	Through consultation with Bluebird Care this is in the process of being adopted and will be in place within the required period of time.	Within three months of inspection date.
8	Minimum Standard 5.2	The registered manager is recommended to expand their procedure on Restraint to include the review process and timescale in this regard. The registered manager is recommended to ensure that, where relevant, care plans and risk assessments relating to the area of restraint are subject to review.	Once	Through consultation with Bluebird Care this in the process of being adopted and will be in place within the required time period.	Within three months of inspection date.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jackie Boyle
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sue MacLaughlin

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	13.11.14
Further information requested from provider			