

Announced Care Inspection Report 4 August 2020



Bryson Charitable Group

Type of Service: Domiciliary Care Agency
Address: Bryson Lagan Sports, Unit 2 Rivers Edge,
13-15 Ravenhill Road, Belfast, BT6 8DN
Tel No: 02890452136
Inspector: Jim McBride

www.rqia.org.uk

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Bryson charitable group domiciliary care agency is based on the Ravenhill Road, Belfast and provides domiciliary services to older people and service users with physical disability, learning disability and mental health care needs. Services are provided to approximately 201 service users in their own homes by a staff team of 137 care workers. Services provided include personal care, meal provision, medication assistance and social support.

3.0 Service details

Organisation/Registered Provider: Bryson Charitable Group	Registered Manager: Julie Geoghegan
Responsible Individual: Josephine Marley	
Person in charge at the time of inspection: Julie Geoghegan	Date manager registered: 29/04/2019

4.0 Inspection summary

An announced inspection took place on 4 August 2020 from 09.30 to 12.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence received from the agency and the HSC Trust since the last inspection on the 17 October 2019. Correspondence has included Incident notifications. Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection, prevention and control measures. Quality monitoring measures in place must be commended in relation to feedback received during staff/service user spot checks.

Recent compliments received by the agency included:

- “The girls have been great with me and very knowledgeable about my care needs.”
- “The staff have had a positive impact on my mum, she thoroughly enjoys the visits.”
- “***** would not be at home if it was not for the Bryson carers.”

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Geoghegan, registered manager and the quality assurance officer 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.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views of the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. Four responses were received prior to the issue of the report. Staff were either very satisfied or satisfied with the service.

Ten questionnaires were also provided for distribution to the service users and their representatives; ten responses were returned and comments are included within the report.

Comments:

- “Bryson have been good from the very start.”
- “I am very happy with what I receive.”
- “Great team of people.”
- “All is good.”
- “We have no issues.”
- “All the staff are great and supportive.”

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection the inspector communicated with the registered manager, three service users and three staff.

Staff comments:

- “Staff induction was good and very informative.”
- “Bryson are excellent with updates and emails to staff.”
- “The PPE is easy accessed and always available to staff.”
- “The agency is good with communication.”
- “Training is regular and always informative and constructive for staff.”
- “The staff work well together for the benefit of service users.”

Service user comments:

- “The staff are always professional and pleasant.”
- “I look forward to them coming.”
- “They are always on time and I have got to know them well.”
- “They are all very pleasant.”
- “They are kind and caring and spend time getting to know you.”

The inspector would like to thank the registered manager, service users, and staff for their support and co-operation throughout the inspection process.

6.1 Inspection findings

Recruitment:

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

The inspector noted comments from service users, relatives, staff and HSC trust professionals during regular monthly quality monitoring:

Service Users:

- “The girls are so professional and really friendly.”
- “They know me so well and what I need.”
- “The staff take time during visits, they are a great help.”

Staff:

- “The service is good quality and person centred.”
- “Good support from the management team.”
- “My induction was well organised and informative.”

Relatives:

- “I could not manage without Bryson.”
- “They have been a great support to my Mum and the family.”
- “The whole family are more than happy, we are very assured she is in good hands.”

HSC Trust professionals:

- “The manager communicates in a timely fashion.”
- “Thank you for all the support during this difficult time.”
- “Good responses to meeting discharge demands from hospital.”

The inspector noted a number of spot checks completed by the agency, to individual homes of services users, during care practice and has added some of the comments from service users to the report.

Comments:

- “I could not ask for better people to call.”
- “I always know someone is calling, it’s a good support.”
- “Staff communicate well with me.”
- “Staff have been more than nice to me, and are a good support.”

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC, quality monitoring and review.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

The inspector spoke with the manager and staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. Staff spoken with stated they have been well support during Covid-19 with PPE guidance and supply.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff (email and hard copy of guidance)

- Monitor staff practice
- IPC policies and procedures (email and hard copy of guidance)
- Bryson infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Used PPE storage and disposal
- Staff training and guidance on:
 - a) infection prevention and control
 - b) the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include covid-19 guidance.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by staff from the agency.

The staff spoken with demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedures and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

It was noted that staff were committed to working in line with covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading COVID-19 within the agency

Areas of good practice

Compliance with Covid-19 guidance

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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