

Unannounced Care Inspection Report 17 October 2019



Bryson Charitable Group

Type of Service: Domiciliary care
Address: Bryson Lagan Sports, Unit 2 Rivers Edge,
13-15 Ravenhill Road, Belfast, BT6 8DN
Tel No: 028 90452136
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 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 162 service users in their own homes by a staff team of 82 care workers. Services provided include personal care, meal provision, medication assistance and social support. Services are commissioned by the Belfast Health and Social Care Trust.

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: Julie Geoghegan - 29/04/2019

4.0 Inspection summary

An unannounced inspection took place on the 17 October 2019 from 09.00 to 12.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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		

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Geoghegan 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.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report
- All correspondence received by RQIA since the previous inspection.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received prior to the issuing of this report and the respondent was satisfied with the current service.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Nine questionnaires were returned. All respondents were satisfied with the service.

During the inspection process the inspector spoke with the manager and one staff member. The inspector had the opportunity to talk with service users and relatives by telephone. The overall perception of the service was good and no one communicated with had any concerns. The comments received were positive.

Comments from service users and relatives:

- "Good workers."
- "I'm treated well."
- "The girls are all friendly and have become like family."
- "My **** loves to see them coming."
- "I am always treated well and with dignity."
- "The girls will do whatever I ask or need to be done."
- "I could not do without them."

Staff comments during inspection:

- "Good communication."
- "Training is excellent."

- “I have no concerns.”
- “I’m managed well by seniors.”
- “Good effective care provided in people’s homes.”
- “The agency has been very flexible with me when required.”

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Service users and relatives felt they were treated with respect. Relatives stated that they were confident service users were safe and well cared for.

At the time of the inspection, the agency had a registered manager in post, who manages the agency with the support of a number of team leaders as well as a number of domiciliary care staff. Discussion with the manager and the examination of records show there was sufficient staff to meet service user needs safely. The manager stated that relevant employment checks were carried out prior to staff providing care to service users. Records in place verified this.

Spot checks were carried out by the care coordinators to ensure quality and competency of staff. A number of these checks were reviewed and records in place were satisfactory. Both service users and monitoring staff commented:

- “Staff are really good and take their time.”
- “Both care staff worked well as a team.”
- “Care staff are great and it’s a pleasure to see them.”
- “Knowing they are coming is a great help.”
- “I’m very happy with the service.”

Service users and relatives spoke positively about care workers and the service. They stated that they were satisfied with the level of care provided and how the service is provided. Service users stated they were treated with respect and dignity. Relatives told the inspector that they were confident that their relatives were safe in the presence of care workers and were well looked after.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC), the inspector noted that all staff records were satisfactory, relating to registration.

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

New staff receive a structured induction programme in line with the timescales outlined within the regulations. Discussion with the manager and review of staff records confirmed that this included a shadowing period with other experienced staff. This practice allows the service user to get to know staff and to start building relationships, whilst including them in the process.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was good to note that additional training had been provided. There were systems in place to monitor staff performance and to ensure that they received support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions' position report had been formulated and was available for review. From the date of the last care inspection there had been no incidents referred to the relevant HSCT in relation to adult safeguarding.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and their' representatives.

Service users received a full comprehensive assessment in conjunction with the HSC Trust and their families prior to receiving a service. The agency provided core locality teams of staff that supported them, allowing a better understanding of the person and enabling their needs to be met in as consistent a way as possible.

Risk assessments included details of the potential risk and the level of risk. Risk assessments were personalised and included information specific to each person and their needs. The service had moving and handling risk assessments in place which provided information about what assistance people required including the use of any required equipment. The records evidenced that the agency had achieved an appropriate balance between promoting autonomy and maintaining safety.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff had completed relevant training to enable them to care for service users. Staff were supervised and felt well supported by management. Evidence reviewed highlighted that care needs and choices were assessed and responded to appropriately.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2019). The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about people's preferred communication. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

The agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls. These included missed call logs and contact with service users and their representatives.

It was noted within those service users' records examined that the agency completed service user quality monitoring visits. The records evidenced no concerns expressed by the service users during the monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The service was providing care in a compassionate manner. Service users and relatives spoken with stated that they were satisfied that the care and support provided by the service was compassionate.

Discussions with the staff and manager and the review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. The manager identified the need to continually communicate with service users and to ensure staff were respectful of the fact they were working in a service users' homes.

Upon commencement of a care package, service users are provided with a copy of the agency's service user guide, which informs service users of the standards and core values required to be maintained by care staff and highlights, how service users can raise a concern or complaint if necessary, regarding the quality of care. Service users are also provided with complaints information to use should they wish to raise a concern. In addition, the guide provides the service user with details of advocacy groups and the Northern Ireland Public Service Ombudsman (NIPSO).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency's ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The service was well-led and had a system in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of care workers, office staff, the registered manager and senior support staff.

The inspection assessed the agency's arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure.

In addition, discussion with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Discussion with the manager evidenced that there was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could make things better for service users.

The manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision and where applicable appraisal.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the manager confirmed that the agency had sought advice regarding their GDPR responsibilities. The manager advised that staff training has been completed with regards to GDPR to help staff understand and be aware of recent changes in this area.

The manager advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of service users. These addressed topics such as complaints, safeguarding, whistleblowing and confidentiality. The complaints policy/procedure was noted to clearly define the agency's complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency's complaints process. Policies were maintained in a manner that was easily accessible by staff in the office or electronically.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The manager demonstrated good awareness of the agency's complaints procedure. A review of the agency's complaints records since the last inspection evidenced that the agency had received two complaints and these had been managed appropriately. Records in place evidenced that service users and others were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The manager and responsible person discussed their commitment to driving improvement in the service through provision of a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge base. This provided effective governance and communication with clear lines of accountability and responsibility.

Discussion with the manager confirmed that staff meetings are held. A review of team meeting minutes in 2019 noted that staff discussed and were given advice on:

- RQIA
- NISCC
- Standards
- Call monitoring
- Data protection
- Training

- Safeguarding
- Practice issues.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated.

The inspector confirmed that monthly quality monitoring reports were available for review from the last care inspection. The inspector noted some of the comments received from Service users, Staff, Relatives and HSC trust staff:

Service users:

- “Staff are great they treat me well.”
- “I have never had to complain.”
- “Everyone is helpful and I get my medication on time.”

Staff:

- “We always go over and above”
- “Good continuity of care for service users.”
- “I have no problems with the service.”

Relatives:

- “Bryson are a great hep to me and my *****.”
- “Staff are kind and helpful.”
- “We both love to see the girls coming, they are always cheerful.”

HSC Trust:

- “No issues with the service.”
- “Effective service.”
- “The service is good I have no issues.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager advised that to date, the agency provides access to specific training. The importance of this was inherent within all training and the supervision process.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used with individual service user consent to provide person centred care.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Disability awareness.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, training and review.

Areas for improvement

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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