

Inspection Report

30 September 2021



Bryson Charitable Group

Type of service: DCA
Address: Bryson Lagan Sports, Unit 2 Rivers Edge,
13-15 Ravenhill Road, Belfast
Telephone number: 028 9045 2136

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Bryson Charitable Group	Registered Manager: Mrs Julie Geoghegan
Responsible Individual: Ms Josephine Marley	Date registered: 29/04/2019
Person in charge at the time of inspection: Mrs Julie Geoghegan	
Brief description of the accommodation/how the service operates: 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 235 service users in their own homes by a staff team of 186 care workers. Services provided include personal care, meal provision, medication assistance and social support.	

2.0 Inspection summary

An announced inspection took place on 30 September 2021, at 09.10 am to 12.40pm by the care inspector.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) and/or the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service?

In the questionnaires returned the respondents indicated that they were satisfied that the service provided was safe and effective. Comments received included:

- "Carers could not do any better."
- "Staff treat my *** like one of their family."
- "A good support to our family."
- "I love to see the girls calling."
- "All the staff are great."

We spoke with two service users' two relatives and two staff during the inspection; comments received are detailed below.

Service users' comments:

- "Wonderful, the girls are great, not a thing to complain about."
- "They always ae on time."
- "They are like family now."
- "I have no concerns."
- "I'm very pleased with the service."
- "An excellent service."

Relative's feedback:

- “No issues the staff are great.”
- “My *** gets on well with staff.”
- “They are all very good and respectful.”

Staff comments:

- “Good comprehensive induction.”
- “Good management support.”
- “Supervision if regular and one to one.”
- “Training is excellent.”
- “My induction prepared me for the role.”
- “Great communication with managers and other staff.”
- “Good open management.”
- “I feel safe and secure with the PPE and covid guidance.”

There were three responses to the electronic survey; the respondents were very satisfied or satisfied with the care:

Comments:

- “Bryson is the best company I have worked for, every member of staff is professional, friendly and attentive.”

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Bryson Charitable Group was undertaken on 4 August 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings**5.2.1 Are there systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated and was reviewed by the inspector.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters.

Records viewed and discussions with the manager indicated that referrals made to HSC Trust adult safeguarding teams since the last inspection had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were robust systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and actions taken to reduce or prevent reoccurrence.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

5.2.2 Question with regards Dysphagia

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There are currently a number of service users who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. It was noted from care records viewed that the service users individual care plans clearly recorded the care and support required with regard to eating and drinking

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed.

The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives. We noted some of the comments received during quality monitoring:

Service user comments:

- "I enjoy the staff calling."
- "The staff are all good."
- "They do anything I ask."
- "Staff are aware of my needs and provide good support."

Staff comments:

- "My induction was good and I was encouraged to ask questions."
- "The support from staff is good."
- "Good quality care provided."
- "Good training provided."

Relative's comments:

- "The staff are good to my ***."
- "My *** loves to see them calling."
- "Nothing is a bother."
- "I'm happy with the service."

HSC Trust Comments:

- "The service has been excellent."
- "Feedback is always excellent from clients."
- "Good communication."
- "Approachable and always flexible."

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures. We noted a number of spot checks completed with staff during service and have highlighted some of the comments received from service users during the checks:

- "The staff are excellent we are so happy with the care provided."
- "You could not get better care."
- "My **** enjoys seeing them all."
- "They help me with things I can't do."
- "I would be lost without them."

The agency had completed an annual quality survey with service users and relatives. We noted some of the comments received in relation to the service provision:

Comments received:

- "I have girls come in regularly and they are all very good. The newer staff have to learn the ropes for a while"
- "Sometime the staff run late but they are never too late and generally I have no problems"
- "The staff are all appropriately dressed and greet me properly with a nice smile most visits"
- "The staff deliver a safe service and I know to contact the office if I have any concerns"
- "I think the service does help with my independence and I definitely feel valued and respected"
- "I do think the Care Workers listen to what I have to say and they are all very professional"
- "The staff are very knowledgeable"
- "The family is very happy with Bryson coming in. We had other companies but Bryson is by far the most reliable"
- "We have had the service for a few years and are happy to continue with Bryson"

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff relatives and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

There were no areas for improvement identified during this inspection.

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

7.0 Quality Improvement Plan/Areas for Improvement

	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 Mrs Julie Geoghegan manager and Mrs Leathem assistant director as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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