

Unannounced Care Inspection Report 5 May 2017



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
Inspectors: Caroline Rix and Joanne Faulkner
User Consultation Office: Clair McConnell

1.0 Summary

An unannounced inspection of Bryson Charitable Group took place on 5 May 2017 from 09.40 to 15.20 hours.

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

Is care safe?

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

Is care effective?

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

Is care compassionate?

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

Is the service well led?

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

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Liz Leathem acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 June 2017.

2.0 Service details

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 182 service users in their own homes by a staff team of 75 care workers. Services provided include personal care, meal provision, medication assistance and social support. Services are commissioned by the Belfast and South Eastern Health and Social Care Trusts (HSC Trusts).

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| Registered organisation/registered person: Bryson Charitable Group/Josephine Marley | Registered manager: Liz Leathem (Acting) |
| Person in charge of the service at the time of inspection: Liz Leathem (Acting) | Date manager registered: (Acting) manager 30 March 2015 |

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- User Consultation Officer (UCO) report

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

- Discussion with the manager and service managers
- Consultation with four care workers
- Examination of records

- File audits
- Evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives, by telephone, on 4 May 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

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

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

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Staff meeting minutes from January and February 2017
- Complaints log and records
- Compliments log and records received during 2016/2017
- Annual Quality report for 2016
- Monthly monitoring reports for January to April 2017
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, and complaints
- Record of incidents reportable to RQIA in 2016/2017

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 16 June 2016

| Last care inspection statutory requirements | | Validation of compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 23 (2) Stated: First time | <p>The registered person shall supply to the Regulation and Improvement Authority a copy of their monthly monitoring reports which describes how the agency arranges the provision of good quality services for service users and takes into account their views and the views of their representatives.</p> | Met |
| | <p>Action taken as confirmed during the inspection: The inspector confirmed that each monthly monitoring report had been provided to RQIA as requested. These reports had provided assurances that the governance arrangements were in place to ensure the quality of services being provided was maintained and had taken into account service user and representatives views.</p> | |

4.2 Is care safe?

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

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

- "No problems here."
- "Consistency is great. We have developed a trust with them."
- "It gives me peace of mind that the carers will let me know if anything is wrong."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Four staff files were sampled relating to care workers which verified that all the pre-employment information and documents had been obtained as required for each of these care workers.

An induction programme had been completed with each staff member. A competency assessment had been carried out for each new care worker and subsequent supervision records maintained. The review of this documentation was facilitated by a practical record held on their computer system for each care worker, clearly detailing the agency's structured system for induction training, supervision and competency assessment programme.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with NISCC in line with NISCC timeframes and guidelines. A range of communication methods used by the agency to inform staff of their requirement to register were reviewed during inspection. The registered person monthly monitoring reports also made reference to the current status of staff registered and registering. The manager discussed the computerised system introduced to identify when staff are due to renew registration. All four care staff spoken with during inspection described their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The agency's 'Adult Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The role of the safeguarding champion had been included and their staff training content had been updated to include this revised procedure information.

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

Each of the four staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing. Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm.

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

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2017 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, diabetes and end of life care. Staff interviewed described the value of the additional training received in improving the quality of care they provided, one commented 'service users are my priority, their care is in my hands and I am responsible'.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.3 Is care effective?

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

No issues regarding communication between the service users, relatives and staff from Bryson Charitable Group were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place. One relative also confirmed that they had received a questionnaire from the agency.

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

- "Very happy with care."
- "No concerns whatsoever."
- "Thankful for the help we get from them."

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/relatives. The manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The agency's policies and procedures on 'record keeping' and 'data protection' were viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where minor issues had been identified.

The manager confirmed ongoing discussion of records management during staff supervision meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users' needs were identified.

Staff interviewed on the day of inspection demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

The manager confirmed that service user calls had not been missed during 2017 to date. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.4 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care that has been provided by Bryson Charitable Group. Examples of some of the comments made by service users or their relatives are listed below:

- “The carers are fantastic and even ring when XXX is in hospital to see how things are.”
- “XXX loves them to bits.”
- “Very friendly. XXX chats and laughs away with them.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy. One staff member commented; ‘I love my job, it is my wee groove, getting to know the service users and their families help me understand their particular needs and wishes’.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thanks to staff for diligence and compassion shown. It is like having our own family members coming in to the home to provide her care. (Thank you email forwarded by Trust care manager from a service user's relative).
- 'Heartfelt thanks for efforts ensuring her wish to remain at home was fulfilled. Staff attentive, kind and respectful.' (Thank you email forwarded by Trust care manager from a service user's relative).
- Thank you to all the staff, their love and care bestowed was fantastic. She looked forward to every visit, enjoyed the chats and fun, we are so grateful to you all.' (Thank you card from a service user's relative).

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.5 Is the service well led?

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

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the acting manager, Liz Leathem, service managers, senior care workers and a team of care provides domiciliary care and support to 182 people living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with Regulations 5 and 6 and Standards 2 and 4. The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

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

The policy and procedure manual was viewed and contents discussed with the manager. Staff confirmed that they had access to the agency's policies and procedures in a range of formats. The arrangements for policies and procedures to be reviewed, at least every three years, were found to have been implemented with all of the policies sampled reviewed since September 2016.

The agency's complaints procedure viewed was found to be in line with regulations and standards. The manager confirmed that details of the Northern Ireland Public Services Ombudsman were updated within their complaints documentation. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2016 to inspection date 5 May 2017 with a range of complaints recorded. The inspector reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Monthly monitoring reports were viewed for January to March 2017. Each report contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed. The inspector confirmed that each monthly monitoring report had been provided to RQIA as requested following the previous inspection June 2016. These reports had provided assurances that the governance arrangements were in place to ensure the quality of services being provided was maintained. The responsible person had been notified by letter in May 2017 that the submission of these reports was no longer required.

The annual quality review report for 2015/2016 viewed had been completed in March 2016 with the summary of feedback and action plan. The views of service users, relatives, staff and commissioners of their service had been obtained and included in their detailed report. The manager indicated that they had shared the summary report with service users and staff during April and May 2016 with the current annual review process not yet completed.

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours. Staff questionnaires received by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs. One staff member comment noted; 'We had a lot of staff leave last year which put pressure on us, but new staff have now started, so it is a lot better now.'

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



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