

Unannounced Care Inspection Report 30 July 2018



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 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 69 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).

3.0 Service details

Organisation/Registered Provider: Bryson Charitable Group	Registered Manager: Liz Leathem (Acting)
Responsible Individual: Josephine Marley	
Person in charge at the time of inspection: Liz Leathem	Date manager registered: (Acting)

4.0 Inspection summary

An unannounced inspection took place on 30 July 2018 from 09.00 to 13.30.

This inspection was underpinned by 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:

- staff training
- staff recruitment
- service user consultation
- quality monitoring
- the provision of compassionate care and governance arrangements

Service user /relatives comments:

- “The girls are really friendly they help and support me well.”
- “I have no complaints at all.”
- “I have had the girls for years they are great, they always let me know if they are going to be late.”
- “I could not say a bad word about the carers. They care for ***** really well.”
- “The people who do the calls are excellent and are friendly to us both.”
- “100% could not ask for better. I have been here when they call and they are a good staff team.”

Staff comments:

- “Excellent group and individual supervision.”
- “Training ensures that you always learn and put it into practice.”
- “We have good communication with the senior care staff.”
- “My induction was good and I shadowed other staff.”
- “I love getting to know all the clients on my runs.”

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 Josephine Marley responsible person and Liz Leathem acting 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.

4.2 Action/enforcement taken following the most recent care inspection dated 05 July 2017

No further actions were required to be taken following the most recent inspection on 05 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the registered manager
- discussion with the responsible person
- discussion with staff
- discussion with service users/relatives
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- service users' care records
- monthly quality monitoring reports
- quality staff monitoring/checks
- service user quality survey
- staff meeting minutes
- staff induction records
- staff training records pertaining to:
 - safeguarding
 - medication
 - first aid
 - challenging behaviour

- CDPR
- dementia awareness
- infection control
- complaints
- supervision and appraisal
- moving and handling
- healthy working practices
- communication
- personal care
- records relating to staff supervision dates
- staff rota information
- safeguarding policy (2018)
- whistleblowing policy (2018)
- confidentiality policy due update (2018)
- complaints policy (2017)
- statement of purpose (2018)
- service user guide (2018)

During the inspection the inspector met with the manager the responsible person one senior care worker and three care staff. The inspector had the opportunity to speak with one service user and four relatives by phone on the 31/7/18, all comments are included in this report.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report six staff views had been returned to RQIA via Survey Monkey.

Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel that the service is managed well?

The inspector also asked the manager to distribute ten questionnaires to service users. Five service user questionnaires were returned.

The inspector would like to thank the agency staff for their warm welcome and full co-operation throughout the inspection process.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 July 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 05 July 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

A range of policies and procedures was reviewed including safeguarding, whistleblowing, complaints and confidentiality. The inspector found these policies to be up to date and compliant with related regulations and standards.

An induction programme had been completed with each staff member that included competency assessments.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. Staff are registered with The Northern Ireland Social Care Council (NISCC).

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The manager is named as the agency's Adult Safeguarding Champion with key responsibilities detailed in their procedure in line with required guidance.

Staff training records viewed for 2017/2018 confirmed that records were available for all care workers showing the required mandatory updates and training. The inspector noted some of the comments from staff following training events:

- "I will always be aware and use the training in my daily work."
- "Training keeps your practice good."
- "I will always follow the care plans in place."
- "To be aware that abuse does occur and how to recognise it."
- "Always listen to the person and let them do as much as possible for themselves."
- "Training has improved my awareness."

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal.

Feedback from senior staff and the manager indicated that staff have attended a range of training necessary to meet the needs of service users.

The agency’s registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the statement of purpose (2018).

Review of records and management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

The agency’s staff rota information viewed by the inspector reflected staffing levels as described by the manager. The inspector viewed rota information for weeks beginning: 16/7/18, 23/7/18 and 30/7/18, the records in place were satisfactory.

A number of service users have reviews in conjunction with their identified HSC Trust representative. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive. The inspector noted some of the comments made by service users during their reviews:

- “I’m very pleased with all Bryson staff.”
- “Great rapport with staff.”
- “I look forward to seeing the staff.”
- “The girls are excellent and could not be better.”
- “I could not thank Bryson staff enough they do over and above.”
- “I could not get better care workers.”

Five returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, that had been appropriately managed. Ongoing review of service user’s care and support was evident as well as staff recruitment, training and induction.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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.

Service user files contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care.

The staff confirmed that the agency is provided with details of the care planned for each new service user or with changes to existing service users' care plans.

The inspector reviewed a sample of 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 inspector noted some of the comments from service users during staff monitoring contact:

- "All care staff are good and are very supportive."
- "I'm very happy with the service."
- "I feel safe and secure with staff."
- "Staff are always courteous and polite."
- "They are excellent workers and they really know me so well."
- "Staff are always here at the agreed time."

The inspector also noted some of the comments made by senior staff during staff monitoring contact:

- "The staff member was very engaging."
- "***** had an excellent rapport with the client."
- "Very respectful and person centred."
- "***** offered the client a range of choices."
- "Documentation was well recorded."

Five returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

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.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. A number of records were reviewed by the inspector and the records in place were satisfactory. Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with manager. Records of monthly quality monitoring regulation (23) were available.

It was clear from the reports available for inspection that the representative of the registered provider had sought the views of service users, relatives and HSC Trust staff views on the quality of service provision. The inspection has noted some of the comments received:

Service users:

- "The carers are fantastic; I could not do without them."
- "I'm very happy with the care workers."
- "The staff are great."
- "I'm well happy we all get on together."

Relatives:

- "The staff are great no issues."
- "Everything is going well no problems."
- "***** is very happy with the staff."

HSC trust staff:

- "The service is fine. I find the staff friendly and helpful."
- "I find Bryson great I have no issues at all."
- "I have no complaints."
- "I find the service very good no complaints at all."
- "Bryson staff are more than courteous. I have no issues."

The staff described aspects of care provision which reflected the staffs understanding of service users' choice, dignity, and respect. The staff demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency completed an annual quality survey in 2017 that highlighted some positive responses relating to the following:

- uniform
- times of calls
- possible late calls
- hygiene
- recording
- staff competency

- quality of life
- complaints.

The inspector highlighted some of the comments received:

- “Very grateful and very good service.”
- “Staff deserve a medal-such angels.”
- “I like the same carers calling all the time as I am a private person and to see someone new upsets me.”
- “Amazing staff who really care.”
- “Wouldn’t want any other service to be honest.”

Some comments received by the agency has prompted the agency to produce an action plan that should go some way to improve all areas raised by service users. The information related to concerns has been shared with service user in a recent newsletter.

Five returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 agency has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. A range of the agency’s policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The agency’s complaints procedure viewed was found to be in line with regulations and standards. 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. The manager stated that no complaints had been received by the agency.

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. Discussions with senior staff verified that all late missed and cancelled care calls are reported to the HSC Trust care managers and the HSC trust quality care team.

The agency facilitates staff meetings that allow for the exchange of information. The inspector highlighted some of the areas for discussion at meetings:

- service user updates
- RQIA
- data protection/recording
- training
- safeguarding
- NISCC

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 was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

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

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

Five returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality 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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