



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

SECONDARY ANNOUNCED INSPECTION

Inspection No:	IN021372
Establishment ID No:	10779
Name of Establishment:	Bryson Charitable Group
Date of Inspection:	23 March 2015
Inspector's Name:	Amanda Jackson

GENERAL INFORMATION

Name of agency:	Bryson Charitable Group
Address:	Bryson Lagan Sports, Rivers Edge 13-15 Ravenhill Road Belfast BT6 8DN
Telephone Number:	02890452136
E mail Address:	dom-care@brysongroup.org
Registered Organisation / Registered Provider:	Bryson Charitable Group/ Ms Josephine Marley
Registered Manager:	Joe McGrann (acting manager)
Person in charge of the agency at the time of inspection:	Joe McGrann (acting manager) and quality assurance officer who assisted with the inspection day. The first half of the inspection day was also attended by the assistant director for Adult services
Number of service users:	Overall service user numbers – 163 Belfast - 135 Newtownards - 28
Date and type of previous inspection:	Primary Unannounced Inspection 1, 3 and 15 December 2014
Date and time of inspection:	Secondary Announced Inspection 23 March 2015 10.00 to 16.00 hours
Name of inspector:	Amanda Jackson

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

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

- Discussions with the registered acting manager, assistant director for adult services and quality assurance officer
- Examination of records
- File audit
- Evaluation and feedback

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Domiciliary Care Agencies Regulations and Minimum Standards:

- Regulation 5 and Schedule 1 and Regulation 6
- Regulation 23(1)
- Regulation 11(3) and standards 12.3 and 12.4
- Regulation 16(4) and standard 13
- Regulation 21(3) and Schedule 4(9)
- Regulation 16(2)(a) and standard 12
- Regulation 17
- Regulation 21 and Schedule 4 and standard 5
- Standard 8.11

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Bryson charitable group domiciliary care agency (Belfast and North Down and Ards) is based on the Ravenhill Road, Belfast and provides long-term domiciliary services mainly for adults over the age of 65 years with a small percentage of service users with a physical disability. Services are provided to approximately 163 (decrease of approximately 30 since the previous inspection) service users by a staff team of approximately 41 care workers (decrease of approximately 30 since the previous inspection) and includes personal care, meal provision, household duties (attending laundry, washing dishes and general tidy up) medication and staff communication to district nursing on the matter of pressure ulcer dressings. Services are funded by the Belfast and South Eastern Health and Social Care Trusts.

SUMMARY OF INSPECTION

Detail of inspection process

The secondary announced inspection for the Bryson charitable group was carried out on 23 March 2014 between the hours of 10.00 hours and 16.00 hours.

Bryson charitable group had eight requirements and one recommendation made during the agencies previous annual announced inspection on 1,3 and 15 December 2014. This inspection was set to review all requirements and recommendation. Three requirements were found to be 'compliant' while the remaining five requirements were reviewed as 'moving towards compliance' or 'not compliant'. The recommendation could not be reviewed at this inspection as the annual quality report had not been completed to date and was hence reviewed as 'not applicable' at this time. Due to non-compliance/moving towards compliance in a range of areas a serious concerns meeting was scheduled for Friday 27 March 2015 at the RQIA to discuss the agency's ongoing non-compliance regarding the following regulations:

- Regulation 9(1)(a)
The registered person shall appoint an individual to manage the agency.
- Regulation 16(4)
The registered person shall ensure that each employee receives appropriate supervision.
- Regulation 23(1)
The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

At this meeting, you provided a full account of the arrangements you have made to ensure the improvements necessary to achieve full compliance with the required regulations.

RQIA considered the matter and confirmed that they had decided not to serve failure to comply notices in regard to the above regulations.

However, it was agreed at the meeting that a revised action plan would be submitted and provide specific information in regard to:

- Management of the agency
- Programme of supervision for staff
- Programme of quality monitoring for service users

(A Quality Improvement Plan (QIP) is attached for completion and return by 12 June 2015 to Amanda Jackson (inspector)

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	NUMBER OF TIMES STATED	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 5 and Schedule 1 and Regulation 6	The registering manager is required to review the Statement of purpose and Service user guide to ensure compliance with Regulation 5 and Schedule 1 and Regulation 6.	Once	The Statement of purpose and Service user guide dated January 2015 were reviewed during inspection and found to be compliant regarding changes to service and management structure. It was recognised during inspection that changes in management structure continue to take place and further review of these documents will be required over the coming months.	Compliant
2	Regulation 23(1)	The registering manager is required to review the policy on Management, control and monitoring service quality standards to ensure compliance with Regulation 23(1).	Once	The policy on Management, control and monitoring service quality standards dated January 2015 was reviewed during inspection and found to be compliant regarding changes to service and management structure as per requirement one above.	Compliant

3	Regulation 11(3)	The registering manager is required to ensure training is compliant with Regulation 11(3), Minimum standards 12.3 and 12.4 and in line with RQIA mandatory training guidelines 2012.	Once	<p>Since the previous inspection in December 2014 the registering manager has resigned from the agency. The agency therefore has a current acting manager Joseph McGrann who is also the registered person for a Bryson sister company.</p> <p>Training records for the acting manager were discussed during inspection and confirmed not to be current or compliant with RQIA mandatory training guidelines (September 2012). The acting manager has not completed training in the areas of supervision and appraisal and hence competency assessments were not completed to date in line with requirement three.</p>	Not compliant
4	Regulation 16(4)	<p>The registering manager is required to review and revise the agency policy on Supervision and Performance review and ensure appropriate application across all staff groups.</p> <p>(Minimum standard 13)</p>	Once	The agency policy on Supervision and Performance review dated January 2015 was reviewed as compliant with a clear structure for staff supervision and performance review for care staff but requires further review of the policy in terms of supervision and appraisal processes for all levels of management staff given the changing structure of the	Moving towards compliance

				<p>organisation and current interim acting positions.</p> <p>Supervision and appraisal processes were confirmed by the acting manager during inspection to have taken place for himself, however records were unavailable at inspection to confirm this process.</p> <p>Review of supervision taking place for the quality assurance officer in 2014/2015 was confirmed during inspection. The quality assurance officer is responsible for completing spot checks and group supervisions for all care staff.</p> <p>Service managers roles were discussed during inspection and confirmed as primarily involving staff rota's and financial/commissioning duties. Supervision was therefore not reviewed for this level of management staff given that they do not manage staff performance or service user quality monitoring functions.</p> <p>Group supervision has been implemented since the previous inspection on an 8 weekly cycle for all care staff across both</p>	
--	--	--	--	--	--

				<p>locality areas. This process has been implemented to run 8 weekly ahead of the proposed policy timeframe of 3 monthly to allow for a mop up session of any staff who are unable to attend the planned group supervision sessions. Review of this process during inspection for three occasions since the previous inspection evidenced a consistent and transparent process. Dates reviewed included 27 January, 2 February and 23 February amongst other dates which were reviewed briefly to verify the ongoing process. This process addresses a number of relevant matters highlighted during the previous inspection including staff supervision and spot monitoring processes, staff recording, staff adherence to care plan timeframes, staff training currently out of date. The inspector did however identify that this group supervision process does not currently include care staff from the North Down and Ards locality area and does not include senior carers hence a number of staff remain unsupervised since the previous inspection in December 2014.</p>	
--	--	--	--	--	--

				<p>Review of four randomly selected care staff files, two from each locality area (Belfast and North down and Ards) evidenced two different staff quality monitoring/spot checking processes taking place by the agency since the previous inspection in December 2014 but highlighted that only four staff have received a spot check since December 2014. This concerned the inspector given previous matters raised regarding reduced call times by care staff not in compliance with commissioned trust care plans and staff recording which was not in accordance with the domiciliary care regulations and standards.</p>	
--	--	--	--	---	--

5	Regulation 21(1) and Schedule 4(9)	The registering manager is required to review and revise the agency procedures for maintaining incident records.	Once	<p>Review of four incidents reported to RQIA since the previous inspection in December 2014 highlighted a number of unaddressed matters required.</p> <p>The first incident reported to RQIA Feb 2015 was non reportable but did however highlight a delay in reporting the matter should it have been reportable. Delayed reporting was discussed with the acting manager and quality assurance officer during inspection.</p> <p>Review of the remaining three incidents all of which were medication related highlighted that not all records were retained with the incident record. These included staff statements for one incident and discussions with staff involved regarding future practice, email correspondence to staff referenced in the second medication incident and delayed reporting to RQIA by approximately one month in two of the three incidents.</p> <p>The inspector discussed with the acting manager and quality assurance officer the required</p>	Moving towards compliance
---	------------------------------------	--	------	---	---------------------------

				<p>governance and accountability requirements in maintaining all incidents records centrally and ensuring that all reportable matters are notified to RQIA with 24 hours of the incident occurring. The inspector further highlighted her concerns as to the overall responsibility and accountability for incidents sign off in the agency and whose role this was.</p>	
--	--	--	--	--	--

6	Regulation 16(2)(a)	<p>The registering manager is required to review and revise the agency Learning and Development policy and procedure and ensure appropriate implementation of mandatory training across all staff groups to include supervision and appraisal training for management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p>		<p>Review of the revised Learning and Development policy and procedure dated January 2015 evidenced an appendix 10 with specific reference to RQIA staff training requirements.</p> <p>Training records reviewed for two senior care workers and two care staff across both locality areas (Belfast and North Down and Ards) were found to be in place regarding a number of areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) but not all areas were complete and did not evidence competency assessments in compliance with standard 12.9 as discussed at the previous inspection.</p> <p>The acting manager and quality assurance officer discussed planned dates in 2015 for staff updates in mandatory training areas.</p> <p>Training undertaken by the quality assurance officer (who is responsible for staff spot checks, supervisions and appraisals together with service user quality monitoring) included corporate training with Bryson</p>	Moving towards compliance
---	---------------------	--	--	--	---------------------------

				<p>care in complaints, creating and maintaining support for service users and professionals, communicating effectively to support staff and how to motivate staff. These areas of training appeared appropriate to the quality role as opposed to mandatory training in compliance with RQIA guidelines. The inspector did however discuss the areas of mandatory training and their relevance to this role in terms of monitoring staff competence and assessing service quality.</p> <p>Supervision and appraisal training had been scheduled for the quality assurance officer (who is responsible for staff supervision, spot checks and appraisals) but was cancelled at short notice in March 2015 prior to the inspection date, this was discussed to have been rescheduled for May 2015.</p> <p>Training in the area of supervision and appraisal for senior carers has not been considered by the agency to date as this is not a current role undertaken by the senior carers.</p>	
--	--	--	--	--	--

7	Regulation 17	The registering manager is required to review and revise the staff handbook in compliance with Regulation 17.		The revised staff handbook dated January 2015 was reviewed as compliant.	Compliant
8	Regulation 21 and Schedule 4	<p>The registering manager is required to ensure staff recording in service user's homes is compliant with Regulation 21 and Schedule 4.</p> <p>(Minimum standard 5)</p>		<p>Review of four service user files within the Belfast locality area continued to evidence gaps in staff recording mainly in respect of call times and full staff signatures. Staff recording has been a focus of the quality assurance officer audit since the previous inspection and has now been delegated to the new senior care workers for attention. Senior care staff collect all service user records monthly and complete an audit of staff recording with a view to highlighting individual staff competence matters to the acting manager (Joseph McGrann) who will then address such matters with staff during individual supervision. This process has only recently commenced due to senior posts only recently being filled.</p> <p>Records for the North down and ards locality were unavailable for review during inspection as all calls are single runs in that area and hence records are only</p>	Moving towards compliance

				<p>collected six monthly.</p> <p>Review of group supervisions which have taken place since the previous inspection have highlighted recording on the agenda and minutes. Reviewed of meeting agendas/minutes dated 27 January, 2 February and 23 February 2015 evidenced this area.</p> <p>Discussions with the quality assurance officer confirmed that noted improvements have been made by several staff following these group supervision sessions and this was evidenced within two service user files during inspection.</p> <p>Review of a further two service user files highlighted ongoing matters in respect of recording and these are currently being addresses through individual staff supervision procedures as discussed above.</p> <p>The quality assurance officer discussed and further evidenced were the agency continue to monitor staff call times against those commissioned and provide feedback to the trust via emails when short call times have been identified for reduction.</p>	
--	--	--	--	--	--

				<p>Emails dated 11 March at 11.11am and 23 February at 15.56pm showed this process being fed back to Bryson management. The inspector discussed with the acting manager how the agency would provide additional evidence of the next stage in this process i.e. communications with the trust regarding the identified reduction in call times.</p>	
--	--	--	--	---	--

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	NUMBER OF TIMES STATED	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 8.11	The registering manager is recommended to ensure future annual quality review processes include reference to staff training.	Once	The annual quality report is not due to be completed until May 2015 following the completion of the 2014-15 financial year hence this recommendation could not be reviewed at this inspection and will be carried forward to the next inspection.	Not applicable

ADDITIONAL AREAS EXAMINED

Management structure

The inspector discussed the current management structure and the evident lack of stability given the ongoing changes in management structure since the previous inspection and ongoing for the foreseeable future. This matter was discussed with the acting manager and assistant director and has been detailed within the QIP and serious concerns meeting.

Service user quality monitoring

A four monthly quality monitoring process has been implemented to monitor service user quality since the previous inspection. This process is undertaken by the quality assurance officer. The inspector reviewed and discussed with the quality assurance officer that ten quality visits have been completed since January 2015 which was not compliant with the timeframes set by the agency. These figures equated to approximately one per week/ four per month in January and February 2015 but this is expected to increase to fifteen per month from March 2015. Review of service user quality monitoring is further required to ensure all service users are monitored in compliance with the agency policy timeframes.

Issues raised during these quality visits are emailed to the registered acting manager for attention. Review of one matter during inspection and discussion with the registered acting manager and quality assurance officer highlighted that the agency/registered acting manager have no firm governance process in place to confirm that such matters are being fully addressed and reviewed.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with **Joseph McGrann (Registered acting manager), the assistant director for adult services and the Quality assurance officer**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Amanda Jackson

**The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Announced Inspection

Bryson Charitable Group

23 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Joseph McGrann (Registered acting manager), the assistant director for adult services and the Quality assurance officer** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 9(1)(a) and 16(1)(a)	<p>The registered person is required to ensure appropriate registered manager and management staff structures are in place to provide a safe and effective service in compliance with Regulation 9(1)(a) and 16(1)(a).</p> <p>(Minimum standard 8.1, 8.2 and 8.6)</p> <p>As discussed within the additional matters section of the report.</p>	Once	The Assistant Director for Adult Services is now the Registered Manager (Acting) for the service with assistance from two full-time Service Managers and a part-time Quality Assurance Officer	To be completed with immediate effect
2	Regulation 11(3)	<p>The acting manager is required to ensure their training is compliant with Regulation 11(3), Minimum standards 12.3, 12.4, 12.7 and 12.9 and in line with RQIA mandatory training guidelines 2012. Training is required to include supervision and appraisal training and competency assessments are also required for all mandatory areas.</p> <p>As discussed within requirement three of the report.</p>	Twice	A training schedule has been devised to include all areas of mandatory training to meet RQIA guidelines for all levels of managers and staff. Competency assessments are being completed by all levels of managers and staff.	To be completed 23/06/15

3	Regulation 16(2)(a) and 16(4)	<p>The acting manager is required to review and revise the agency policy on Supervision and Performance review and ensure appropriate application across all staff groups including senior carers and management staff and to include staff quality monitoring/spot checks.</p> <p>(Minimum standards 8.10 and 13)</p> <p>As discussed within requirement four of the report.</p>	Twice	The policy re: supervision and performance review has been reviewed and includes direction relating to direct observation of staff and reference to implementation across all levels of staff	To be completed 23/06/15
4	Regulation 21(1) and Schedule 4(9)	<p>The acting manager is required to review and revise the agency procedures for maintaining incident records.</p> <p>As discussed within requirement five of the report.</p>	Twice	A revised system for monitoring adverse incidents and notifiable events has been implemented and overseen by the Assistant Director	To be completed 23/06/15
5	Regulation 16(2)(a)	<p>The acting manager is required to ensure appropriate implementation of mandatory training across all staff groups to include supervision and appraisal training for management staff as appropriate. Competency assessments are also required for all mandatory areas.</p> <p>(Minimum standard 12)</p> <p>As discussed within requirement six of the report.</p>	Twice	A training schedule has been implemented with training delivered internally, by external facilitators and online to incorporate all levels of managers and staff. Competency assessments are being completed to meet requirements.	To be completed 23/06/15

6	Regulation 21 and Schedule 4	<p>The acting manager is required to ensure staff recording in service user's homes is compliant with Regulation 21 and Schedule 4.</p> <p>(Minimum standard 5)</p> <p>As discussed within requirement eight of the report.</p>	Twice	A revised system for record keeping and auditing has been implemented and this is kept under review by the Assistant Director and specifically the BHSCT	To be completed 23/06/15
7	Regulation 23	<p>The acting manager is required to ensure service user quality monitoring in compliance with Regulations 23.</p> <p>(Minimum standard 1)</p>	Once	A schedule for service user quality monitoring has been implemented to include both geographical patches of the service i.e. Belfast and North Down & Ards and is kept under review on a weekly basis.	To be completed 23/06/15

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 8.11	The acting manager is recommended to ensure future annual quality review processes include reference to staff training.	Twice	The Annual Quality Report now includes a section relating to staff training as well as information re: - feedback from service users, staff and stakeholders - analysis of incidents, complaints, vulnerable adults / safeguarding issues.	To be completed 23/06/15

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Liz Leathem
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jo Marley

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	04/06/15
Further information requested from provider			