

Unannounced Care Inspection Report 16 June 2016.



Bryson Charitable Group

Type of Service: Domiciliary Care Agency
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Tel No: 02890452136
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Bryson Charitable Group took place on 16 June 2016 from 09.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the 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. However, the retention of staff had been challenging for the agency during the previous six months, but appears to have been successfully addressed. 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 HSC Trust. 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.

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.

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 Trust regarding changes in service users' needs.

No areas for quality improvement were identified. However, in light of the recent staffing challenges and the changes implemented to ensure service users receive the care as planned, the inspector requires the agency to submit a copy of each monthly monitoring report for review, until further notice, as an assurance that their current improvements are being maintained.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Bryson Charitable Group/Josephine Marley	Registered manager: Liz Leathem (Acting)
Person in charge of the agency at the time of inspection: Liz Leathem	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 2015/2016
- User Consultation Officer (UCO) report

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

- Discussion with the acting manager
- Consultation with three care workers and one senior care worker
- Examination of records

- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with four service users and nine relatives, either in their own home or by telephone, between 2 and 3 June 2016, to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

On the day of inspection the inspector met with three care workers and one senior care worker 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 acting 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. Eight 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 daily recording logs
- Four service user records in respect of the agency quality monitoring contacts
- Three staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas for 13 to 26 June 2016
- Minutes of staff meetings for January, February and March 2016
- Service user compliments received from February to June 2016
- Complaints records from October 2015 to June 2016
- Monthly monitoring reports for January to April 2016
- Annual quality report 2014/15
- Audit and Risk Committee report for 6 June 2016
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2015/2016

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 25 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 23(1)(5) Stated: First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Met
	The system shall provide for consultation with service users and their representatives (on a monthly basis).	
	Action taken as confirmed during the inspection: Records evidenced that the registered person had established and maintained a system for evaluating the quality of the services provided by the agency that included consultation with service users and their representatives.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.11 Stated: First time time	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.	Met
	Action taken as confirmed during the inspection: Records evidenced that the responsible person had completed monitoring reports on a monthly basis following evaluation of the service quality provided by the agency.	

4.2 Is care safe?

The agency currently provides services to 179 service users living in their own homes.

A range of policies and procedures was reviewed relating to staff recruitment and induction training and found to be in compliance with relevant regulations and standards.

Three files were sampled relating to recently appointed care workers which verified that all the pre-employment information and documents had been obtained as required. 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. One of the three care staff interviewed had commenced employment recently and described the recruitment and induction training processes to be in accordance with those found within the agency procedures and records.

The UCO was advised by some of the service users and relatives interviewed that there were some concerns regarding the safety of care being provided by Bryson Charitable Group. Issues regarding the carers' training were raised with the UCO in relation to the use of equipment and dementia awareness. The inspector viewed staff supervision and monitoring records that evidenced staff practice was being monitored on a regular basis with no practice issues identified.

There were mixed results regarding new carers having 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.

The inspector and the acting manager discussed the level of staff recruitment undertaken by the agency in the last six months. The acting manager explained their challenges in retaining care workers, partly due to changes to their terms and conditions, which had resulted in their need to engage temporary care workers from an employment agency. The placement of agency staff had been monitored and limited to services where two care workers attend, with one of their own staff always present at each service user's call. The acting manager confirmed that the organisation had revised and agreed care workers' terms and conditions from 6 June 2016 and successful staff recruitment measures have resulted in the appointment of a number of new staff and the reduced use of agency staff.

The majority of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they have any concerns; however, a number of people advised that they felt unable to do so as they had not built up a rapport with the carers. Examples of some of the comments made by service users or their relatives are listed below:

- "There's seems to be a large turnover of carers so my XXX doesn't get to know them."
- "My XXX is anxious when someone new calls."
- "They have been using a lot of agency staff recently."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. Their Adult Safeguarding Policy and Procedure provided information and guidance as required. The acting manager indicated that this document had been revised in April 2016 to incorporate the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'.

This was discussed with the acting manager who confirmed care workers had been provided with updated guidance during refresher training in April 2016 and would form part of the scheduled training in June and July for all staff. The agency's Whistleblowing Policy and Procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed and

contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Each of the three care workers and the senior care worker 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. One staff comment example on a returned questionnaire:

- "Bryson are continually providing refresher training".

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.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/representatives to ensure service user needs were being met. The acting manager explained that the agency is invited to attend the commissioning trust arranged care review meetings with service users/representatives. The acting manager stated they are subsequently provided with an updated care plan from the trust detailing any agreed change to the original care plan. The acting manager informed the inspector that they do not receive minutes from the trust in relation to these meetings. However, the inspector viewed the agency's own records relating to these joint care review meetings, which is to be commended.

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers' timekeeping. One relative and one service user advised that they had experienced a small number of missed calls from the agency. The acting manager confirmed that a small number of missed calls had occurred in the past year but measures taken, in conjunction with the commissioning trust, had been effective in reducing the risk of any further service users not receiving their planned care visit.

There were mixed results regarding service users being introduced to new carers by a regular carer and there were concerns that, on occasion, new carers were not aware of the care

required. The inspector was given assurances by the acting manager that information relevant to service users' care needs was up to date and available for care workers as required. The inspector viewed the organisation's computerised communication system relating to service user care plans provided to staff via secure mobile phone messages and paper records in service users' homes. The care workers 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.

Staff questionnaires received by RQIA indicated service users' changed care plan information was shared with them in a timely manner.

No issues regarding communication between the service users, relatives and staff from Bryson Charitable Group were raised with the UCO. The majority of the service users and relatives advised that home visits and phone calls have taken place; however, only three confirmed that they had received a questionnaire from the agency to obtain their views on the service.

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

- "Some of the carers are not in for very long."
- "Better consistency would make it easier."
- "The girls contact me if anything is wrong."

The UCO reviewed the agency's documentation relating to four service users during home visits. It was noted that some medication logs were not being consistently completed and there was an issue regarding a small number of calls and call times not having been recorded. These areas were discussed with the acting manager who agreed to address these matters.

The agency's policies and procedures on 'Management of Records' and 'Recording Standard' 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, and one practice issue regarding a care worker not completing their full signature addressed. An issue regarding the records of two service users living at the same address was discussed with the acting manager, who confirmed that their individual records were being revised.

Care workers 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 questionnaires received by RQIA indicated that they received monitoring/spot checks by their supervisor.

The registered manager confirmed ongoing discussion of records management during staff team meetings and during training updates. Discussions with care workers during the inspection supported ongoing review of this topic. Minutes of staff meetings viewed for March and April 2016 confirmed that record keeping had been discussed.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Some of the service users and relatives interviewed by the UCO felt that care was not compassionate, with care on occasion being rushed and carers not speaking to the service user.

Views of the majority of the service users and relatives interviewed have been sought through home visits and phone calls to ensure satisfaction with the care that has been provided by Bryson Charitable Group; however, only three people confirmed that they had received a questionnaire.

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

- “Could say anything to my carers.”
- “It gives me peace of mind that someone calls with XXX.”
- “Generally very happy.”

The inspector and acting manager discussed the matters identified during UCO interviews regarding care being rushed and lack of communication with service users. Records of monitoring visits evidenced that these matters had not been reported or brought to the monitoring officer’s attention. The monitoring visit records viewed contained details of a variety of comments received from service users and relatives.

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. Staff described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff questionnaires received indicated that they felt service users’ views were listened to and they were involved in decisions affecting their care.

The inspector confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. There were no practice issues identified during these visits. It was good to note positive comments from service users had been recorded on their monitoring records.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives and an HSC Trust care manager which had been shared with staff individually and at team meetings.

Staff questionnaires received by RQIA indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. One staff questionnaire contained the following comment: “The office staff have been quick to act when a service user asked for the call times to be changed twice, then followed up with a visit to their home to ensure the service user was happy with their service.”

Areas for improvement

No areas for improvement were identified during the inspection.

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

The agency's RQIA registration certificate was up to date and displayed appropriately. Under the direction of the acting manager, Liz Leathem, a management team and 79 care workers provide domiciliary care and support to 178 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.

Discussion with the acting 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 reviewed and contents discussed with the acting 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, was found to have been implemented with all of the policies sampled reviewed since July 2015.

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. Concerns regarding the management of the agency were raised during the interviews in regards to consistency of staff, training and supervision of staff.

The agency's complaints procedure viewed was found to be in line with regulations and standards. 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 2015 to inspection date 25 June 2016 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.

The compliments records were also reviewed by the inspector. A sample of five compliments were viewed which included very positive comments from service users and relatives about the care delivered by staff. An email received from a trust care manager was also viewed which contained feedback from a family received during a care review meeting as follows: "Carers worth their weight in gold as give outstanding care." The acting manager confirmed this feedback had been shared with the staff team.

Discussion with the acting manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed demonstrated that appropriate action had been taken on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for February to April 2016. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards. Details recorded included: monthly progress in relation to staffing, recruitment, absence levels and use of agency staff, along with feedback received from service users and relatives. One example of a comment received as part of the

quality monitoring contacts during April 2016: “Improvement found with consistency of staff and time of calls.”

Records evidenced that the commissioning trust have been working with the agency to review their service users’ care needs and allocated call times. The acting manager described the joint work which is on-going to re-negotiate care call times with service users and relatives as positive, with the introduction of new staff rota models which has improved consistency of staff; however this is being monitored weekly. Team meeting minutes reviewed confirmed discussions had taken place regarding duty rotas and geographical allocation of calls.

The organisation’s Board of Directors have an Audit and Risk Committee which currently receives a two weekly report/improvement plan from the acting manager regarding staffing matters. The report dated 6 June 2016 was viewed by the inspector. The acting manager explained the value of these reports in evaluating the effectiveness of their revised staffing arrangements since January 2016.

The inspector discussed with the acting manager the current staffing arrangements and changes implemented to ensure service users receive the care as planned. The inspector requires the agency to submit a copy of each monthly monitoring report for review, until further notice, as an assurance that their current improvements are being maintained.

The agency had completed an annual quality review report for 2014/15, with a summary report of findings and the improvements they planned to implement. The acting manager confirmed all service users had been provided with a copy of their annual quality summary report in March 2016. The acting manager confirmed that the agency had recently requested the views of service users, relatives, staff and commissioners on the services being provided via their annual satisfaction questionnaires for 2015/16; however, this process was not yet completed.

The care workers interviewed and staff questionnaires returned 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 indicated that they were satisfied their current staffing arrangements met their service user’s needs.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Liz Leathem, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1
Ref: Regulation 23 (2)

Stated: First time

To be completed by:
15 August 2016 and
going

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.

Response by registered person detailing the actions taken:

The Director Bryson Care will forward monitoring reports on a monthly basis to the RQIA to include detailed information relating to the quality of service provision and the views of users and their representatives.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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