



The **Regulation and
Quality Improvement
Authority**

**Bryson Charitable Group
RQIA ID: 10779
Bryson Lagan Sports, Rivers Edge
13-15 Ravenhill Road
Belfast
BT6 8DN**

**Inspector: Caroline Rix
User Consultation Officer: Clair McConnell
Inspection ID: IN022992**

**Tel: 02890452136
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**Unannounced Care Inspection
of
Bryson Charitable Group**

25 June 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 25 June 2015 from 09.30 to 16.30 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the 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.

2. Service Details

Registered Organisation/Registered Person: Bryson Charitable Group /Josephine Marley	Registered Manager: Liz Leathem (Acting Manager)
Person in charge of the agency at the time of Inspection: Liz Leathem (Acting Manager)	Date Manager Registered: 30 March 2015
Number of service users in receipt of a service on the day of Inspection: 119	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the acting manager
- Consultation with three care staff
- Staff questionnaires review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with eight service users and five relatives, either in their own home or by telephone, between 16 and 23 June 2015 to obtain their views of the service. The service users interviewed live in Belfast and receive assistance with the following: management of medication, personal care and meals. Feedback received is included within the body of this report.

On the day of inspection the inspector met with three care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

Five staff questionnaires were provided to the acting manager on the day of inspection. She was asked to forward these to a random sample of care staff, to find out their views regarding the service. Five staff questionnaires were received following the inspection, with feedback discussed with the acting manager and included within the body of this report.

The following records were examined during the inspection:

- Five service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Five service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Three staff meeting agendas and minutes for dates in April and May 2015
- Staff handbook
- Four staff quality monitoring records
- Overall staff duty rota for an individual run

- Service user compliments received by the agency from January 2015 to May 2015
- Four complaints records
- Annual quality report
- Procedure for management of missed calls/late calls
- Procedure for access to service users' home
- Management staff daily contact log records/on call logs for May and June 2015
- On call rota
- Five communication records with trust professionals.
- Duty file.

5. The Inspection

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 119 service users (decrease of 44 since the previous inspection) by a staff team of 50 care workers (increase of 9 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.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was a secondary announced care inspection dated 23 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 9(1)(a) and 16(1)(a)	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). (Minimum standard 8.1, 8.2 and 8.6)	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the Statement of Purpose dated April 2015 had been revised and included details of the organisation's revised staffing structures. This included the acting registered manager, two service managers and quality assurance officer in line with legislation.	

<p>Requirement 2</p> <p>Ref: Regulation 11(3)</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that all the senior staff had completed mandatory training subjects including staff supervision and appraisals. A competency assessment had been completed relating to each training area completed.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 16(2)(a) and 16(4)</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The revised policy and procedure on Supervision and Performance dated May 2015 was viewed. This included the process for all staff groups including senior carers and management staff and included staff quality monitoring/spot checks for all grades of staff.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 21(1) and Schedule 4(9)</p>	<p>The acting manager is required to review and revise the agency procedures for maintaining incident records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the 'Adverse Incident/Serious Adverse incidents' policy and procedure, revised April 2015. This document was found to be satisfactory and records evidenced that this revised process had been implemented.</p>		

<p>Requirement 5</p> <p>Ref: Regulation 16(2)(a)</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that all staff had completed mandatory training subjects including staff supervision and appraisals for management staff. A competency assessment had been completed relating to each training area completed.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 21 and Schedule 4</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that a revised record keeping system and audit process had been implemented from March 2015 to ensure appropriate recording in service user's homes.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 23</p>	<p>The acting manager is required to ensure service user quality monitoring in compliance with Regulations 23.</p> <p>(Minimum standard 1)</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that the agency's quality monitoring system has been revised with a scheduling tool in place to ensure service user views are being sought regularly and actions taken where appropriate.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.11	The acting manager is recommended to ensure future annual quality review processes include reference to staff training.	Met
	Action taken as confirmed during the inspection: Records evidenced that agency's annual quality report had been expanded to include staff training evaluation and stakeholder's views; a summary had been shared with all service users via their Newsletter June 2015.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from the HSC Trust care managers contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible.

The documentation relating to five service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment and were accurate, up to date and included basic information regarding the service user's condition. It was noted that a number of calls had not been recorded by the carers on the agency log sheets. This area was discussed with the acting manager who confirmed that these records had been reviewed and found to have been the accurately recorded.

The UCO was advised that new carers are usually 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 the carer's knowledge of the required care.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. Complaints had been made regarding consistency of care and timekeeping.

A number of the people interviewed were able to confirm that they had received a questionnaire from the agency to obtain their views of the service and able to confirm that observation of staff practice had taken place. Management visits are taking place on a regular basis to discuss their care.

Records viewed in the agency office confirmed that service user quality monitoring visits along with direct observation of staff practice was carried out within service user's homes on a regular basis. Some staff practise issues were identified during these spot checks relating to recording which had been effectively addressed with staff.

The complaints records were reviewed during inspection; all were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

The monthly monitoring reports were reviewed for March, April and May 2015 and were found to contain detailed information within each section. However these reports had been completed by the acting manager, not the responsible person in line with standard 8.11 This area was discussed with the acting manager during inspection, and is to be addressed. Such reports are recommended in evidencing how working practises are being systematically reviewed along with information relating to ongoing quality monitoring feedback. A requirement and recommendation has been made within the QIP in this respect.

Service user records viewed in the agency office evidenced how feedback received had been followed up e.g. change of call when service user started to attend a day centre agreed with trust care manager and care plan amended. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

Three staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff explained how information is shared individually, during staff meetings and via phone calls regarding changes to service user's needs and evidence of these processes was reviewed during the inspection day. One staff member stated that communications between care staff and supervisors had improved recently and the new duty rota was felt to be more effective.

Five staff questionnaires were received following the inspection day. These indicated that staff were satisfied with the training received in relation to core values, communication methods and mental health care.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Bryson Charitable Group. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate.

A number of the people interviewed advised that the agency had recently made significant changes to the staffing rotas. The inspector viewed a letter sent to all service users in June 2015 advising of planned changes to staff rotas and explaining the improvements expected as a result.

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

- “Wouldn’t change them for anything.”
- “All lovely girls.”
- “The recent change in the carers has confused my XXX.”
- “They’re brilliant. It’s nice to see a cheery face.”
- “Couldn’t say anything bad about them.”

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user’s condition. Examples given included working with service users with limited verbal communication and mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

One area for quality improvement was found in relation to this theme. The registered person is required and recommended to complete a monthly quality monitoring report in line with Regulation 23(1)(5) and Standard 8.11. This matter has been detailed on the QIP.

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. Where relevant, records confirmed that information had been communicated to the commissioning trust via telephone calls and emails. Review of staff rota's during inspection for three staff, a number of service users and locality areas reflected a process for allocating the staff numbers to service user calls. Staff interviewed on the day of inspection confirmed that their duty rotas were achievable. Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping, however there were mixed results regarding the agency contacting the service user if their carer has been significantly delayed. The people interviewed also advised that they had not experienced missed calls from the agency.

Review of communication records within two service user files evidenced contact with service users and/or relatives had taken place to advise if care staff were running late for their planned visit. The acting manager confirmed that no service user had missed their call in the last three months.

Staff interviewed confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home. One of the five staff questionnaires received included the following comment; 'I would like more time allocated to service users.'

As described within theme one above, the monthly monitoring processes and reports are currently in place and found to contain detailed information within each section. However these reports had been completed by the acting manager, not the responsible person in line with standard 8.11. This area was discussed with the acting manager during inspection, and is to be addressed. Such reports are recommended in evidencing how working practises are being systematically reviewed along with information relating to ongoing quality monitoring feedback. A requirement and recommendation has been made within the QIP in this respect.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Bryson Charitable Group. No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in relation to theme two for all areas reviewed. The monthly monitoring report as previously identified under theme one is reflected in the requirement and recommendation for theme one.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

The inspector reviewed the commissioning trust's quality monitoring records. The inspector was aware from the previous inspection that the trust continues to carry out monthly audits in line with their agreed quality improvement plan, following shortcomings in staff duty rotas and reduced call times. Records viewed of the agency and trust working together regarding review of commissioned service users call times.

The inspector reviewed the agency's RQIA notification of incidents log, with twelve reports received during the past year. Review of three of these incident reports evidenced that each had been appropriately recorded and reported to RQIA and the referring HSC Trust within the required timeframes. Records evidenced that, where relevant, staff disciplinary action had been taken to achieve improvement in practise.

6. 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. 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 weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 23(1)(5)</p> <p>Stated: First time</p> <p>To be Completed by: 15 October 2015</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The system shall provide for consultation with service users and their representatives (on a monthly basis).</p> <p>As discussed within theme one and two of the report.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Person has established a system for evaluating quality and completes a Monthly Monitoring Report to include feedback from service users/representatives.</p>	

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: 15 October 2015</p>	<p>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.</p> <p>As discussed within theme one and two of the report.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Person now completes the Monthly Monitoring Report for the service until a permanent Registered Manager is appointed.</p>	

Registered Manager Completing QIP	Liz Leathem	Date Completed	05/10/15
Registered Person Approving QIP	Jo Marley	Date Approved	05/10/15
RQIA Inspector Assessing Response	Caroline Rix	Date Approved	6/10/15

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