

Unannounced Care Inspection Report 15 April 2019



Bryson Care West

Type of Service: Domiciliary Care Agency
**Address: Gortfoyle House, 104 - 108 Spencer Road,
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Tel No: 02871313512
Inspector: Jim McBride

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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 Care West is a domiciliary care agency based in Londonderry. Under the direction of the registered manager, staff of 260 provides care services to 710 service users in their own homes. Service users are mostly older people, but some have physical disabilities, learning disabilities and mental health needs. The service users live in the Londonderry, Limavady and Strabane areas. The services provided range from personal care and social support to domestic duties and sitting services. The services are commissioned by the Western Health and Social Care Trust (HSC).

3.0 Service details

Organisation/Registered Provider: Partnership Care West Responsible Individual: Josephine Marley	Registered Manager: Liz Logan
Person in charge at the time of inspection: Liz Logan	Date manager registered: 7 February 2017

4.0 Inspection summary

An unannounced inspection took place on 15 April 2019 from 09.00 to 13.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was clear that the agency promotes the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

One area for improvement was identified during this inspection:

- Monthly Quality Monitoring. Regulation 23.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Liz Logan, registered 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.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report
- All correspondence received by RQIA since the previous inspection.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. No questionnaires were returned.

During the inspection process the inspector spoke with the manager and two staff. The inspector had the opportunity to talk with two relatives and two service user by telephone. The overall perception of the service was good and no one communicated with had any concerns. The comments received were positive.

Comments from service users/relatives:

- "Good workers."
- "Very helpful and caring."
- "They help me stay at home."
- "I have no complaints."
- "Always on time for the four calls a day."
- "We have the same cares and they are very respectful."

Staff comments during inspection:

- "Great training both on line and office based."
- "Good communication with service users."
- "The managers are excellent and very approachable."
- "We help people to remain independent within their own homes."

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

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

Service users and relatives felt they were treated with respect. Relatives stated that they were confident service users were safe and well cared for.

At the time of the inspection, the agency had a registered manager in post, who manages the agency with the support of a number of coordinators as well as a number of domiciliary care staff. Discussion with the manager and the examination of records show there was sufficient staff to meet service user needs safely. The manager stated that relevant employment checks were carried out prior to staff providing care to service users. Records in place verified this.

Spot checks were carried out by the care coordinators to ensure quality and competency of staff. A number of these checks were reviewed and records in place were satisfactory. Both service users and monitoring staff commented:

Service users:

- “Very friendly staff.”
- “I enjoy the staff coming into my home, it helps me remain independent.”
- “I would not change a thing.”
- “I have good communication with carers.”
- “Kind mannered, respect and dignity upheld at all times.”

Monitoring officer comments included in the reports:

- “Very prompt and on time.”
- “Good communication.”
- “Staff member put service user at ease.”
- “Great time for the client and good communication whilst completing tasks.”
- “Staff member offered options and choice.”

Service users and relatives spoke positively about care workers and the service. They stated that they were satisfied with the level of care provided and how the service is provided. Service users stated they were treated with respect and dignity. Relatives told the inspector that they were confident that their relatives were safe in the presence of care workers and were well looked after.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC), the inspector noted that some recently recruited staff are still in the process of registering; this is in keeping with NISCC registration timeframes.

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

New staff receive a structured induction programme in line with the timescales outlined within the regulations. Discussion with the manager and review of staff records confirmed that this included a shadowing period with other experienced staff. This practice allows the service user to get to know staff and to start building relationships, whilst including them in the process. Staff receive additional training before the end of the required probationary period. Additional training includes:

- Risk assessment
- Record keeping
- GDPR
- Challenging behaviour

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was good to note that additional training had been provided. There were systems in place to monitor staff performance and to ensure that they received support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions' position report was being formulated and would be completed by the end of April 2019. From the date of the last care inspection there had been no incidents referred to the relevant HSCT in relation to adult safeguarding.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and their' representatives.

Service users received a full comprehensive assessment in conjunction with the HSC Trust and their families prior to receiving a service. The agency provided core locality teams of staff that supported them, allowing a better understanding of the person and enabling their needs to be met in as consistent a way as possible.

Risk assessments included details of the potential risk and the level of risk. Risk assessments were personalised and included information specific to each person and their needs. The service had moving and handling risk assessments in place which provided information about what assistance people required including the use of any required equipment. The records evidenced that the agency had achieved an appropriate balance between promoting autonomy and maintaining safety.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

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

Staff had completed relevant training to enable them to care for service users. Staff were supervised and felt well supported by management. Evidence reviewed highlighted that care needs and choices were assessed and responded to appropriately.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2019). The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about people's preferred communication. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

Care reviews with service users and/or their representatives and the HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meeting. Reviews aim to give the agency an opportunity to ensure service users’ needs were still being met and to assess and monitor whether there had been any changes in need. The agency has in place robust arrangements for identifying and managing service failures in a timely manner including missed or late calls. These included missed call logs and contact with service users and their representatives.

It was noted within those service users’ records examined that the agency completed service user quality monitoring visits. The records evidenced no concerns expressed by the service users during the monitoring visits. These visits identified that service users are valued as individuals and are listened to and what is important to them is viewed as important by the agency.

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users.

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.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 service was providing care in a compassionate manner. Service users and relatives spoken with stated that they were satisfied that the care and support provided by the service was compassionate.

Discussions with the staff and manager and the review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. The manager identified the need to continually communicate with service users and to ensure staff were respectful of the fact they were working in a service users' homes.

The inspector noted the positive feedback from service users during the 2018 annual quality review. The quality review promotes the principle of partnership with the staff, agency and service users and emphasises the value placed on service users by the agency.

Service users and relatives were given the opportunity to respond to the provision of service in relation to:

- Identification
- Arrival times
- Communication
- Daily recording
- Staff competency
- Listening skills
- Openness and honesty
- Choice, independence, respect
- Quality of life and well being.

Some of the comments received included:

- "Great service, very professional and always putting the service user first"
- "Daddy enjoys the craic with the boys, he looks forward to seeing them coming"
- "Very satisfied with the girls calling, I feel safe with them coming in"
- "It is an excellent service"
- "The carers are lovely and always have time for me, they are really good at their job"

- “They are a great help & support to our family”
- “I would be lost without the care and I have two lovely girls who have made a difference to my life”
- “This service is a great help to me as well as my wife and I really appreciate what they do for my wife”.

Upon commencement of a care package, service users are provided with a copy of the agency’s service user guide, which informs service users’ of the standards and core values required to be maintained by care staff and highlights, how service users can raise a concern or complaint if necessary, regarding the quality of care. Service users are also provided with complaints information to use should they wish to raise a concern. In addition, the guide provides the service user with details of advocacy groups and the Northern Ireland Public Service Ombudsman (NIPSO). The inspector has suggested that the guide is updated to include the details of the patient and client council and other relevant advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency’s ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified domain in this during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 service was well-led and had a system in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of care workers, office staff, the registered manager and senior support staff.

The inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The current registration certificate was up to date and displayed appropriately. Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure.

In addition, discussion with the manager confirmed that they had a good understanding of their role and responsibilities under the legislation. Discussion with the manager evidenced that there was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could make things better for service users.

The manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision and where applicable appraisal.

As part of the agency's review of compliance with the new General Data Protection Regulation (GDPR) the manager confirmed that the agency had sought advice regarding their GDPR responsibilities, with some changes being implemented. The manager advised that staff training has been completed with regards to the GDPR to help staff understand and be aware of recent changes in this area.

The manager advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of service users. These addressed topics such as complaints, safeguarding, whistleblowing and confidentiality. The complaints policy/procedure was noted to clearly define the agency's complaints process and provided details of external organisations which the complainant could contact if they remained dissatisfied with the agency's complaints process. Policies were maintained in a manner that was easily accessible by staff in the office or electronically.

The agency maintained a complaints and compliments record, which was audited on a monthly basis. The manager demonstrated good awareness of the agency's complaints procedure. A review of the agency's complaints records since the last inspection evidenced that the agency had received two complaints and these had been managed appropriately. Records in place evidenced that service users and others were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The manager and responsible person discussed their commitment to driving improvement in the service through provision of a consistent staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve skills and knowledge base. This provided effective governance and communication with clear lines of accountability and responsibility.

Discussion with the manager confirmed that staff meetings are held. A review of team meeting minutes in March 2019 noted that staff discussed and were given advice on:

- RQIA
- Handovers
- Online training
- Shift swaps
- Returning care notes.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager. The manager advised that staff were aware that any lapse in their registration would result in the staff member being unable to work within the agency until their registration was suitably updated.

The inspector confirmed that monthly quality monitoring reports were not available for review from the last care inspection. As reports of quality monitoring were not available for review, the agency could not provide adequate assurances in relation to the assessment of the quality of

service provision. This was discussed with the manager and the responsible person. An area for improvement has been identified.

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 advised that to date, the agency provides access to specific training. The importance of this was inherent within all training and the supervision process.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data provided is used with individual service user consent to provide person centred care.

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

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Disability awareness.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, training and review.

Areas for improvement

One area for improvement has been identified in this domain in relation to Regulation 23 Monthly quality monitoring.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Liz Logan registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 23</p> <p>Stated: First time</p> <p>To be completed From inspection date.</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. This area for improvement relates to the monthly quality monitoring reports that were unavailable for inspection.</p> <p>Ref 6.7</p>
	<p>Response by registered person detailing the actions taken: The responsible person has now a system in place for evaluating the quality of the services provided to ensure that monthly quality monitoring reports are readily available for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 23.3</p> <p>Stated: First time</p> <p>To be completed from: The date of inspection</p>	<p>The report referred to shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Quality Improvement Authority.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The report referred to has been submitted to the Regulation and Quality Improvement Authority in the form and manner required within the specified one month timeframe.</p>



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