



# Announced Care Inspection Report 18 February 2021



## Bryson Care West

**Type of Service: Domiciliary Care Agency**

**Address: Block 1 First Floor, Glendermott Valley Business Park,  
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**Tel No: 028 7131 3512**

**Inspector: Jim McBride**

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 325 provides care services to 765 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

<b>Organisation/Registered Provider:</b> Partnership Care West  <b>Responsible Individual:</b> Josephine Marley	<b>Registered Manager:</b> Jane Logan
<b>Person in charge at the time of inspection:</b> Jane Logan	<b>Date manager registered:</b> 07/02/2014

### 4.0 Inspection summary

An announced inspection took place on 18 February 2021 from 09.20 to 11.45. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency since the previous inspection on the 15 April 2019. Whilst RQIA was not aware that there was any specific risk to the service a decision was made to undertake an on-site inspection adhering to social distancing guidance.

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

Evidence of good practice was found in relation to the processes for managing Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance provided by the service and the use of Personal protective equipment (PPE) guidelines. Covid-19 education and management including: Infection Prevention and Control (IPC) were found to be in line with latest guideline measures.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with L Logan, manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 15 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 April 2019.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, any notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the required staff pre-employment checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland: updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, service user questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

### Staff questionnaire comments:

- "I enjoy working for Bryson."
- "The training we receive is great."
- "The team I manage are very approachable and work well providing care to their service users under difficult circumstances at present due to Covid-19."
- "No complaints."

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection we communicated with the manager and staff and a number of service users. We also provided questionnaires for service users to obtain their views on the quality of service provision. Returned questionnaires show that individuals were satisfied or fully satisfied with the quality of service.

#### Questionnaire comments:

- “I’m very happy with carers.”
- “They are all so caring and kind, they go over and above 100%.”
- “They always take the time to sit and have chat which I like.”
- “I really look forward to seeing them coming here.”

#### Staff comments during inspection:

- “A good comprehensive induction.”
- “The managers have an open door policy for communication.”
- “Good communication with managers.”
- “I have a good relationship with family members.”
- “Refresher training is good.”
- “The team communication is good.”
- “I have no complaints or areas of concern.”
- “Excellent manager.”

#### Service user’s comments:

- “I’m really happy and content with the girls.”
- “The staff are great.”
- “They are always on time .”
- “The staff always wear their PPE.”
- “I have no problems or concerns with the staff.”
- “They are all very friendly and helpful.”
- “They are a great support to me at home.”

We would like to thank the manager, staff and service users for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated XXXXX		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23  <b>Stated:</b> First time  To be completed	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.	<b>Met</b>

From inspection date.	Ref 6.7  <b>Action taken as confirmed during the inspection:</b> 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.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 23.3  <b>Stated:</b> First time  <b>To be completed from:</b> The date of inspection	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. Ref: 6.7 A number of reports were received by RQIA and they all meet current legislation. All areas for improvement are met.  <b>Action taken as confirmed during the inspection:</b> 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. All areas for improvement are met.	<b>Met</b>

## 6.1 Inspection findings

### Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with stated that training was valuable and gave them the skills to undertake their role. Newly employed staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with and induction records reviewed. One staff member stated "Its one of the best inductions I have had."

Staff are supported by supervisions and appraisals. It was noted that these had been consistent with the agency's policy and procedure and enabled them to review their practice. From review of records, we could see the format used gave staff the opportunity to raise any concerns and discuss their own personal development.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that one incident had taken place since the previous inspection 15 April 2019. The manager dealt with this in accordance with the organisation's procedures and it is now closed.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received no complaints since their previous inspection 15 April 2019.

A review of records confirmed that all staff provided by the agency are currently registered with The Northern Ireland Social Care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of all staff with NISCC. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

### **Service quality**

We reviewed a number of monthly quality monitoring reports that indicate good satisfaction levels in place for service users, staff and other stakeholders. We noted some of the comments received from service users, staff, relatives and HSC staff:

Service users:

- "I'm very happy with the service."
- "The girls treat me with respect."
- "All staff respect my dignity and are well trained."

Staff:

- "Lots of training to complete."
- "I'm well supported by the manager."
- "The quality of care is excellent and I get all the training I need."

Relatives:

- "Staff are always fussy about their masks and gloves."
- "I would not be able to cope on my own without Bryson."
- "Staff are professional and caring."

HSC Staff:

- "I'm more than happy with the service at present."
- "Bryson care is very responsive at addressing an issue."
- "Manger and staff are very considerate."

### **Care planning and review**

We reviewed care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information

- Care plan
- Individual action plans
- Risk assessments

We noted some of the comments made by service users and family during their home quality spot checks:

- “All is very good.”
- “Really nice male carers.”
- “\*\*\*\*\* gets on well with carers.”
- “All is well I have no complaints.”
- “Full PPE worn in my home.”
- “I could not praise staff enough.”
- “I am very happy with everything.”

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences.

### **Covid-19**

We spoke with the manager and a number of staff members, who were knowledgeable in relation to their responsibility with regards to covid-19. Staff stated they were aware of the guidance on the use of Personal Protective Equipment (PPE) for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice;
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19;
- Used PPE storage and disposal and;
- Staff training and guidance relating to IPC and the use of PPE; in accordance with the current guidance.

We reviewed records relating to IPC policies which were in line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

Hand sanitisers were placed in different areas throughout the agency for staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.



The staff spoken with demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE during care calls. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

We noted good practice with individual PPE audits taking place with all staff during specific tasks within the service.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good IPC practices.
- All staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate. This was evidenced through discussion and records reviewed.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

### Areas of good practice

- Compliance with the Covid-19 guidance relating to IPC and PPE
- Quality monitoring
- Recruitment
- NISCC and Access Ni records

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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