

# Unannounced Domiciliary Care Agency Inspection Report 16 May 2016.



## Bryson Care West

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Bryson Care West took place on 16 May 2016 from 09.30 to 15.45 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. 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 during inspection.

### **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.

However, two recommendations for improvement have been made. It is recommended that the registered person monitors the quality of services, and completes a monthly monitoring report in accordance with minimum standards. It is also recommended that an annual quality report is completed containing the views of service users, their representatives, staff and service commissioners. A summary of the annual report should be shared with service users and their representatives.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager Elizabeth Logan, 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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organization/registered person:</b> Partnership Care West/Joseph Desmond McGrann	<b>Registered manager:</b> Jane Elizabeth Logan
<b>Person in charge of the agency at the time of inspection:</b> Jane Elizabeth Logan	<b>Date manager registered:</b> 7 February 2014

### 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 registered manager
- Consultation with five staff

- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the UCO spoke with six service users and three relatives, either in their own homes or by telephone, on 13 May 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

On the day of inspection the inspector met with five care staff 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 registered 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. Nine 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
- Two trust care review meeting records
- One staff recruitment and induction record
- Staff training schedule and records
- Four staff quality monitoring records
- Staff duty rotas
- Employee Handbook
- Minutes of staff meeting for October 2015, February and May 2016
- Service user compliments received from June 2015 to May 2016
- Complaints log and records
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, incident notification, management of missed calls and complaints
- Manager's daily contact log records/on call logs for March to May 2016
- Record of incidents reportable to RQIA in 2015/2016

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 22 June 2015

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

### 4.2 Is care safe?

The agency currently provides services to 200 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.

One file was sampled relating to a recently appointed care worker which verified that all the pre-employment information and documents had been obtained as required. An induction programme had been completed with this staff member. A competency assessment had been carried out for the new care worker and subsequent supervision records maintained.

The UCO was advised by all of the service users/relatives interviewed that there were no concerns regarding the safety of care being provided by Bryson Care West. New carers had 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.

No issues regarding the carers' training were raised with the UCO; service users/relatives discussed examples of care delivered by staff that included manual handling, use of equipment and management of medications. All of the service users/relatives interviewed confirmed that if they had a concern they could approach carers and/or office staff.

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

- "The consistency in carers is great; we have developed a great relationship with them."
- "The girls are doing a top job."
- "Can't say a bad word about them."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The 'Safeguarding Vulnerable Adults Policy and Procedure' provided information and guidance as required; however, it did not reference 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 registered manager who provided satisfactory assurances in relation to a timely update of the agency's procedure in line with the DHSSPSNI guidance document.

The agency's 'Whistleblowing' Policy and Procedure' dated July 2015 was found to be satisfactory.

Staff training records viewed for 2015 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2016 was viewed which contained each of the required mandatory training subject areas along with other training relevant to service users' care needs.

Each of the five care workers 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.

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 registered manager explained that the agency is occasionally invited to contribute in writing, by telephone or attend the commissioning trust arranged care review meetings with service users/representatives. The registered manager stated they are usually made aware of these meetings if they receive an amendment form from the trust detailing a change to the original care plan. The registered manager informed the inspector that they would continue to liaise with the trust as required. The inspector was given assurances that all information relevant to service users was up to date and available as required.

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.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding carers' timekeeping or that care had been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency.

Service users/relatives reported that they were normally introduced to, or advised of the name of, new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the service users' care needs.

Service users/relatives reported no concerns regarding the communication between themselves and the agency carers and office staff. All of the service users/relatives interviewed by the UCO confirmed that they are involved in trust reviews regarding their care package.

Service users/relatives spoken to by the UCO, and care workers spoken with during the inspection, suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

The majority of service users/relatives confirmed that management from the agency carry out home visits and they also received satisfaction questionnaires from Bryson Care West asking for their views on the service.

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

- "Any issues I contact the office and it is sorted out."
- "More than capable."
- "Doing a good job and tidy up when they are done."

The agency's policy and procedure on 'Recording and Reporting Care Practices' was 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 no practice issues identified.

As part of the home visits, the UCO reviewed the agency's documentation in relation to five service users. Three care plans required to be updated and the care worker recording in the log sheets was not found to be fully completed on occasions. These areas were discussed with the registered manager who gave an assurance that these areas would be promptly addressed.

Staff 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 supervision meetings and an annual appraisal.

The registered manager confirmed ongoing discussion of records management during team meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic. Minutes of the staff meeting viewed for February 2016 confirmed this area had been discussed.

Service user records viewed included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users' and/or representatives' views had been obtained and where possible, incorporated.

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. Care workers described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

Service user records evidenced that the agency carries out monitoring visits with service users and telephone contacts, along with annual surveys to obtain feedback on services provided. Service user files also contained evidence of communications between the agency and care managers where changing needs were identified and reassessments resulted in amended care plans.

The inspector reviewed the agency's procedure on 'management of missed calls' which contained clear guidance for staff. The registered manager indicated that there had been no missed calls to service users in the last year.

Staff interviewed on the day of inspection discussed their roles and responsibilities in recording and reporting circumstances where calls are running late or may be missed. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user's home.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

All of the service users/relatives interviewed by the UCO felt that care was compassionate, that carers treat them with dignity and respect, and care is not being rushed. Service users/relatives reported that, as far as possible, they were given choice in regards to meals and personal care. During the home visits the UCO observed interactions between two carers and a service user; this was felt to be appropriate and friendly in nature.

Views of service users and relatives were sought through home visits, phone calls and questionnaires to ensure satisfaction with the care being provided by Bryson Care West. Examples of some of the comments made by service users or their relatives are listed below:

- "I can be very anxious about changes but the girls put me at ease."
- "All the girls are lovely."
- "I try to do what I can but the carers assist if needed."

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 interviewed on the day of inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect.

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.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 registered manager, Elizabeth Logan, a service manager, two administrative assistants and care coordinators ensure care workers provide domiciliary care and support to 200 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 registered 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 registered 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/relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

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 16 May 2016 with a range of complaints recorded. The inspector reviewed a sample of three complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the registered 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. No incident reports had been received during the past year; therefore, no records were reviewed.

The inspector was unable to review the responsible person's monthly monitoring reports. The registered manager indicated that the responsible person carried out 6 to 8 weekly monitoring of the service, and reports were held in the organisation's head office. It is recommended that the registered person monitors the quality of services, and completes a monthly monitoring report in accordance with minimum standards.

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 registered manager confirmed that the agency had not yet requested the views of service users/relatives on the services being provided via their annual satisfaction questionnaires for 2015/16. This matter was discussed with the registered manager who explained the delay in completing their annual quality review had been as a result of internal organisational restructuring and the pending HSC Trust tendering outcome.

The registered person is recommended to complete an annual quality report, having sought the views of service users, their representatives, staff and service commissioners. A summary of the annual report should be shared with service users and their representatives.

The registered manager indicated that the agency had developed a 'staff forum' in October 2015. Discussion with two care workers who sit on this staff forum confirmed that they felt this had been a positive process, where care worker representatives had the opportunity to discuss ideas and views with the responsible person and agency management. They described one example where their views had been promptly acted upon; the manager's office had been separated from the open plan area to a separate office allowing staff to freely discuss any issues in private, and the reception/ administration office was moved downstairs which they felt had improved the atmosphere when staff entered the building. The staff forum is scheduled to meet three monthly with the next meeting planned for end of May 2016. This initiative is to be commended.

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**

Two areas for improvement were identified during the inspection.

The responsible person is recommended to monitor the quality of services provided and complete a monitoring report on a monthly basis.

The responsible person is recommended to complete annual quality review reports and share a summary of these reports with service users and their representatives.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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 Elizabeth Logan, registered 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](mailto:agencies.team@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 July 2016</p>	<p>The responsible person is recommended to monitor the quality of services provided and complete a monitoring report on a monthly basis.</p> <p><b>Response by registered person detailing the actions taken:</b> Bryson Care's responsible person now ensures monthly quality monitoring reports of services are complete in compliance with Standard 8.11</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 October 2016</p>	<p>The responsible person is recommended to complete annual quality review reports and share a summary of these reports with service users and their representatives.</p> <p><b>Response by registered person detailing the actions taken:</b> Bryson Care's responsible person will ensure the completion of the annual quality review reports and a summary of these will be shared with service users and their representatives before 16 October 2016.</p>

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.



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