

# Announced Care Inspection Report 20 June 2017



## Bryson Care West

**Address: Gortfoyle House, 104 - 108 Spencer Road, Londonderry  
BT47 6AG**

**Tel No: 02871313512**

**Inspector: Caroline Rix**

**User Consultation Officer: Clair McConnell**

[www.rgia.org.uk](http://www.rgia.org.uk)

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 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 Elizabeth (Liz) Logan, staffs of 120 provides care services to 340 service users in their own homes. These 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 trust). The agency is currently expanding their services within a planned timeframe following a successful contract tender process with the HSC trust.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Bryson Care Western Services/Josephine Marley (registration pending)	<b>Registered manager:</b> Jane Elizabeth Logan
<b>Person in charge of the service at the time of inspection:</b> Jane Elizabeth Logan	<b>Date manager registered:</b> 7 February 2014

### 4.0 Inspection summary

An announced inspection of Bryson Care West took place on 20 June 2017 from 09.30 to 15.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with 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.

Evidence of good practice was found in relation to service quality, care records and staff training. This was supported through review of records at inspection and during feedback from service users, relatives and staff on inspection.

No areas requiring improvement were noted.

Service users spoken with by the UCO, provided very positive feedback regarding the service provided by Bryson Care West in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and complimented and have been detailed within the body of this report. All the staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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
<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 Elizabeth (Liz) Logan registered 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- Records of complaints notified to the agency
- User Consultation Officer (UCO) report

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and six relatives, by telephone, on 11 May 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals

During the 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. Two 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 records of the agency quality monitoring contacts
- Four staff recruitment and induction records
- Agency process for verifying staff NISCC registration
- Staff training schedule and records
- Four staff quality monitoring records
- Staff meeting minutes from January to May 2017
- Complaints log and records
- Compliments log and records received during 2016/2017
- Record of incidents reportable to RQIA in 2016/2017
- Annual Quality report for 2016
- Monthly monitoring reports for February to May 2017
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, and complaints
- Record of incidents reportable to RQIA in 2016/2017

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 May 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 16 May 2016

Last care inspection recommendations		Validation of compliance
<b>Area for Improvement 1</b> Ref: Standard 8.11 Stated: First time	The responsible person is recommended to monitor the quality of services provided and complete a monitoring report on a monthly basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that monthly monitoring had been carried out and reports had been completed. The inspector reviewed a sample of these reports which provided assurances that governance arrangements were in place to ensure the quality of services being provided was maintained and had taken into account service user and representative's views.	
<b>Area for Improvement 2</b> Ref: Standard 8.12 Stated: First time	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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed the agency had completed their annual quality review, and shared the quality review report findings with service users and key stakeholders.	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The UCO was advised by all of the service users and 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 by the service users or relatives; examples given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "It's reassuring for the family as the carers contact us if anything is wrong."
- "The carers are perfect."
- "No problems at all."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's staff recruitment process was reviewed. The inspector examined four individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staff are not provided for work until all required checks have been satisfactorily completed.

An induction programme had been completed with each staff member that included competency assessments and subsequent supervision records were maintained. The review of this documentation for each care worker, clearly detailed the agency's structured system for induction training, supervision and competency assessment programme.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with NISCC in line with the required timeframes and guidelines. A range of communication methods used by the agency to inform staff of their requirement to register were reviewed during inspection. The registered person monthly monitoring reports also made reference to the current status of staff registered and registering. The registered manager discussed the system introduced to identify when staff are due to renew registration. The care staff spoken with during inspection described their registration process with NISCC.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Adult Safeguarding’ policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The registered manager is named as the agency’s Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The agency’s whistleblowing policy and procedure was found to be satisfactory.

Each of the five staff 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.

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.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2017 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users’ care needs including: dementia awareness, skin care and end of life care. Staff interviewed described the value of the additional training received in improving the quality of care they provided.

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.

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 of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment and induction, training, supervision and appraisal. Adult safeguarding had been appropriately managed and ongoing review of service user’s care and support was evident.

Documentation viewed by the inspector indicated that there are robust recruitment systems in place to ensure that staffs are not provided for work until all required checks have been satisfactorily completed.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.5 Is care effective?

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

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to, or advised of the name of, new carers by a regular carer or supervisor.

No issues regarding communication between the service users, relatives and staff from Bryson Care West were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place. Some of the service users and relatives interviewed were also able to confirm that they had received a questionnaire and that observation of staff had taken place.

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

- "Couldn't fault them."
- "Fantastic service."
- "I would give them 110%."

Service user records viewed on the day of inspection 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 relatives' views had been obtained and where possible, incorporated.

A sample of four service user files confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The registered manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/relatives. The registered manager confirmed they receive an amendment form from the trusts detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

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.

The agency's policies and procedures on 'record keeping' and 'data protection' were viewed and found to contain clear guidance for staff. The inspector reviewed a sample of completed daily log records returned from service users' homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where minor issues had been identified.

The registered manager confirmed ongoing discussion of records management during staff supervision meetings and during training updates; discussion with care workers during the inspection supported on-going review of this topic.



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 interviewed on the day of inspection 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. Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

The registered manager confirmed that service user calls had not been missed during 2017 to date, however, some problems with call times had been reported during the first week of the provider transition in March 2017 which was swiftly resolved.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care.

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

- “Lovely bunch of girls. We’re very happy with them.”
- “More than pleased with them.”
- “We were anxious at the start but the carers put us at ease.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users' needs.

Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users' homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users' choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency's compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- 'Thanks to the many wonderful care workers who went well beyond the call of duty and made it feel that it was friends in the house. We really appreciated their assistance. (Thank you email from relative of a service user).
- 'A massive thank you to the care staff, we are delighted with them all who are second to none. The care worker saved his life by noticing his breathing problems and getting urgent help. XXX is getting treatment at home now.' (Thank you phone call from a service user's relative).
- 'Just a note to say thanks to all the staff for their excellent care and kindness.' (Thank you card from a service user's relative).

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.7 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.**

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No complaints had been made regarding the service.

No concerns regarding the management of the agency were raised during the interviews.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered manager, Elizabeth Logan, a service manager, senior support worker and senior care workers their teams of care workers provides domiciliary care and support to service users 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. Both documents contained all information in compliance with Regulations 5 and 6 and Standards 2 and 4.

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 viewed 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, were found to have been implemented.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

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 2016 to inspection date 20 June 2017 with a range of complaints recorded. The inspector reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Monthly monitoring reports were viewed for February to May 2017. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed. The reports evidenced that the views of the commissioning trust had been sought which were found to be very positive.

The annual quality review report for 2016 viewed had been completed with a summary section of feedback and an action plan. The views of service users, relatives, staff and commissioners of their service had been obtained and included in their detailed report. Records evidenced that the agency had shared their annual quality report summary with all service users and staff. The registered manager indicated that they have recently completed their annual quality review for April 2016 to March 2017, with findings currently being collated into a report in preparation for sharing with service users, staff and commissioners.

The care workers interviewed 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 by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships with all key stakeholders.

### 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews