



The Regulation and
Quality Improvement
Authority

Bryson Care West
RQIA ID: 10786
Gortfoyle House
104 - 108 Spencer Road
Londonderry
BT47 6AG

Inspector: **Caroline Rix**
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**Unannounced Care Inspection
of
Bryson Care West**

22 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 22 June 2015 from 09.45 to 15.00hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for quality improvement were identified during this inspection and this is to be commended. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Bryson Care West/Mr Joseph Desmond McGrann	Registered Manager: Elizabeth Logan
Person in charge of the agency at the time of Inspection: Elizabeth Logan	Date Manager Registered: 7 February 2014
Number of service users in receipt of a service on the day of Inspection: 214	

3. Inspection Focus

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

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

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

4. Methods/Process

Prior to inspection the following records were analysed:

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

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

- Discussion with the registered manager
- Consultation with two care staff
- Staff surveys review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with six service users and ten relatives, either in their own home or by telephone, on 15 and 16 June 2015 to obtain their views of the service. The service users interviewed live in Londonderry and surrounding areas and receive assistance with personal care, medication and meals. Feedback received is included within the body of this report.

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

The following records were examined during the inspection:

- Five service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Five service user records in respect of the agency quality monitoring via face to face contact and trust review process.
- Two staff meeting agendas and minutes for January and June 2015
- Staff handbook
- Four staff quality monitoring records
- Overall rota for individual run
- Service user compliments received by the agency from January 2015 to May 2015
- Three complaints records
- Annual quality report
- Procedure for management of missed calls/late calls
- Procedure for access to service users' home

- Management staff daily contact log records/on call logs for May and June 2015
- On call rota
- Five communication records with trust professionals.
- Duty file.
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5. The Inspection

Profile of Service

Bryson Care West is a domiciliary care agency based in Londonderry. Under the direction of manager Elizabeth Logan, a staff of 72 (a decrease of 10 since the previous inspection) provides a variety of services to 214 (an increase of 4 since the previous inspection) service users in their own homes. These service users are mostly older people, but some have physical disability and mental health needs. All the service users live in the Derry city council area and Limavady. The services provided range from personal care and social support to domestic duties and sitting services. The majority of services are commissioned by the Western HSC Trust and currently a small number of service users are self-referred.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 23 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 5 (1) Schedule 1	The registered manager is required to update their Statement of Purpose to include all elements listed in Regulation 5 Schedule 1. The statement of purpose must be updated to include their revised complaints procedure.	Met
	Action taken as confirmed during the inspection: The Statement of Purpose dated January 2015 was viewed and included all elements required along with their revised complaints procedure.	
Requirement 2 Ref: Regulation 6	The registered manager is required to update the service user guide with the revised complaints procedure and provide all service users with the updated information.	Met
	Action taken as confirmed during the inspection: The service user guide dated January 2015 was viewed and had been updated to include their revised complaints procedure. Records evidenced	

	that all service users have been provided with this updated information.	
Requirement 3 Ref: Regulation 22	The registered manager is required to update their complaints procedure to include independent advocacy services. (Standard 15)	Met
	Action taken as confirmed during the inspection: The complaints procedure dated January 2015 was viewed and had been updated to include information on independent advocacy services.	
Requirement 4 Ref: Regulation 23(1)	The registered manager is required to review the policy on Management, control and monitoring service quality standards to ensure compliance with Regulation 23(1)	Met
	Action taken as confirmed during the inspection: The policy and procedure on Management, Control and Monitoring service quality standards was viewed dated January 2015. This policy and procedure had been expanded to include the roles of senior staff in relation to monitoring and supervision and the monthly monitoring report by the responsible person. Records evidenced that these procedures had been implemented.	
Requirement 5 Ref: Regulation 16(2)(a)	The registering manager is required to review and revise the agency Learning and Development policy and procedure and ensure appropriate implementation of mandatory training across all staff groups to include supervision and appraisal training for management staff as appropriate. Competency assessments are also required for all mandatory areas. (Minimum standard 12)	Met
	Action taken as confirmed during the inspection: The Learning and Development policy and procedure dated January 2015 was viewed, and had been expanded to mandatory training for all	

	staff groups and included supervision and appraisal training for management staff. Records evidenced that competency assessments have been completed for all staff training subjects.	
Requirement 6 Ref: Regulation 11 (3)	<p>The registered manager is required to ensure training is compliant for all management and care staff in line with Regulation 11(3), Minimum standards 12.3 and 12.4 and in line with RQIA mandatory training guidelines 2012 and include associated staff competency assessments for all areas.</p> <p>Action taken as confirmed during the inspection: Records evidenced that mandatory training for all management staff had been completed by February 2015. The staff training plan viewed included mandatory training for all staff in line with RQIA mandatory training guidelines 2012. Records evidenced that competency assessments have been implemented in relation to all staff training subjects.</p>	Met
Requirement 7 Ref: Regulation 16(4)	<p>The registered manager is required to review and revise the agency policy on Supervision and Performance review and ensure appropriate application across all staff groups.</p> <p>(Minimum standard 13)</p> <p>Action taken as confirmed during the inspection: The policy and procedure on Supervision and Performance dated May 2015 has been reviewed and revised and includes a programme for all staff groups supervision and performance reviews. Records evidenced that their procedure has been implemented.</p>	Met
Requirement 8 Ref: Regulation 21(3) and Schedule 4(9)	<p>The registered manager is required to review the agency procedure timeframes for notification of incident to RQIA.</p> <p>Action taken as confirmed during the inspection: The procedure for notification of incidents to RQIA was viewed and had been updated to ensure reports are submitted within the required timeframe.</p>	Met

<p>Requirement 9</p> <p>Ref: Regulation 23(1)</p>	<p>The registered person is required to complete monthly monitoring reports in line with Regulation 23(1) and standard 8.11.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that the monthly monitoring reports have been completed by the responsible person, and contained appropriate details within each section.</p>		
<p>Requirement 10</p> <p>Ref: Regulation 23(1)</p>	<p>The registered person is required to complete an annual quality reports in line with Regulation 23(1) and standard 8.12.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The agency has revised their annual quality review procedure. The revised report shall provide for consultation with service users, their representatives and include commissioner's feedback.</p> <p>The report for the current year has not yet been completed as agreed at their previous inspection. Their customer satisfaction report for 2014 was viewed as positive.</p>		
<p>Requirement 11</p> <p>Ref: Regulation 17</p>	<p>The registered manager is required to review and revise the staff handbook in compliance with Regulation 17.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The staff handbook dated March 2015 was viewed and had been expanded to include guidance on a variety of subjects in line with Regulation 17. Records evidenced that all staff have been provided with an updated handbook.</p>		
<p>Requirement 12</p> <p>Ref: Regulation 22</p>	<p>The registered manager is required to ensure all complaints records are retained and available for inspection review at all times.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector reviewed records of all complaints received since the previous inspection in December 2014. These records evidenced that details of each complaint received, actions taken to address those complaints and outcomes to resolve them, were available for inspection and had been appropriately maintained.</p>	
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Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Standard 8.10</p>	<p>The registered manager is recommended to revise their staff monitoring template to ensure separate staff observation records are retained within individual staff files in accordance with the agency policy timeframes. The template should identify key areas including staff recording and reporting, staff compliance with hand hygiene, food hygiene, personal care, moving and handling.</p> <hr/> <p>Action taken as confirmed during the inspection: The staff monitoring template was viewed dated January 2015. This template had been revised to include a separate record of direct observation and key competency assessment areas of staff practices. Records evidenced that this template has been implemented for staff direct observations during 2015.</p>	<p>Met</p>
<p>Recommendation 2 Ref: Standard 8.11</p>	<p>The registered manager is recommended to ensure future annual quality review reports are available for inspection and include reference to staff training.</p> <hr/> <p>Action taken as confirmed during the inspection: The agency has revised their annual quality review procedure. The revised template for their annual quality review report shall provide for consultation with service users, their representatives and commissioner's, along with a reference to their staff training. Their customer satisfaction report for 2014 was available for inspection and viewed as positive.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 13.3	The registered manager is recommended to ensure staff supervision includes all relevant areas including recording and reporting.	Met
	Action taken as confirmed during the inspection: The staff monitoring template was viewed dated January 2015. This template had been revised to include a separate record of direct observation and key competency assessment areas of staff practices including recording and reporting.	

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

Is Care Safe?

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

The documentation relating to six service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment and the majority were accurate, up to date and included basic information regarding the service user's condition. One care plan required to be updated and one file did not contain a risk assessment. The registered manager was informed and an updated care plan is now in place along with the risk assessment.

The agency's log sheets in the six files reviewed were examined by the UCO. It was noted that some of the calls had not been recorded on the log sheets and there were occasions when the sheets had not been signed appropriately. These areas were discussed with the registered manager who confirmed that these matters have been raised with the carers and would continue to be monitored to ensure compliance with their procedures.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

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

Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care, and some of the people interviewed were also able to confirm that observation of staff practice had taken place.

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

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

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

The monthly monitoring reports were reviewed for January to April 2015 and were found to contain detailed information within each section in line with standard 8.11.

Service user records viewed in the agency office evidenced how feedback received had been followed up e.g. increased time each morning to complete personal care requested agreed with trust keyworker and care plan amended. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

It was noted in one of the records that care staff identified that a service user with dementia required additional supervision while smoking to ensure their safety. This had been discussed with the registered manager; subsequent records confirmed that the trust key worker, family and agency reviewed the care needs of this service user and additional call time was allocated to meet this change in care need.

Two staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff explained how information is shared individually, during staff meetings and via phone calls regarding changes to service user's needs and evidence of these processes was reviewed during the inspection day. Eight staff surveys were received following the inspection day. These confirmed that staffs were satisfied with the training received in relation to core values, communication methods and mental health care.

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

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Bryson Care West. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

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

- “Couldn’t do without them.”
- “Very good to my XXX.”
- “Very happy with them.”
- “Nothing to complain about.”

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

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

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

Areas for Improvement

The agency has met the required standards in relation to theme one for all areas reviewed.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

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

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

Is Care Effective?

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

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

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

Monthly monitoring reports contained details of staffing levels being reviewed and appropriate actions taken when potential problems identified.

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

Is Care Compassionate?

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

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

Areas for Improvement

The agency has met the required standards in relation to theme two for all areas reviewed.

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

The inspector reviewed the agency's RQIA notification of incidents log; however no reports have been received since their last inspection 23 December 2014. As required during their previous inspection, the procedure for notification of incidents to RQIA was viewed and had been updated to ensure reports are submitted within the required timeframe.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Liz Logan	Date Completed	11/08/15
Registered Person	Jo Marley	Date Approved	11/08/15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	14/08/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address