



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Bryson Care West
Establishment ID No: 10786
Date of Inspection: 23 December 2014
Inspector's Name: Amanda Jackson
Inspection No: IN017363

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Bryson Care West
Address:	Gortfoyle House 104-108 Spencer Road Londonderry BT47 6AG
Telephone Number:	028 7131 3512
E mail Address:	llogan@brysoncarewest.org
Registered Organisation / Registered Provider:	Partnership Care West/Mr Joseph Desmond McGrann
Registered Manager:	Jane Elizabeth Logan
Person in Charge of the agency at the time of inspection:	Jane Elizabeth Logan (manager) and Deputy manager
Number of service users:	210
Date and type of previous inspection:	Primary Announced Inspection 23 April 2013
Date and time of inspection:	Annual Unannounced Inspection 23 December 2014 09.30 to 14.30 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	3
Relatives	3
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	23

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Bryson Care West is a domiciliary care agency based in Londonderry and was formerly known as Partnership Care West. Under the direction of manager Elizabeth Logan, a staff of 82 (an increase of 24 since the previous inspection) provides a variety of services to 210 (an increase of 60 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.

Bryson Care West had three requirements and one recommendation made during the agency's previous inspection on 23 April 2013. All requirements and recommendation were found to be 'substantially compliant' with all carried forward into the QIP for this report regarding outstanding matters for attention.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Bryson Care West was carried out on 23 December 2014 between the hours of 09.30 hours and 14.30 hours. The agency has undergone restructuring since the previous inspection with a number of changes across Bryson services. As a result the agency was found not to be fully compliant with a number of areas reviewed during this inspection.

Phone calls to service users were carried out by the UCO prior to the inspection on 16 December 2014, and a summary report is contained within this report. Findings following these home visits were discussed with the registered manager.

The inspector had the opportunity to meet with three staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Twelve requirements and three recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

30 staff surveys were issued and 23 received which is an excellent response.

Staff comments included on the returned surveys were:

"I always get good support from management team when required."

"Yes I do I feel that I have great support from my managers. I feel very secure in my position as carer. As far as I know that if I have any problems I have back up with staff and managers."

“I would prefer to be consulted prior to rota being organised re availability for extra shifts.”

“I am happy with work and believe my line managers to be very supportive.”

“I feel that the care and service we provide are excellent. We are very much appreciated in the community we work in.”

“Very supportive, approachable and friendly.”

Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with two service users and three relatives on 16 December 2014 to obtain their views of the service being provided by Bryson Care West. The service users interviewed have been using the agency for a period of time ranging from approximately five weeks to four years and receive at least one call per day for assistance with personal care.

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. There were mixed results regarding service users being introduced to, or advised of the name of, new staff by a regular carer; it would be good practice for the agency to do so when possible. No concerns regarding the timekeeping or the length of calls were raised and the agency usually contacts the service user if their carer has been significantly delayed, this is good practice. A number of people interviewed also confirmed that they received a book from the agency when the service commenced and that it is completed by the carers at all calls.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Bryson Care West. All of the people interviewed advised the UCO that they had not made a complaint regarding the agency, however they are aware of whom they should contact if issues arise. Some of the people interviewed were able to confirm that management from the agency visits to ensure their satisfaction with the service; however only one relative was able to advise the UCO that observation of staff practice had taken place in their home. The registered manager confirmed that these are carried out on a regular basis and records are kept in the office.

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

- “Couldn’t ask for better.”
- “Absolutely no complaints.”
- “The girls are perfect. Couldn’t fault them.”
- “They treat my XXX with the highest respect.”
- “I hear them laughing and joking together.”

Summary

Theme one - Management and control of operations

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

The agency has achieved a level of **moving towards compliance** in relation to this theme.

The agency's 'Statement of Purpose', Service user guide and policy on Management, control and monitoring service quality standards require view to ensure they contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager and deputy manager during inspection and review of records for the manager and deputy manager supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process has been developed by the agency and is operational during 2013/14 for some but not all staff and with exception to those areas referenced in the previous paragraph.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection however review of supervision processes and timeframes have been recommended in line with the requested policy review.

Monthly monitoring processes are not currently in place. The RQIA report template was recommended for review during inspection and to include an area for staff competence matters as appropriate.

Records regarding two medication incidents were reviewed and found to have been appropriately reported to RQIA but not within the specified timeframes. All records were available for review.

Seven requirements and one recommendation have been made in relation to this theme and relate to registered manager and deputy manager training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), revision of the staff supervision and appraisal policy and implementation of supervision for management staff in line with Standard 9, Appendix 1 and Standards 13.2, 13.3 and 13.5. Requirements have also been made regarding the agency's Statement of purpose, Service user guide and various policy reviews together with review of the monthly monitoring reports and annual quality review process.

Theme 2 - Records management

The agency has achieved a level of **moving towards compliance** in relation to this theme.

The agency has a policy and procedure in place on 'Record Keeping' which was found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files did not take place during inspection due to time constraints.

The agency has a policy and procedure in place on use of restraint as part of their 'Moving and Handling' policy, which was reviewed during the previous Belfast Bryson inspection as satisfactory.

The agency currently provides care to a number of service users that require some form of restraint. Risk assessments in relation to this area were found to be appropriately detailed.

The agency has a policy and procedure on 'Handling Service Users Monies' which was reviewed as compliant.

Review of the staff handbook required updating regarding a number of policy areas and this has been detailed within the QIP.

Four requirements have been made in relation to this theme and relates to staff training compliant with the RQIA mandatory training guidelines 2012 and the agency's revised learning and development policy, staff supervision in accordance with Regulation 16(4) and Standard 13.3, review of the staff handbook in accordance with Regulation 17 and appropriate maintenance of service user records in compliance with Regulation 21 and Schedule 4 and Standards 5.2 and 5.6.

Theme 3 – Recruitment

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

No requirements or recommendations have been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	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.	Due to time constraints the inspector completed a brief review of the Statement of Purpose, service user guide and the complaints procedure within. The inspector noted that the documents are required to include lines of responsibility and accountability within the staffing structure and the complaints procedure is required to detail advocacy services appropriate to their service user groups. All three requirements have been carried forward into this QIP.	Once	Substantially compliant
2	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.	As per requirement one above.	Once	Substantially compliant
3	Regulation 22	The registered manager is required to update their complaints procedure to include the role and contact details of the NI Ombudsman, RQIA and independent advocacy services. (Standard 15)	As per requirement one above.	Once	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 8.10	The registered manager is recommended to revise their staff monitoring template to ensure separate staff observation records are retained within individual staff files.	As detailed within theme two, criteria one of this report, separate staff observations are now taking place however all files reviewed were not compliant with the agency timeframes for monitoring and this has been requested for further review.	Once	Substantially compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager has successfully obtained her Level 5 Diploma in Leadership for Health & Social care services (Adult's Management) Wales & NI in October 2012. There is a training plan in place to show regular undertaking of all relevant training in relation to management and provision of services, dates attended and records for such training maintained.</p> <p>The registered manager is also registered with the NISCC Social Care register, reg number 1135799. The registered manager is supervised on a regular basis and is fully accountable to her line manager for all work undertaken. She also chairs weekly Care Services meetings attended by relevant management staff where all aspects of service functions are discussed/actioned.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The statement of purpose dated 11 November 2014 requires further review as detailed within requirement one within the follow up section of this report.</p> <p>The inspector did not review the remaining policies during this inspection as previous inspections had been carried out within the agency's sister services in Belfast. Registered manager confirmed that all policies are the same therefore any matter requiring attention from the Belfast inspection has been detailed within this report.</p> <p>The policy on Management, control and monitoring service quality standards dated September 2014 was reviewed as substantially compliant with exception to the new management structure within the agency and specific details around staff quality monitoring. This structure should include the registered person, registered manager(s), together with deputy manager and all other staff including management and care staff.</p> <p>Training records for the registered manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to managing service users monies and restraint/challenging behaviour. The manager has completed training in the areas of supervision in 2011 and appraisal in 2013 and this is to be commended.</p> <p>All areas of training reviewed did not include a competency assessment.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers. The inspector reviewed the agency training plan for quarter one of 2015 and this detailed most of the areas of training required for update by the manager.</p> <p>The registered manager has recently completed the Level 5 QCF in Health and Social care management in 2012. The manager is also due to undertake training in the areas of 'train the trainer' and 'risk assessment' in the coming year and this is to be commended in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from April 2013 to April 2016.</p>	<p>Moving towards compliance</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>The registered manager meets fortnightly/monthly with her line manager to review her ongoing management of service and to review and audit working practices.</p> <p>Medication errors/incidents are reported in accordance with procedures, next of kin are informed, supervision with care worker is carried out, social worker is informed as is RQIA (form 1a submitted).</p> <p>Following training undertaken by the registered manager and her feedback into current practice a focus group was established to address feedback in more detail. As a result current practice was changed to be more user friendly, simplify the process and to be more closely aligned with the Balance Score Card.</p> <p>Training on the new procedure was then delivered by HR to management and this became part of our systems from April 2014.</p> <p>Annually staff receive a recorded appraisal carried out with a manager. Key competencies are evaluated, objectives for incoming year set along with training needs. Staff then receive a 6 monthly review to measure if achieving objectives and training identified. This process is currently up to date.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency Supervision and Performance review policy dated July 2013 referenced the practices for care staff but did not clearly reference the differences in management staff supervision and appraisal and this has been recommended for review</p> <p>Appraisal for the registered manager currently takes place on an annual basis and was reviewed for 2013 and 2014. Supervision has taken place regularly over recent months due to management structure changes and has been requested for review ongoing in line with the requested revision to the supervision and appraisal policy (as detailed in the paragraph above).</p> <p>The inspector reviewed the agency log of two incidents reported through to RQIA over the past year (two medication incidents. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the incidents together with evidence to support follow up action taken by the agency regarding staff competence, follow up training. Timeframes for reporting to RQIA had not been strictly adhered to and this was discussed during inspection with the registered manager and deputy manager.</p> <p>Monthly monitoring reports due to be completed by the registered person were not available for review during inspection as these had not been completed. The registered person had completed a number of service users reviews regarding service quality and these were available for review during inspection but are required to be detailed in the context of a monthly quality monitoring report. Review of the report template on the RQIA website was recommended during inspection for implementation moving forward and this was discussed also with the registered person during inspection.</p> <p>The agency could not provide evidence of their annual quality review for the year 2013. This was required for 2014 and to include the agency evaluation of staff training completed to date and their proposed future training requirements.</p>	<p>Moving towards compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>As part of our shortlisting criteria it is essential that candidates indicate some experience of caring in a formal/informal setting on either a voluntary or paid capacity. After appointment all domiciliary care staff undertake mandatory and essential training appropriate to their role. This is incorporated in a 3 day programme consisting of corporate induction, care services induction and training. Staff also get to shadow their role with an experienced member of staff.</p> <p>Management and staff undertake Administration of Medication training annually. An annual training plan is in place for all staff and training is rostered on weekly rota's for staff.</p> <p>Staff discuss individual training needs in supervision and in appraisals.</p> <p>Manager's undertook training in Supervision/Performance appraisals in December '13.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency holds a Learning and Development policy and procedure dated October 2014 which details the overarching training approach for Bryson charitable group (this includes many different aspect of Bryson as a whole charitable group). The policy although referencing the responsibilities of senior managers and assistant directors to review and plan their own individual staff training needs each year, the policy does not make specific reference to the mandatory training requirements for the domiciliary aspect of Bryson care in line with RQIA mandatory training guidelines 2012 and this was discussed during inspection for development.</p>	<p>Moving towards compliance</p>

Training records for the deputy manager were not found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to vulnerable adults and this was discussed during inspection.

The deputy manager has completed training in the areas of supervision and appraisal and this is to be commended.

The inspector reviewed the agency training plan for quarter one of 2015 and this detailed most of the areas of training required for update by the manager.

All areas of training reviewed did not include a competency assessment.

Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers

The deputy manager has recently completed the Level 5 QCF in Health and Social care management in 2013. The deputy manager is also due to undertake training in the areas of 'train the trainer' and 'risk assessment' in the coming year and this is to be commended in terms of keeping abreast of new areas of development.

NISCC registration for the deputy manager has currently expired and is in the process of renewal.

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>The deputy manager receives regular supervision with her line manager and is fully accountable for all work undertaken. On a weekly basis management meet to discuss/action all aspects of the service. Medication error's/incidents are reported in accordance with procedures, next of kin are informed, supervision with care worker carried out, social worker informed as is RQIA (form 1a submitted). After all training evaluation forms are completed and the feedback from these is collated and used as part of quality improvement. Manager's receive an annual appraisal with their line manager, key competencies are evaluated, objectives for incoming year set along with training needs. Manager's then receive a 6 monthly review to measure if achieving objectives and training identified.</p>	Substantially compliant
Inspection Findings:	
<p>Appraisal for the deputy manager currently takes place annually and was reviewed during inspection for 2013 and 2014. Supervision for the deputy manager has taken place twice in 2014 and was found to be compliant but has been recommended for review in line with the requested revision of the supervision and appraisal policy timeframes moving forward.</p> <p>The current monthly monitoring reports were not available for review as discussed in criteria two above.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>All records received from WHSCT are stored in line with Data Protection, in locked filing cabinets or are accessible on password protected computers.</p> <p>At start of service each service user receives a book to be kept in their home for staff to complete on each visit. Service users are asked to place this in a safe place for staff to access at each visit. Within this book there is a Statement of Purpose, Service user guide, Complaints leaflet, CSE Standards, their care plan detailing services required, Trust Risk Assessment and recording sheets. The recording sheets capture date, arrival/departure times and tasks completed as per their care plan. Staff would also document if service user unwell, off form or out of routine. As well as documenting this staff would inform next of kin of any changes and document that this has been undertaken. If changes such as a single call needing doubled or equipment required this too is passed to a manager who immediately passes for urgent attention to social worker. From time to time staff liaise/meet up with other professionals to adjust/resolve issues with service users care plans.</p> <p>If assistance over and above what's stated in care plan is required this is passed by a manager to social worker for amending and if applicable more time is allocated.</p> <p>Staff document also any incidents, accidents or near misses and what action was taken.</p> <p>Staff are reminded at Induction and Annual Report Writing/Data Protection training of their requirements in relation to records being accurate, factual, legible, up to date and signed.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency policy on Recording Standards dated September 2013 was found to be detailed regarding general staff recording and the policy on Staff handovers standard (i.e. reporting) dated April 2012 were found to be compliant. The Handling service user's money and valuables standard policy dated June 2011 (which is overdue for review) was compliant and the Restraint policy which is referred to in the agency's Moving and Handling policy dated April 2013 was found to be compliant. Review of the staff handbook detailed the recording standard policy but did not reference the reporting policy i.e. Staff handovers standard, restraint or managing service users monies and these have been recommended for inclusion</p> <p>Templates were reviewed during inspection for:</p> <ul style="list-style-type: none"> • Daily evaluation recording • Medication administration is detailed on the daily evaluation recording alongside a separate record for 	<p>Moving towards compliance</p>

medication and PRN (as and when required) medications. The inspector did recommend recording the number of tablets and inclusion of a full list of medication as good practice. A list of medication was confirmed as compliant during staff and management discussions and the registered manager and deputy manager agreed for staff to record the number of tablets going forward.

- The agency does not hold a separate money agreement within the service user agreement and this has been recommended moving forward.
- Shopping has only recently commenced for two new service users hence all records are still in the service users homes, the inspector reviewed the template for shopping and this appeared appropriate
- The staff spot checking template does not currently include a section on adherence to the agency recording policy and this has been recommended.
- The staff supervision template does not include records management (recording and reporting) and again this has been recommended for the future.

All templates were reviewed as appropriate for their purpose.

Review of three staff files during inspection did not confirmed staff adherence to records management within the staff spot checks for 2014. Staff supervision records for 2014 were reviewed as substantially compliant regarding timeframes but again did not reference records management. No staff competence issues have arisen in this area as confirmed during discussion with the registered manager and deputy manager.

Staff training records for medication, recording and reporting, were reviewed for three staff member during inspection and confirmed as moving towards compliance. Restraint and service user monies training were not available for review as this has not been completed, this was confirmed by the registered manager and deputy manager. All areas of training have been requested for review.

The registered manager and deputy manager discussed records management as a regular topic for discussion during staff meetings, review of four staff meeting minute records dated 27 and 28 May 2014, 13 and 20 November 2013 evidenced this topic.

Review of two service user files during the inspection by the inspector confirmed appropriate recording in the general notes and medication records with exception to the inspector recommendation regarding staff detailing the number of tablets given.

Review of service user records during the inspection and discussion with the registered manager during inspection confirmed that restraint is in place for a number of service users. Review of one service user file during inspection

evidenced an appropriate risk assessment regarding restraint although the registered manager did highlight that risk assessment information can vary from service to service dependent on trust professional completing the assessment.	
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<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>We have reviewed our current practice and this has led to us tightening the process. In the small number of cases applicable all staff are fully aware to record handling of money in their recordings, however having now fully taken account of Regulation 15.6 (d) we are in the process of introducing a more robust and standardised approach to this process which will be fully operational before inspection.</p> <p>Monthly accounts are compiled in relation to amounts owed/paid in by each service user. Service user receives a monthly invoice from Head Office asking to make payment within 14 days. Receipts are issued when monies received.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Discussion with the registered manager during inspection advised that two recently commenced service users are receiving financial assistance in terms of shopping from the agency. Review of the template for recording shopping appeared appropriate. The inspector was unable to review these records in their completed state as service user visits were not completed during the inspection due to time constraints and the current service user records are retained in service user’s home files.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliant

THEME 3
Regulation 13 - Recruitment

Criteria Assessed 1:

Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—

- (a) he is of integrity and good character;
- (b) he has the experience and skills necessary for the work that he is to perform;
- (c) he is physically and mentally fit for the purposes of the work which he is to perform; and
- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Standard 8.21 The registered person has arrangements in place to ensure that:

- all necessary pre-employment checks are carried out;
- criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and
- all appropriate referrals necessary are made in order to safeguard children and vulnerable adults .

Standard 11.2 Before making an offer of employment:

- the applicant's identity is confirmed;
- two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
- any gaps in an employment record are explored and explanations recorded;
- criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
- professional and vocational qualifications are confirmed;
- registration status with relevant regulatory bodies is confirmed;
- a pre-employment health assessment is obtained
- where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and
- current status of work permit/employment visa is confirmed.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>Bryson CareWest carry out staff recruitment in compliance with Bryson Charitable Group's Recruitment and Selection policy and procedure. On application forms applicants are asked to provide the following information: name, address, contact details, NI number, if they require a work permit, do they hold a current driving licence, do they have access to a car, education qualifications - copy of certificates placed on file, personal qualities relevant to the job, 2 referee's, employment history, training/professional membership confirmed and copy of certificate placed on file. They also complete a medical questionnaire and the recruitment manager signs a Fit for work declaration based on information given within the questionnaire. Any gaps identified within employment history are explored and explanations recorded.</p> <p>All offers of employment to new employee's are subject to 2 satisfactory reference's, with at least 1 being current employer. They also are subject to a favourable Access NI enhanced disclosure for which they have to supply 3 forms of identification to include 1 photographic and proof of address within the last 3 months.</p> <p>All staff have a copy of their driver's licence, tax, MOT if applicable and business insurance held on file in the office.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of the staff recruitment policy dated February 2012 confirmed general compliance with regulation 13 and schedule 3.</p> <p>Review of four 2014 staff recruitment files during the previous Bryson inspections confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process and detailed within the induction sign off process were also confirmed during inspection</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed three of the 2013 complaints during the agency's inspection and confirmed records to be substantially compliant. Not all supporting records regarding staff discussions were available for review and these have been recommended moving forward. The agency has not received any complaints during 2014 and this is to be commended.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Joseph McGrann (registered person)**, **Elizabeth Logan (registered manager)** and the **deputy manager**, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Inspection

Bryson Care West

23 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Elizabeth Logan (registered manager)** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 (1) Schedule 1	<p>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.</p> <p>As discussed within the follow up section of this report.</p>	Twice	Statement of Purpose has been updated to include all elements listed in Regulation 5 Schedule 1. Also includes revised Complaints procedure.	To be completed three months from the date of inspection
2	Regulation 6	<p>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.</p> <p>As discussed within the follow up section of this report.</p>	Twice	Service User Guide has been updated with the revised complaints procedure.	To be completed three months from the date of inspection
3	Regulation 22	<p>The registered manager is required to update their complaints procedure to include independent advocacy services. (Standard 15)</p> <p>As discussed within the follow up section of this report.</p>	Twice	Revised Complaints Procedure now includes Independent Advocacy Services (Standard 15).	To be completed three months from the date of inspection

4	Regulation 23(1)	<p>The registered manager is required to review the policy on Management, control and monitoring service quality standards to ensure compliance with Regulation 23(1).</p> <p>As discussed within theme one, criteria one of the report.</p>	Once	The policy has been reviewed to include a revised management structure and details of staff quality monitoring.	To be completed three months from the date of inspection
5	Regulation 16(2)(a)	<p>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.</p> <p>(Minimum standard 12)</p> <p>As discussed within theme one, criteria three of the report.</p>	Once	The policy has been reviewed to reference all mandatory training in line with RQIA guidelines and the need to complete competency assessments for all levels of staff.	To be completed three months from the date of inspection

6	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>As discussed within theme one, criteria one and three of the report and within theme two criteria one.</p>	Once	Managers currently completing mandatory training in compliance with RQIA mandatory training guidelines.	To be completed three months from the date of inspection
7	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>As discussed within theme one, criteria two and four of the report and within theme two criteria one.</p>	Once	The policy has been reviewed to include the requirement for management staff supervision and performance review.	To be completed three months from the date of inspection
8	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>As discussed within theme one, criteria two of the report.</p>	Once	Registered Manager has reviewed the agency procedure to ensure now compliant with incident notification timeframes.	To be completed with immediate effect and ongoing

9	Regulation 23(1)	The registered person is required to complete monthly monitoring reports in line with Regulation 23(1) and standard 8.11. As discussed within theme one, criteria two of the report.	Once	The registered person has initiated monthly monitoring reports in line with Regulation 23(1) and Standard 8.11.	To be completed with immediate effect and ongoing
10	Regulation 23(1)	The registered person is required to complete an annual quality reports in line with Regulation 23(1) and standard 8.12. As discussed within theme one, criteria two of the report.	Once	The registered person will complete an annual quality report upon full completion of the monthly monitoring requirements.	To be completed three months from the date of inspection
11	Regulation 17	The registered manager is required to review and revise the staff handbook in compliance with Regulation 17. As discussed within theme two, criteria one of the report.	Once	The handbook has been reviewed to include the staff handover standard, restraint training and managing service user's monies.	To be completed three months from the date of inspection
12	Regulation 22	The registered manager is required to ensure all complaints records are retained and available for inspection review at all times. As discussed within the 'additional matters section' of the report.	Once	Complaints records have been expanded to include all aspects of complaints recording, resolution and inspection.	To be completed with immediate effect and ongoing

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 8.10	<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> <p>As discussed within the follow up section of this report and within theme two, criteria one.</p>	Twice	Current template amended to take account of stated recommendations.	To be completed three months from the date of inspection
2	Standard 8.11	<p>The registered manager is recommended to ensure future annual quality review reports are available for inspection and include reference to staff training.</p> <p>As discussed within theme one, criteria two of the report.</p>	Once	The template for the Annual Quality Review has been amended to include reference to staff training. The Annual Quality Report will be completed in line with RQIA Inspection and therefore will not be completed until Dec '15.	To be completed three months from the date of inspection

3	Standard 13.3.	<p>The registered manager is recommended to ensure staff supervision includes all relevant areas including recording and reporting.</p> <p>As discussed within theme one, criteria four of the report.</p>	Once	Monitoring template has been amended to include staff recording and reporting responsibilities.	To be completed three months from the date of inspection
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Liz Logan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Joe McGrann

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	03/02/15
Further information requested from provider			