

# Inspection Report

25 January 2022



## Bryson Care West

Type of service: Domiciliary Care Agency

Address: Block 1 First Floor, Glendermott Valley Business Park, Derry –  
Londonderry, BT47 3QJ

Telephone number: 028 7131 3512

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Partnership Care West	<b>Registered Manager:</b> Mrs Jane Elizabeth Logan
<b>Responsible Individual:</b> Ms Josephine Marley	<b>Date registered:</b> 07 February 2014
<b>Person in charge at the time of inspection:</b> Mrs Jane Elizabeth Logan	
<b>Brief description of the accommodation/how the service operates:</b> Bryson Care West is a domiciliary care agency based in Londonderry. Under the direction of the registered manager, staff of 341 provides care services to 783 service users in their own homes. Service users are mostly older people, but some have physical disabilities, learning disabilities and mental health needs. The service users live in the Londonderry, Limavady and Strabane areas. The services provided range from personal care and social support to domestic duties and sitting services. The services are commissioned by the Western Health and Social Care Trust (HSC).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 25 January 2022 between 09.00 a.m. and 12.00 a.m. by the care inspector. This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) and/or the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice

and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

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

#### 4.0 What people told us about the service

We spoke with two service users and two staff during the inspection; comments received are detailed below.

In the questionnaires returned the respondents indicated that they were satisfied that the service provided was safe and effective. Comments received included:

- "Carers could not do any better."
- "I have no complaints at all."
- "Very happy no problems at all."
- "All is well."

#### Service users' comments:

- "The callers are very good I'm very fortunate."
- "They are very punctual."
- "I feel safe as they always wear full PPE in my home."
- "I'm always treated with respect, dignity and civility by the staff."
- "\*\*\*\*\* is very confident with staff and has a good relationship."
- "I have no concerns or worries."
- "Good communication with staff."
- "Nothing is a bother to them."
- "Always on time and reliable."

#### Staff comments:

- "A good comprehensive induction that prepares you for the role and the opportunity to shadow other experienced staff."
- "Training is excellent and regular."
- "We have good management support."
- "Supervision is regular and staff can approach managers at any time."
- "We promote person centred care."

- “All staff have good support from the company.”

There were four responses to the electronic survey; the respondents were very satisfied or satisfied with the care:

#### Comments:

- “I enjoy working for Bryson care. I have no complaints.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Bryson Care West was undertaken on 18 February 2021 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated and was reviewed by the inspector.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters.

Records viewed and discussions with the manager indicated that no referrals had been made to HSC Trust adult safeguarding teams since the last inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were robust systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures and actions taken to reduce or prevent reoccurrence.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. Staff stated that they receive regular updates with regards to changes in guidance with relating to Covid-19.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There are currently no users who have been assessed by (SALT) services.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives. We noted some of the comments received during quality monitoring:

#### **Service user comments:**

- “The care and attention is excellent.”
- “The service is appreciated.”
- “I’m very pleased with the care, always polite and caring and I’m never rushed.”
- “I’m very happy with everything and they always wear PPE in my home.”

#### **Staff comments:**

- “Management support has been excellent.”
- “Bryson is a caring employer.”
- “Care provided is safe and of a high quality.”
- “Managers are caring and helpful.”

#### **Relative’s comments:**

- “We are happy with the service staff.”
- “We do not have to worry about \*\*\*\*\* as the care is good.”
- “My \*\*\*\*\* gets a great service, never any problems with the team.”
- “The quality of staff attending my \*\*\*\*\* is excellent, genuinely caring and compassionate.”

#### **HSC Trust Comments:**

- “I have no concerns related to the quality of the service.”
- “Communication is very good.”
- “There is a good rapport with staff.”
- “Partnership working continues to be effective.”

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, missed calls, NISCC registration and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that complaints received since the last inspection had been actioned to the satisfaction of the complainant.

There was a system in place to ensure that staff received supervision and training in accordance with the agency’s policies and procedures. We noted a number of spot checks completed with staff during service and have highlighted some of the comments received from service users during the checks:

- “They are very good.”
- “Always punctual.”
- “They always wear PPE.”
- “No issues, great staff.”
- “A great help to me and \*\*\*\*\*.”
- “They are all so kind and caring.”
- “I could not be here at home without the help and support.”
- “Great company nice to see tem calling.”

- “Sets my mind at rest that someone is checking on my \*\*\*\*\*.”
- “I’m very happy with the carers.”

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection. Based on the inspection findings and discussions held with the manager, staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

There were no areas for improvement identified during this inspection.

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

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jane Elizabeth Logan Registered Manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

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

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

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