



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Bryson Charitable Group

Provider: Bryson Charitable Group

Date of Inspection: 14 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Bryson Charitable Group
Responsible Individual:	Ms Josephine Marley
Registered Manager:	Mrs Karen Gordon (Acting)
Service Profile: Bryson Charitable Group domiciliary care agency is based on the Ravenhill Road in Belfast. It provides domiciliary services to service users who are elderly or living with a physical disability, learning disability or enduring mental health needs. Services provided include personal care, meal provision, medication assistance and social support.	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2024 between 9:05 a.m. and 2:30 p.m. and was conducted by a care Inspector.

The inspection was undertaken to evidence how the domiciliary care agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 20 November 2023.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were reviewed.

No areas for improvement were identified. As a result of this inspection the area for improvement previously identified, by RQIA was assessed as having been addressed by the provider.

Good practice was identified in relation to recruitment and training. There were good governance and management arrangements in place.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of the agency.

Service users spoke positively about their experience of the agency; they said they liked the carers, one told us that "I would be lost without them, only for them, I wouldn't be able to stay in my own home" while another stated that they were aware of the complaints procedure and that the staff were great.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that they felt "This is the best care company that I have ever worked for." while another stated, that if they had any concerns 'they would be confident to raise these'.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. One comment included "All lovely staff, great help." Another comment stated "Wonderful"

A number of staff responded to the electronic survey. The respondents indicated that they were 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

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

The last care inspection of the agency was undertaken on 20 November 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 20 November 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13(d) (schedule3) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that full and satisfactory information is available in relation to each employee	Met
	Action taken as confirmed during the inspection: Evidence was viewed of documentations and scrutiny of pre-employment information. Full and satisfactory information was available.	

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. A recruitment checklist was in use and evidence of checking of recruitment files was consistent across all files reviewed.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.4.2 The 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the

process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was undertaken. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Care and support plans are kept under regular review.

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.4.3 The arrangements for promoting service user involvement

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

The agency had undertaken an evaluation of the service and produced a report which included feedback from service users with recommendations and actions.

3.4.4 The arrangements to ensure robust managerial oversight and governance

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection. The process and training in relation to non-access to service users was reviewed. Expected actions both in and outside of normal business hours was clear and communicated with staff.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Julie Geoghegan, Assistant Director and Mrs Karen Gordon, Manager, as part of the inspection process and can be found in the main body of the report.



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