The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bryson Care**

Provider: **Partnership Care West Limited**

Date of Inspection: **17 February 2026**

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

1.0 Service information

Organisation:	Partnership Care West Limited
Responsible Individual:	Mrs. Joanne Neill
Registered Manager:	Mrs. Alison Campbell
Service Profile: Bryson Care West is a domiciliary care agency based in Londonderry. The agency employs 292 to provide care services to 888 adult service users in their own homes across the 4 localities of Strabane, Londonderry Cityside, Londonderry Waterside and Limavady. The Western Health and Social Care Trust (WHSCT) is the commissioner of the care services.	

2.0 Inspection summary

A Care Inspector carried out an unannounced inspection on 17 February 2026, between 9.00 am and 1.00 pm.

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

The Inspector did not identify any areas for improvement during this inspection.

The Inspector identified good practice in relation to training records, staff recruitment and feedback from service users, relatives and staff. The Inspector confirmed that 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 Bryson Care 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, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.Throughout the inspection process, the Inspector will seek the views of service users and their relatives, as well as staff working for the agency and visiting Health and Social Care (HSC) professionals; and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The Inspector provided information 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?

Throughout the inspection, the Inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support, their experiences of receiving support or working in Bryson Care.

Through actively listening to a broad range of service users, RQIA aims to ensure that the service user experience is reflected in our inspection reports and quality improvement plans.

Respondents spoken to by the Inspector gave positive feedback. One service user said 'the girls and boys are great. I have no problems'. Another said 'the carers come on time and do what I need them to do. I am so grateful'. One relative of a service user stated that 'the carers are a lifeline to us'. Another said that 'it's a great service'.

Staff reported that they felt well treated and supported. They stated that they appreciated the support of the manager. One stated that 'the management is good and so is the training'. Another stated that 'the training is well followed up'. All stated that they were confident in management acting promptly in safeguarding issues'. Staff responses to questionnaires confirmed the positive views expressed by staff.

One visiting professional stated that 'I have quite a few clients with Bryson Care and in general I find the care good, and the service reactive to issues in a positive way'.

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

A care Inspector completed the last care inspection of the agency on 18 June 2024. The Inspector did not identify any Areas for Improvement during this inspection.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the Bryson Care's provision for the welfare, care and protection of service users was. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that she was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

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. 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. A review of records confirmed that the manager had handled these referrals appropriately.

The manager was aware that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency provided staff with training appropriate to the requirements of their role. The manager advised that there were service users who required assistance with moving and handling. Care plans for these service users clearly identified the name of equipment required for their care. A review of care records identified that risk assessments and care plans were up to date. The agency had undertaken care reviews in keeping with its policies and procedures.

The agency had provided staff with training in relation to medicines management. The manager advised that all staff complete on-line as well as face-to-face medication management training with the agency's in house trainer. The agency follow this up with regular spot checks. The manager advised that no service users required the administration of oral medication via syringe. The agency use a medication support

document in conjunction with the WHSCT and the Inspector found this to be a useful addition to the agency's documentation.

The Mental Capacity Act (Northern Ireland) 2016 (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 receive help 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 who spoke with the Inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users was subject to DoLS. A resource folder was available for staff to reference if needed.

4.2 What are the systems in place for the promotion of service user involvement?

From reviewing service users' care records and through discussions with service users, the Inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning Trust.

The Inspector viewed the annual quality report and client satisfaction survey, which demonstrated evidence of regular service user consultation.

4.3 What are the systems in place for meeting the Dysphagia needs of service users?

The manager reported that several service users required a modified diet.
The inspector viewed a sample of these care plans and confirmed that these followed the Speech and Language Therapy (SLT) assessments. Staff training records confirmed that all staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

4.4 What systems are in place for recruitment and are they robust?

The Inspector examined the agency's recruitment records and 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. The manager was knowledgeable in this area. The manager checked regularly to ensure that staff had current registration with the Northern Ireland Social Care Council (NISCC). The Inspector spoke with staff who confirmed that they were aware of their responsibilities to keep their registrations up to date.

4.5 What arrangements are in place for staff induction and training?

The Inspector viewed evidence that all newly appointed staff had completed a structured orientation and induction programme, having regard to NISCC's Induction Standards for new workers in social care. This ensured that they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a formal induction programme of at least three days, which included shadowing of a more experienced staff member. The agency retained written records of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The agency employs an in-house trainer who provides the great majority of the mandatory training for staff. The inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

The Inspector confirmed that the agency has monthly monitoring arrangements in place in compliance with regulations. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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. The Inspector confirmed that the agency's insurance indemnity certificate was up to date and provided the required level of cover.

The Inspector confirmed that there was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. The manager reported that the agency had received four complaints since the last inspection. The Inspector confirmed that the manager had managed these appropriately. The manager confirmed that the agency reviewed complaints monthly as part of the monthly quality monitoring process. The manager confirmed that she has completed complaints training.

The Inspector confirmed that the agency has a system in place to ensure that agency staff retrieved records from discontinued packages of care in keeping with the agency's policies and procedures.

Where staff are unable to gain access to a service user's home, there is a system in place that clearly directs agency staff as to what actions they should take to manage and report such situations in a timely manner.

The Inspector reviewed records of regular staff supervision as well as annual appraisals. Examination of appraisal and supervision records indicated that the agency carried these out regularly as per its policies and procedures.

5.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Alison Campbell (Registered Manager), as part of the inspection process. These can be found in the main body of the report.

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