

Announced Care Inspection Report 14 February 2019



Community Rehabilitation Service (Elderly)

Type of service: Domiciliary Care Agency
**Address: Knockbreda Health Centre, 110 Saintfield Road,
Belfast, BT8 6GR**
Tel No: 02895047107
Inspector: Caroline Rix
User Consultation Officer (UCO): Clair McConnell

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Community Rehabilitation Service (Elderly) is a domiciliary care agency which provides rehabilitation services including fracture rehabilitation. The service provides a range of personal care services to people living in their own homes and in intermediate care settings in the Belfast area. A multi-disciplinary team including an occupational therapist and physiotherapist assess and plan care for the service users and provide professional intervention as required. The agency is a transition service for discharged hospital patients. The registered manager and staff provide support for service users who require rehabilitation and/or intermediate care following illness or fracture.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Charlotte (Sharon) Mary Adair
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Charlotte (Sharon) Mary Adair	Date manager registered: 23/11/2017

4.0 Inspection summary

An announced inspection took place on 14 February 2019 from 09.35 to 16.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was identified in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care reviews, and communication between service users, staff and other key stakeholders. Further areas of good practice were also identified in regards to the provision of compassionate care and the involvement of service users, governance arrangements, management of concerns and incidents, quality improvement and maintaining good working relationships.

No areas requiring improvement were identified during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. The inspector would like to thank the staff for their warm welcome and full cooperation throughout the inspection process.

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4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Sharon Adair, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report and Quality Improvement Plan (QIP)
- Record of notifiable events for 2018/19
- All communications with the agency by RQIA
- User consultation report

During the inspection the inspector met with the manager, an occupational therapist and four rehabilitation assistants to discuss their views regarding care and service provided by the agency, staff training and staff's general knowledge in respect of the agency. The staff provided a comprehensive overview of the service and their feedback is contained within the body of this report.

As part of the inspection the User Consultation Officer (UCO) spoke with six relatives, by telephone, on 12 and 13 February 2019 to obtain their views of the service. A team of physiotherapists, occupational therapists and carers provide a short term rehabilitation service. The relatives spoken with confirmed their relatives receive, or have received, assistance with exercise therapy, personal care, medication and meal preparation.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the agency to allow relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received. In addition information leaflets were provided for display outlining the process for raising concerns about Health and Social Care services.

The manager was asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by RQIA.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- One staff induction record
- Three staff supervision records
- Three staff appraisal records
- Three staff training records
- Staff training plan

- Staff meeting minutes
- Staff Northern Ireland Social Care Council (NISCC) registration information and renewal process for registration
- Statement of purpose
- Service user guide
- Three service users' records regarding care and support plans, reviews and quality monitoring
- Three of the agency's monthly monitoring reports
- Annual quality review report for 2017
- Records of communication with other professionals
- Incident records
- Complaints log
- Compliments log and records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2018

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (2)-(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered provider must ensure that each employee of the agency- (a) receives training appropriate to the work he is to perform.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the agency's training matrix and training records maintained for individual staff members; these indicated that</p>	<p>Met</p>

	staff had completed or were scheduled to complete all the relevant training.	
Area for improvement 2 Ref: Regulation 13 Schedule 3 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (c) he is physically and mentally fit for the purposes of the work which he is to perform; Ref: 6.4	Met
	Action taken as confirmed during the inspection: Records viewed evidenced that the registered manager has ensured that the staff information required to be retained in staff files, including confirmation that the domiciliary care worker is physically and mentally fit for the purposes of the work they are to perform, has been signed by the registered manager and staff.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central Human Resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the manager confirmed that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with NISCC. The manager discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place, which is compliant with Regulation 16.(5)(a). Documentation viewed by the inspector relating to one rehabilitation assistant contained details of the information provided during the induction period.

The learning outcomes to be achieved over an initial six week period were in place that includes a system for shadowing other staff employed by the agency and competency assessed by therapists.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed or were booked to complete relevant training. The manager discussed the challenge of securing training places for staff updates within a large organisation, the inspector viewed an email from the training team, received on the day of inspection, where update training had been cancelled at short notice.

Records of training and staff feedback indicated that staffs complete a range of training necessary to meet the individual needs of service users and to develop their knowledge and skills for example: physiotherapy and occupational therapy specific elements of anatomy, medical conditions, gait and walking aids and human rights training. The organisation has a learning and development team to assist managers in ensuring that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and therapists. Staff confirmed senior staff are approachable and available at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear information and guidance as required; in line with (DoH) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'.

The details of the agency's Adult Safeguarding Champion (ASC) with key responsibilities are detailed in the agency's procedure. The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's protocol and procedures. No referrals have been made since the last inspection.

The agency's whistleblowing policy and procedure was found to be satisfactory. Staff demonstrated a clear understanding of the whistleblowing procedure.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the therapists. Records confirmed that risk assessments had been completed in conjunction with service users/ representatives.

The UCO was advised by all of the relatives spoken with that they had no concerns regarding the safety of care being provided or the rehabilitation assistants' practice for example use of equipment and management of medication. They indicated that care is provided by a consistent team of rehabilitation assistants so they are familiar with the service users and their needs. The relatives confirmed that they could raise any concerns with their therapists or rehabilitation assistants and that they had the contact information for the office should they need to contact the manager.

Examples of some of the comments made by the relatives interviewed are listed below:

- “They’re very good.”
- “Very, very happy with them.”
- “No complaints at all.”

Staff commented during inspection:

- “We have a very good team and our therapists provide daily guidance and support with the individual support needed by our service users. We work together to help our service users’ improve.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult protection processes and management of risks.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

The inspector examined three service users’ care records. The care plans, rehabilitation goals and risk assessments had been confirmed during the initial service user visits and contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated. The care plans and rehabilitation goals reviewed by the inspector were up to date, and clearly detailed the service users’ goals and how the service user and staff planned to support them to achieve them. Service User Agreements were consistently provided to service users within the required timescale.

The UCO was informed that care is being provided by a regular team of rehabilitation assistants, so they are familiar with the service users and their care needs. No concerns were raised regarding the rehabilitation assistants’ timekeeping or calls being missed. It was felt that care was not being provided in a rushed manner and that the rehabilitation assistants’ provide valuable support to the service users and their relatives. Communication was generally felt to be good between the agency and the service users and their families.

Examples of some of the comments made by the relatives interviewed are listed below:

- “Glad of the help.”
- “Fantastic service.”

- “It’s working well.”

The agency’s staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures.

The inspector confirmed that direct observation of staff practice was carried out within service users’ homes on a regular basis. From the records reviewed, no staff practice issues were identified for improvement; records detailed observation of manual handling practices along with a variety of other rehabilitation tasks. It was good to note positive comments from service users had been recorded on the monitoring records.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, while undergoing rehabilitation.

Staff commented during inspection:

- “I love my job, and the variety of people we meet. It is difficult sometimes when a service users family member is watching over your shoulder all the time, or they misunderstand our role is to encourage the service user to do tasks for themselves.”
- “I get a reward providing support and encouragement to our service users, and there is a positive improvement in every one we visit.”
- “The team get to build up trust and relationships with our service users and families, over a short period and it can be great to know we are helping them regain independence and don’t need help anymore.”

Areas of good practice

There were examples of good practice found in relation to the review of care and support needs and the agency’s engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users and their representatives in decisions affecting their care and support.

The agency carried out service user quality monitoring contact visits on an ongoing basis to specifically ascertain and include the views of the service users and their representatives. Records reviewed during inspection support ongoing review of service users’ needs.

All of the relatives spoken with by the UCO felt that the care was compassionate and that the service users are treated with dignity and respect by the rehabilitation assistants. They indicated that the care and support was not provided in a rushed manner, with rehabilitation assistants taking the time to talk and provide support to the service users and families.

Examples of some of the comments made by the relatives are listed below:

- “They have time to chat to us.”
- “All very nice.”
- “We looked forward to them coming.”

Staff members spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect.

Staff members commented during the inspection:

- “The job is so rewarding. It is great to see service users’ progress to independence, or as well as possible and know we have helped them achieve this goal. We have built up a close bond with each service user.”
- “I really enjoy my work; and getting to know the service users and their relatives. Some homes have cameras in place, which is fine with us. A family member told me she had a giggle at my reaction when I realised I was being followed around the room by the camera. We have excellent support from the office, when I report a problem to the coordinator, the occupational therapist or physiotherapist come out to the service users home right away to review their progress.”
- “The care we provide changes all the time when the service users’ achieve improved levels of independence. I enjoy knowing we have helped the service user regain some or all skills to live safely and be comfortable and relaxed in their home.”

The inspector reviewed the records of monitoring visits within the files sampled which confirmed they had been completed in line with the timescales as detailed in the procedure. A planning tool was viewed which detailed when each service user was due their next home monitoring visit and the date it had been completed.

Compliments received that were reviewed during inspection provided the following information in support of compassionate care:

- ‘Thank you to all your team for the care provided. I am much better now with my mobility than before going into hospital. Thanks to everyone, for their help reaching my goals slowly with my input at each stage. I could not walk on discharge but am now able to walk unaided around the house. I am delighted with my progress.’ (Service user satisfaction survey feedback).
- ‘Thank you to all the team. They were all so friendly, helpful and encouraging it was a pleasure to have them coming. Anything that was helpful was provided to me. It is an excellent scheme, couldn’t have been better.’ (Service user satisfaction survey feedback).
- ‘I would not be as far on as I am without their help, thank you very much.’ (Service user satisfaction survey feedback).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated in January 2019. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities. The staff members consulted with indicated that the manager and co-ordinators were supportive and approachable.

Staff members commented during the inspection:

- “I love this job. If I have any problems I can speak with the manager or coordinator 24/7 and they are all very approachable. It is reassuring knowing we can ask for advice any time.”
- “The only downsides of my job are driving in bad weather and increased amount of paperwork. I understand it is vital to maintain accurate records, even if it means I have to go into another room to get a quiet area to finish recording before I leave a service user’s home.”
- “I feel our ideas and suggestions are listened to during team meetings, and know we are providing a very valuable service.”

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

All of the relatives spoken with by the UCO confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised.

The agency has team meetings in which opportunities were given to staff to share information and learning. The minutes of recent meetings viewed detailed effective communications within the team.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the service users' satisfaction survey.

The inspector reviewed the feedback received by the agency as part of their annual quality review for 2017. The inspector noted that the information collated during the annual survey report was shared with service users, staff and HSC trusts during September 2017. The manager indicated that the annual survey feedback information for 2018 was currently being collated.

Monthly monitoring reports were viewed for audits completed from November 2018 to January 2019. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by a senior manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation and training.

The agency maintains and implements a policy relating to complaints. The inspector noted that no complaints had been received since the last inspection.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager and staff were able to discuss the ways in which staff development and training enables them to engage with a diverse range of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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