

Inspection Report

31 March 2022



Community Rehabilitation Service (Elderly)

Type of service: Domiciliary Care Agency
Address: Duke of Connaught
Level 1 - CRS
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Stockman's Lane, Belfast
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Miss Lucy Anne May Gault
Responsible Individual: Dr Catherine Jack	Date registered: 1 January 2022
Person in charge at the time of inspection: Miss Lucy Gault, Registered Manager	
Brief description of the accommodation/how the service operates:	
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 south and east Belfast area. A multi-disciplinary team, including an occupational therapist and physiotherapist, assesses and plans care for the service users and provides professional intervention as required. The agency is a transition service for discharged hospital patients.	

2.0 Inspection summary

An announced inspection was undertaken on 31 March 2022 between 11.00 a.m. and 5.15 p.m. by two care inspectors.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users, to staff registrations with NISCC and the management of complaints and adult safeguarding. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements in most areas, however improvements are needed concerning mandatory training, the agency's monthly monitoring visits and their respective monthly monitoring reports.

The findings of this report will provide the registered individual and the manager 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements. This included reviewing how care staff registrations with the NISCC was monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

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.

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.

During the inspection we provided a number of RQIA questionnaires for service users living in their own homes to comment on the following areas of service quality and their experiences:

We asked service users:

- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Three questionnaires were returned; those who responded indicated that they were very happy with the care and support provided.

During the inspection we spoke with one staff member who was in the office. In addition, feedback was received from service users, relatives and HSC Trust representatives in the questionnaires returned to RQIA.

The information provided during the inspection indicated that there were no concerns in relation to the care and support provided by the agency.

Comments received during the inspection process included:

Service users' comments (by telephone):

- "I have good communication with the service."
- "The girls who come in are compassionate. They ask if I am okay and observe me."
- "The girls come in like a breeze in the morning."
- "I'm happy with the service."
- "I have no problems and nothing negative to say. They have never missed a call..."

Staff comments:

- "I've always enjoyed going to my work. I feel I have trust with my colleagues."
- "I feel the service is well led."
- "The staff are very compassionate and understanding to the service users and put themselves in their shoes."
- "I feel I can go to management at any time if I need to speak to them."

HSC Trust representatives' comments:

- "I would observe the rehab assistants with the client's during visits and I can honestly say that the manner in which they interact with the client's is good. I am impressed with how they speak with the clients; they are so attentive and take time to listen to the client."
- "The service users are not rushed and they take a holistic approach with the clients."
- "Unmet needs are flagged up to the appropriate service."
- "The manager has an open door policy and I could go to her if I had any issues."

Three completed service user questionnaires were returned to RQIA; a review of these concluded they were all very positive and complimentary about the agency, the services provided, the staff and no concerns were raised.

Service user comments on the questionnaire:

- "Very helpful in anything I asked about."
- "The rehab staff have been absolutely brilliant. They are supportive, kind and friendly. I will miss them!"

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 of the Community Rehabilitation Service domiciliary care agency was undertaken on 14 February 2019 by a care inspector; no areas for improvement were identified.

An inspection was not completed during the inspection year of 2020-21 due to the first surge of the Covid-19 pandemic.

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 agency has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff 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 classroom based adult safeguarding training during their induction programme and annual updates thereafter. Records viewed evidenced that identified staff had not completed their Level 2 Safeguarding Vulnerable Adult training, moving and handling training and basic life support training. The manager was aware of these deficits and provided copies of emails to senior line management in the Trust identifying the shortfalls in mandatory training. The manager updated RQIA as dates had been arranged for basic life support training and safeguarding vulnerable adult training.

A discussion took place with the manager about Minimum Standard 12.7 concerning the agency's staff training record as this should also contain a summary of the content of the training programme. The manager explained most of the training was completed online and subsequently forwarded the inspector details of this. The manager also agreed to include a summary print out of the content of the specific training and retain this in the staff training record.

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. Staff could describe the process for reporting concerns out of hours.

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 referrals made to the HSC Trust adult safeguarding team since the last inspection had been managed appropriately and in accordance with policy and procedures. Records retained were noted to contain details of actions taken. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

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

It was identified that staff have completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Staff demonstrated that they had an understanding that if service users lacked capacity to make decisions about aspects of their care and treatment, they have rights as outlined in the Mental Capacity Act.

The manager stated there were currently no service users experiencing a deprivation of liberty, however the manager informed the inspectors she is aware that if this situation changes, care records would be maintained with details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

The manager stated that the agency is not appointee for any service users' monies.

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

The manager stated there are currently no service users with dysphagia needs. The manager is aware that if this changes, referrals would be made to SALT in relation to dysphagia needs. Should there be recommendations made as the result of SALT review of the service user, this would reflect multi-disciplinary input and collaborative working would be undertaken to ensure service users' health and social care needs were met. The manager would also ensure the care received in the service user's home was safe, effective and specific to the individual assessed needs of the service users.

Discussion with staff concluded they demonstrated a good knowledge of dysphagia and review of staff training records reflected they had completed dysphagia awareness training.

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 and checks are completed before staff members commence direct engagement with service users. Records reviewed 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, the Nursing and Midwifery Council (NMC) and other relevant registration bodies concerning physiotherapists, occupational therapists etc. (allied health professionals (AHPs)). Information regarding registration details is monitored monthly by the manager in conjunction with the organisation's HR department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC or other relevant bodies was up to date.

5.2.4 Are there robust governance processes in place?

There were monthly monitoring arrangements in place concerning Regulation 23 of Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed during this inspection. These monthly monitoring reports showed the registered manager had conducted these and completed the monthly monitoring reports. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives as appropriate. The reports included details of the number of referrals and staffing matters but did not contain information on the review of incidents, accidents, review of same and information on complaints received. A discussion took place with the manager that an appointed person (not the registered manager from the agency) approved by the Trust must conduct the agency's monthly monitoring visits. These individuals should ensure that all of the areas specified in Minimum Standard 8.11 are addressed and reported on; they should consequently complete and sign the agency's monthly monitoring report. This was identified as an area for improvement.

The manager provided the inspectors with a folder divided into months with each month containing information on incidents and accidents, staff training and monthly monitoring visits etc. A discussion took place regarding ease of access during inspections for the manager to separate these topics individually so the inspector can review a collated chronological list of incidents and accidents, monthly monitoring reports staff training etc.

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 managed appropriately and in accordance with the Trust's policy and procedures. During the inspection the complaints record was randomly sampled and showed that one identified complaint had not been updated concerning the Trust's investigation process. This was discussed with the manager who verbally provided information to the inspectors on the Trust's ongoing complaint investigation. This is an identified area for improvement. Complaints should be reviewed as part of the agency's monthly quality monitoring process.

It was established during discussions with the manager that the agency is currently involved in an ongoing complaint. The agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection. A sample of incidents and accidents was reviewed during this inspection; it was established that these were responded to and managed in accordance with the agency's policies and procedures.

During this inspection several staff rotas were reviewed. The rotas showed the initials of the various staff on duty on the specific dates. The manager was advised to ensure there is a list of individual staff names (Christian names and surnames) and their corresponding initials to make the auditing and review of staff rotas easier. This was identified as an area for improvement.

6.0 Quality Improvement Plan/Areas for Improvement

Based on the inspection findings and discussions held RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the manager/management team.

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards Version 1.1 (August 2021).

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Lucy Gault, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16 (2) Stated: First time To be completed by: 30 June 2022	<p>The registered person shall ensure that all staff receive mandatory training.</p> <p>This relates to refresher Basic Life Support, Moving and Handling training and Adult Safeguarding training.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 2 Ref: Regulation 23 Stated: First time To be completed by: Immediate and Ongoing	<p>The registered person shall ensure there is a system in place for an individual who is not the registered manager to conduct and complete the agency's monthly monitoring report.</p> <p>This report must contain details of the matters specified in Minimum Standard 8.11 of the DHSSPS Domiciliary Care Agencies Minimum Standards Version 1.1 (August 2021)</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p>
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards Version 1.1 (August 2021)	
Area for improvement 1 Ref: Standard 11.6 Stated: First time To be completed by: 30 April 2022	<p>The registered manager must ensure the agency's staff rota contains a reference list specifying each staff member's Christian name and surname so this information can be used to review the agency's staff rotas.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p>

Area for improvement 2 Ref: Standard 15.10 Stated: First time To be completed by: 10 April 2022	The registered manager must ensure all complaint records are kept up to date and easily accessible to anyone auditing these. This concerns information pertaining to one complaint investigation that requires to be updated. Ref: 5.2.4
	Response by registered person detailing the actions taken:

Please ensure this document is completed in full and returned via Web Portal



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)



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