



The Regulation and
Quality Improvement
Authority

Community Rehabilitation Service
(Elderly)
RQIA ID: 10976
Knockbreda Health Centre
110 Saintfield Road
Belfast
BT8 6GR

Inspector: Jim McBride

User Consultation Officer: Clair McConnell

Inspection ID: IN023909

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**Announced Care Inspection
of
Community Rehabilitation Service (Elderly)**

1 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 1 February 2016 from 09.30 to 13.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust/ Mr Martin Joseph Dillon	Registered Manager: Mrs Lena Margaret Cooke
Person in charge of the agency at the time of Inspection: Mrs Lena Margaret Cooke	Date Manager Registered: 21 September 2012
Number of Service Users in Receipt of a Service on the Day of Inspection: 30	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Records of notifiable events
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection including the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- A number of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff training records
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information

5. The Inspection

Belfast Trust Intermediate Care/Rehabilitation Services is a domiciliary care agency operating under the auspices of the Belfast Health and Social Care Trust. The agency has been restructured since the previous inspection. The rehabilitation service following restructuring offers two different services under the umbrella title of 'Intermediate Care' (elderly rehabilitation and fracture rehabilitation, with staff teams operating in the areas of therapeutic and care inputs focused on maximising individuals' independence). Services are currently mainly provided to those service users over the age of 60 years.

Prior to the inspection the User Consultation Officer (UCO) spoke with two service users and three relatives by telephone on 4 January 2016 to obtain their views of the service. The service users interviewed receive assistance with the following:

- Personal care
- Occupational therapy

- Physiotherapy

During the inspection the inspector spoke with the registered manager and six care workers.

Staff Comments:

- “Training is excellent.”
- “We work well as a team.”
- “The staff communicate well with each other.”
- “We receive one to one supervision.”
- “The care and support plans in place enable us to focus our work.”
- “It’s great to see the improvement in clients over a period of time.”

At the request of the inspector the manager was asked to distribute ten questionnaires to staff to be returned to RQIA. Three questionnaires were returned.

The questionnaires indicated that the staff members were either satisfied or very satisfied with the following:

- The training provided by the agency in safeguarding adults
- Individual care plans are appropriate to meet services users needs
- The times allocated to meet the service users’ needs
- The information provided to service users regarding delayed calls

Individual Staff Comments:

- “We work as a team and support each other in our duties.”

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 9 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 11(3)	The registered manager is required to ensure staff training competencies are compliant for all management staff in line with Regulation 11(3), Minimum standards 12.3, 12.4, 12.7 and 12.9 and in line with RQIA mandatory training guidelines 2012.	Met
	Action taken as confirmed during the inspection: The inspector read a number of training competencies reports in place. The records examined were satisfactory.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.3.	The registered manager is recommended to ensure management staff supervision is maintained in accordance with their policy timeframes.	Met
	Action taken as confirmed during the inspection: The inspector examined records relating to six staff supervisions. The records in place were satisfactory.	
Recommendation 2 Ref: Standard 9.5	The registering person/registered manager are recommended to review all policies three yearly in compliance with the domiciliary care agencies minimum standard 9.5.	Met
	Action taken as confirmed during the inspection: The manager described the process in place to ensure that the recommendation is actioned.	

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

The UCO was advised that service users are usually advised of the name of their carer or contacted by the OT or physiotherapist to arrange an appointment.

The documentation relating to six service users was reviewed by the inspector during the inspection. The files reviewed contained a copy of the service users' care plans and risk assessments and were accurate, up to date and included basic information regarding the service users' conditions.

Is Care Effective?

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service. However, they are aware of whom they should contact if any issues arise.

None of the people interviewed were able to confirm management visits to discuss care or that observation of staff practice had taken place; however, it is acknowledged that the service provides short term support. One relative advised that they had received a questionnaire from the agency. The inspector discussed with the registered manager the details of the direct observations that take place within the agency. The records of observations/supervision were examined by the inspector.

Service user records viewed in the agency office evidenced regular visits and feedback received had been followed up. These records evidenced that the agency carries out care

reviews with service users if changes to their needs are identified. The agency maintains a communication log for each service user where details of requests for changes are noted. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. They provided examples to demonstrate how they promote service user independence, choices and respect. All of the people interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly monitoring reports reviewed evidenced that working practices are being systematically reviewed.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Examples of some of the comments made by service users or their relatives are listed below:

- “Very pleased with the service.”
- “Very satisfactory.”
- “No complaints at all.”
- “No faults at all.”

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from the Belfast Trust. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible. Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys completed by the agency. The inspector examined a number of satisfaction surveys; it was good to note positive comments in relation to:

- What do you like about the scheme?
- What do you not like?
- Did you feel included in setting your goals?
- Do you feel you benefited from the scheme?
- How would you rate the service you received?

Individual Comments:

- “I found it helpful with my confidence.”
- “Regular contact with staff.”
- “I was consulted at every stage.”
- “I would not have made such a rapid and assured progress without the scheme.”
- “Very supportive, understanding professionals.”
- “I did not expect the care to be so good.”

Areas for Improvement

There were no areas for improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems, policies and processes relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. The policy on the escalation of missed calls was in place and examined by the inspector. Staff interviewed were able to describe to the inspector the procedure they would follow if calls were missed.

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding timekeeping. The people interviewed also advised that they had not experienced missed calls from the agency.

Is Care Effective?

The UCO was informed by service users and relatives that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed. Staff interviewed confirmed that they felt supported by senior staff and demonstrated a clear understanding of their reporting processes, if running late for the next service user visit, or where they are unable to gain access to a service user's home.

Is Care Compassionate?

During UCO contacts, no concerns were raised regarding the length of calls; none of the people interviewed felt that care was being rushed. Records examined by the inspector did show evidence of service being provided in a person centred manner and in line with individual care plans. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Areas for Improvement

There were no areas for improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Complaints

The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. The agency had received three complaints during this period and these were resolved satisfactorily.

5.5.2 Quality Monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, relatives, professionals and staff. The agency's reports of monthly monitoring are comprehensive and provide assurance of quality monitoring and service improvement.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	LENA COOKE	Date Completed	15.2.16
Registered Person	Martin Dillion	Date Approved	16.3.16
RQIA Inspector Assessing Response	Jim Mc Bride	Date Approved	23/3/16

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.