

Inspection Report

26 October 2023



Reablement Service

Type of service: Domiciliary Care Agency
Address: Mourne Villa, Knockbracken Health and Care Park
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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: Mrs Lena Cooke
Responsible Individual: Dr Catherine Jack	Date registered: 08/11/2022
Person in charge at the time of inspection:	
Brief description of the accommodation/how the service operates: Reablement Service is a domiciliary care agency providing care and support to service users living in their own home. The agency provides a transition service for patients recently discharged from hospital aged 65 and over. The agency consists of team of allied health professionals and reablement support staff. Services are provided across the Belfast Health and Social Care Trust (BHSC) area.	

2.0 Inspection summary

An unannounced inspection took place on 26 October 2023 between 09.00 a.m. and 11.00 a.m. The inspection was conducted by a care inspector. The inspection was conducted by a care inspector. The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, Dols and dysphagia.

Good practice was identified in relation to client involvement and feedback, staff recruitment NISCC registrations, induction, training and quality monitoring.

We noted some of the compliments received by the agency from various sources:

- "Everyone is very nice and pleasant and helped me re-build my confidence."
- "I thank everyone for their help during my recovery."
- "Staff went the extra mile to make my relative comfortable and safe."
- "Very grateful to the whole team for the high quality of care."

The inspector would like to thank the staff and service users for their help and cooperation during the inspection it was much appreciated.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, staff or the commissioning trusts.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

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

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members. The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Staff comments:

- "I had a good comprehensive induction and shadowed other staff."
- "I have good supervision and co-ordinators support."
- "I have regular clients that I know well."
- "All my training is up to date."
- "Good person centred care."
- "I'm registered with NISCC as a care worker and I'm aware of my responsibilities."
- "The managers have an open door policy to all."
- "I have a very supportive manager."
- "I have no concerns or complaints."

Service user comments:

- "Great staff."
- "Staff treat me well."

- “They are always here on time.”
- “Very receptive staff.”
- “I have no complaints.”
- “I’m very happy.”
- “I really appreciate the service.”
- “They are wonderful.”
- “We have a wee bit of banter.”
- “Good with dignity and kind.”
- “I could not do without them.”
- “I have no issues with the ladies.”

Staff responses to the electronic survey included:

- “Excellent service, providing highly trained staff who work hard at meeting the needs of all service users.”

No service users responded to their questionnaires prior to the issue of this report.

5.0 The inspection

5.1 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 13 February 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

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

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).

Discussions with the manager established that they were 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 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. A review of records confirmed that these are managed appropriately when required.

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

Staff were provided with training appropriate to the requirements of their role. We reviewed a number of individual staffs training records that were satisfactory.

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

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

5.2.2 What are the arrangements for promoting service user involvement?

Services users are regularly asked to assess the quality of staff provision as part of the agencies own quality management spot checks. Review of current documents show clear satisfaction levels highlighted consistently.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

No service users were assessed by SALT or required modified diets, a review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

5.2.4 What systems are in place for staff recruitment and are they robust?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members are supplied for direct engagement with service users. Records reviewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored weekly by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

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. Written records were retained by the agency of the person'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 records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly quality monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's quality monitoring established that there was engagement and observations with service users, relatives, HSC and staff. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

Comments noted within monthly monitoring reports included:

Service users:

- "The staff are very friendly."
- "Staff treat me well with kindness and respect."
- "Carers are friendly and polite."

Staff:

- "The team provides high quality care."
- "Reablement is well run and safe."
- "The delivery of care is excellent."

Relatives:

- "A high standard of care to my relative."
- "The team are absolutely great."
- "The staff are very good."

HSC Staff:

- “Staff are very good in their role.”
- “The service is user responsive.”
- “The standard of care is very high.”

The alphabetical list of staff employed by the agency was up to date as was the service user list. The agency’s registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. When complaints are received these are appropriately managed and are reviewed as part of the agency’s quality monitoring process.

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

There was a comprehensive protocol in place for reporting any instances where staff are unable to gain access to a service user’s home that also included key pad guidance.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



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