The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Reablement Service**

Provider: **Belfast HSC Trust**

Date of Inspection: **8 April 2025**

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

1.0 Service information

Organisation/Registered Provider:	Reablement Service (BHSCT)
Responsible Individual/Responsible Person: -	Mrs Maureen Edwards
Registered Manager:	Mrs Attracta Hughes – Acting
Service Profile – 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 a team of allied health professionals and reablement support staff. Services are provided across the Belfast Health and Social Care Trust (BHSCT) area.	

2.0 Inspection summary

An unannounced inspection was undertaken place on 08 April 2025, between 11.35 am and 3.35 pm 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 and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management were also examined.

No areas for improvement were identified during this inspection.

Good practice was identified in relation to service user involvement and staff training and induction. There were good governance and management arrangements in place.

We would like to thank the manager and staff team for their help and support in the completion of the inspection.

3.0 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency 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 service. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

3.1 What people told us about the service and their quality of life

Throughout the inspection process inspectors will seek the views of those working within the service, service users who receive support and their relatives where possible. A sample of records will also be examined to evidence how the agency is performing in relation to the regulations and standards.

Through actively listening to a range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans. We spoke with service users, a relative, care staff and HSC professionals to seek their views of Reablement Service. The information provided indicated that there were no concerns in relation to the service.

Service users who were contacted for their feedback made the following comments;
"The carers treated me well –they were wonderful in the mornings and were always very pleasant." and; "They were very good. I am very happy with each one of them and have absolutely no complaints about them".

A number of respondents completed the service user/relatives questionnaires and indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Some other comments received from service users included: "I couldn't complain – all the staff have been very kind" and; "very satisfied".

No staff responded to the electronic survey, however one member of staff who spoke with the inspector during the inspection indicated that they had learned a lot from the training and that the managers were helpful and supportive. Other comments from staff noted during inspection included: "I really love my job and enjoy working with clients and family – it is a privilege to see them improve and gain confidence" and; "The care is fantastic as you give them time".

Two HSC professionals working within the service who spoke with the inspector made the following comments: "Service Users get a good service and it is great when we get to help people achieve independence." And; "The service promotes person centred care that engages well with service users to listen and work towards their objectives. Staff work collaboratively across the whole service which is caring and compassionate".

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

The last care inspection of the day care setting was undertaken on 26 October 2023 by a care inspector. No areas for improvement were identified during this inspection.

5.0 Inspection findings

5.1 What are the 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 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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were managed appropriately.

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

5.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity (Northern Ireland) Act 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 are helped 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There was a policy in place for the use of restrictive interventions however the manager confirmed there were no restrictive practices in place for any of the service users within the service.

5.3 Staff Selection, Recruitment and Induction

The inspector reviewed the recruitment records of recently recruited staff and was satisfied all gaps in employment had been fully explored prior to commencing employment with the agency. All pre-employment checks had also been undertaken in keeping with the regulations including

criminal record checks (AccessNI), which were verified before they commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff were aware of their responsibilities to keep their registrations up to date. There were no volunteers deployed within the agency.

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 6 -week induction programme for new staff which included a week of shadowing a professional staff member of the Reablement team. Written records retained by the agency of the person's capability and competency in relation to their job role were signed off by the manager at the end of the induction period.

5.4 Staff Training and Development

Staff were provided with training appropriate to the requirements of their role. The agency maintained an electronic record of staff of all training undertaken which was regularly reviewed to ensure compliance. It was positive to note that staff who spoke with the inspector advised that the training provided was relevant and helpful in equipping them for their role. Staff were also aware of the need to keep their mandatory training up to date.

The manager reported that none of the service users currently required the use of specialised equipment however manual handling training was included within the service's mandatory training programme and there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

All staff had been provided with training in relation to medicines management which was refreshed every two years. Staff were also required to complete a yearly competency assessment which included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their oral medicine to be administered with a syringe.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents.

The manager confirmed that all staff receive regular individual supervision as well as an annual appraisal.

5.5 Care Records and Service User Input

A sample of service users' care records was examined and contained detailed information about the level of support required. Care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency. It was good to note that service users had their individualised choices and preferences documented within care and support plans which are kept under regular review

and evaluated as changes occur. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

5.6 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with the Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance. The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The complaints policy had been recently reviewed and complaints are collated monthly. A review of complaints received since the last inspection confirmed they had been appropriately managed and were reviewed as part of the agency's quality monitoring process.

There was a system in place to ensure that records were retrieved 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, the service had an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

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

6.0 Quality Improvement Plan/Areas for Improvement

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

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews