

Inspection Report

21 December 2021



Reablement Service

Type of service: Domiciliary Care Agency

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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: Pending registration
Person in charge at the time of inspection: Mrs Lena Cooke	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency which provides reablement services which include a range of personal care services to people living in their own homes in the Belfast area. The agency has a team of occupational therapists and reablement support staff to assess and plan care for the service users and provide professional intervention when required. The agency is a transition service for patients recently discharged from hospital and persons in their own homes aged 65 and over.	

2.0 Inspection summary

An unannounced inspection was undertaken on 21 December 2021 between 10.30 a.m. and 2.15 p.m. by the care inspector.

This inspection focused on staff recruitment and the agency's governance and management arrangements, as well as staffs' registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was found in relation to the recruitment of staff, management of complaints, staff training and the overall governance and management of the service. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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.

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.

The inspection focused on:

- contacting the service users, their relatives and staff to obtain their views of the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives and an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with three service users and two staff members. In addition, feedback was received from service users and their relatives in the questionnaires returned to RQIA. No staff responded to the electronic survey.

Comments received during inspection process-

Service users' comments:

- "I have had very good attention for which I feel very appreciative."
- "We were very happy with the care that I received. Keep up the good work. Thank you."
- "Very pleasant care workers. They are perfect."
- "Excellent service."
- "I am very well looked after."

Staff comments:

- "The service is great to work for."
- "Due to the pandemic, the service changed to essential care due to the needs of the service user."
- "My manager is very supportive."
- "My training was all done by eLearning due to the pandemic as we were not allowed face to face, but my face to face training has since been completed."
- "I get regular supervision; every three months."
- "I have done my DoLS training and Dysphagia."
- "I love working with them."
- "I am aware of SALT assessments."
- "We wear PPE constantly."
- "The co-ordinators are great."

- “I do lateral flow tests every day to ensure my service users, my family and myself are safe.”

Service users’ representatives’ comments:

- “Reablement are a fantastic team of caring staff and make my relative’s well being and happiness so much better, thank you.”

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 4 February 2019 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

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 organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter.

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.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection. It was noted that previous referrals had been managed in accordance with the agency’s policy and procedures.

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 had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager stated that there were no service users subject to DoLS.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

The manager confirmed that they did not have any service users with Dysphagia needs. However it was positive to note that there was evidence that staff had completed training in relation to Dysphagia and were aware of how to make referrals to the multi-disciplinary team.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that two complaints had been received since the last inspection. It was noted that complaints had been managed in accordance with the agency's policy and procedures and to the satisfaction of the complainant.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

The BHSCT commenced an investigation into a Serious Adverse Incident regarding a Covid-19 outbreak in October 2020, in order to identify learning. This had been reported to RQIA in line with the regulations. The service, alongside Infection Prevention and Control, initialised outbreak control measures which included commencing service user and staff screening and tracing and the service maintained the IPC measures to ensure the safety of the service users and staff. This investigation is ongoing therefore no recommendations have been made.

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

	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 as part of the inspection process and can be found in the main body of the report.



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