



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Belfast Trust Intermediate Care / Rehabilitation Services

Establishment ID No: 10973, 10974, 10975, 10976, 10977, 10978

Date of Inspection: 9 January 2015

Inspector's Name: Amanda Jackson

Inspection No: 17343, 17344, 17345, 17346, 17347, 17348

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Belfast Trust Rehabilitation Services
Address:	Knockbreda Health Centre 110 Saintfield Road Belfast BT8 6GR Shankill Health and Wellbeing Centre 83 Shankill Road Belfast BT13 1PQ
Telephone Number:	(028) 9063 1249 (Knockbreda) (028) 9504 0324 (Shankill)
E mail Address:	lisheen.fitzsimons@belfasttrust.hscni.net lena.cooke@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Belfast Health and Social Care Trust/Martin Dillon
Registered Manager:	Mrs Lena Cooke and Mrs Lisheen Fitzsimons
Person in Charge of the agency at the time of inspection:	Mrs Lena Cooke and Mrs Lisheen Fitzsimons
Number of service users:	30-35 monthly
Date and type of previous inspection:	Primary Announced Inspection 10 June 2013
Date and time of inspection:	Primary Unannounced Inspection 9 January 2014 09.15 hours to 15.30 hours
Name of inspector:	Amanda Jackson

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary unannounced inspection to assess the quality of services being provided. The report details the extent to which the regulations and standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	1
Staff	5
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	40	19

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

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 restructured since the previous inspection with the rehabilitation stroke team becoming a standalone service with individual management structures and inspection process. The rehabilitation service following restructuring offers three different services under the umbrella title of 'Intermediate Care', (Elderly rehabilitation, Fracture rehabilitation and Step Up/Step down Rehabilitation) with three staff teams operating in the locality areas of therapeutic and care inputs focused on maximising individuals' independence, as well as a rapid response service which offers short term care packages designed to facilitate early discharge from hospital prior to a long term package being made available. Services are currently provided, mainly to those service users over the age of 60 years of age, however exceptions to this will apply where multi-professional assessments indicate a need for such services, to those service users between the ages of 18 and 60 years of age.

Belfast Trust Intermediate Care/Rehabilitation Services had one requirement made during the agency's previous inspection on 10 June 2013. This requirement was found to be 'compliant' and this is to be commended.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Belfast Trust Intermediate Care/Rehabilitation Services was carried out on 9 January 2014 between the hours of 09.15 hours and 15.30 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 24 and 25 November 2014 and a summary report is contained within this report. Findings following these home visits were discussed during the inspection with the Lena Cooke and Lisheen Fitzsimons (registered managers)

The inspector had the opportunity to meet with five staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure. Feedback from staff meetings and staff questionnaires was discussed with both registered managers during inspection. Both managers confirmed that a number of matters raised by staff have been ongoing and continue under review as appropriate.

One requirement and two recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

40 staff surveys were issued and 19 received which is an excellent response.

Staff comments included on the returned surveys were:

“Line manager is in office - 2.5 days per week (sometimes parts of day - 0.5 time contract). She is approachable, efficient and responsive.”

“In some respects - in relation to day to day operations. This relates to my 'operational' manager who is not a social worker - I also have a professional lead who I see for supervision (monthly).”

“No co-ordinator at present makes things more difficult for staff eg passing on information.”

“Very professional and supportive and excellent communication.”

“The co-ordinators ability to treat all members of staff equally is inadequate ie passing on of client information and fair allocation of additional hours.”

“Manager supports care staff well.”

“I am managed by operational manager who is nurse background. as only social worker works in this team I feel isolated. Difficult position to be in.”

“I feel the service and care is very important and also very good and helpful to the majority of clients.”

“Referrals have changed and clients now being discharged onto Intermediate care have very little rehab potential. The guidelines to get on to the scheme need to be stricter, hosp referral claims clients to be independent etc when they are not then ICT must hold until care package is available. waste of ICT resources.”

“Community rehab scheme is an excellent short-term/intyense service for clients. N&W team is a well managed service and processes/criteria/goals etc are well defined. SW role is still developing.”

“I feel that the community rehab service provides an excellent service to its clients and the team have a great multi-disciplinary approach to client care.”

“I believe a worthwhile and necessary service is being let down by a lack of team work.”

“Staffing had been an issue but we now have a locum OT assisting.”

“Rehab assistants provided with regular support and supervision.”

Home Visits summary

As part of the inspection process RQIA's User Consultation Officer (UCO) spoke with one service user and four relatives on 24 and 25 November 2014 to obtain their views of the service being provided by the Belfast Health and Social Care Trust's rehab service, which provides short term support following discharge from hospital. The service users interviewed used the agency for a period of time from approximately 28 days to eight weeks (depending on the service) and received assistance at least three times per day with:

- Physiotherapy
- Personal care
- Meals

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually advised of the name of new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency's staff or the length of calls.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the carers from the Trust. All of the people interviewed confirmed that they had not made a complaint about the agency but were aware of whom they should contact if any issues arise. The UCO was advised that the agency provided a file containing information regarding the service when the care package was introduced and it was completed by the carers at each call. Examples of some of the comments made by service users or their relatives are listed below:

- "Marvellous. Couldn't have done without them."
- "They were a great help to me."
- "The service was first class."
- "My XXX sings their praises."
- "They were patient with me and allowed me to develop my confidence so that I could do things for myself again."

None of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service or that observation of staff practice had taken place; however two relatives had received a questionnaire from the agency. The registered managers informed the inspector that random visits are carried out by the Belfast Trust's Governance Lead to ensure service users are satisfied with the service. Telephone calls are also used as a method to contact service users and their relatives and post service questionnaires are provided to service users for completion following package conclusion. The registered manager also advised that there would be occasions when the carers would be accompanied by physiotherapists and occupational therapists on calls and staff observations take place as part of staff supervision protocols. Records of the above are kept in the agency's office and were reviewed during the inspection as detailed within theme two.

Summary

Theme one - Management and control of operations

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

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's Statement of Purpose' dated August 2014 reviewed during inspection contained details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered managers during inspection and review of records for the managers supported a process in place for mandatory training consistent with the RQIA mandatory training guidelines 2012.

A staff competency process has been developed by the agency and is due to be implemented during 2015 for management staff. This will be reviewed during the next inspection.

Review of appropriate supervision and appraisal processes for management staff were confirmed as substantially compliant during inspection with review of timeframes and evidence discussed with both managers for review.

Monthly monitoring processes are currently in place and operational.

Records regarding incidents were not reviewed as no RQIA reportable incidents had occurred since the previous inspection.

One requirement and one recommendation have been made in relation to this theme and relates to management staff competence in accordance with RQIA mandatory training guidelines (Regulation 11(3) and management staff supervision in line with standard 13.3.

Theme 2 - Records management

The agency has achieved a level of **compliant** in relation to this theme.

The agency has a local protocol in place on 'Recording and reporting' which was found to be satisfactory, in line with standard 5 and contained guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care and medication. Review of service user home files during inspection supported general compliance in these areas.

The agency has a trust policy and procedure in place on use of restraint dated January 2014 which was reviewed as satisfactory.

The agency does not provide care to service users that require restraint and therefore this could not be reviewed during the inspection.

The agency does not hold a policy or procedure on 'Handling Service Users Monies' as this service is not provided by the agency.

No requirements or recommendations have been made in relation to this theme and this is to be commended.

Theme 3 – Recruitment

The agency has achieved a level of **compliant** in relation to this theme.

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2. with exception to review of the recruitment policy in line with domiciliary care standards three year policy review timeframe.

One recommendation has been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 23(1)	<p>The registered managers are recommended to develop a policy and procedure relating to 'Monitoring control and evaluation' of the agency.</p> <p>(Minimum standards eight, nine and appendix one)</p>	<p>The agency has developed an overview protocol since the previous inspection which clearly references the management structures and monitoring arrangements for the rehabilitation services. This protocol has been updated since the service restructuring across rehabilitation services and was confirmed during the inspection.</p>	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>Regulation 10.3 The Registered Manager adheres to Trust Policy and attends Manadatory Training as applicable.</p> <p>Regulation 11.1The Registered Manager is on a professional Register NMC/ HCPC, has relevant qualifications , skills and experience to manage the service.</p> <p>Standard 8.17 The registered manager undertakes appropriate training and are up to date in all areas relevant to the management and provision of services, and records of such training are maintained.</p> <p>Registered Manager is Compliant with RQIA Mandatory Training for providers of care in regulated services.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The statement of purpose dated August 2014 was reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered acting person Martin Dillon, registered managers Lisheen Fitzsimons and Lena Cooke, together with the professional staff, co-ordinators and rehabilitation staff.</p> <p>The policy on Management and control of the agency has recently been revised as detailed under requirement one above.</p> <p>Training records for the registered managers were found to be compliant with RQIA mandatory training guidelines (September 2012) with exception to food hygiene, service users monies and restraint which are not applicable as the managers of the service are not involved in staff observations of practice. This is carried out by the multi professional team. The managers have completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed did not include an individual competency assessment for management staff. This is assessed inclusively in terms of overall manager competence as part of managers appraisal and was reviewed during inspection in accordance with standard 12.</p> <p>The registered managers are not currently enrolled on any additional training and this was discussed during inspection in terms of keeping abreast of new areas of development for the future.</p> <p>It was discussed and reviewed during inspection that the registered managers are both currently registered with their respective professional bodies i.e. NMC and HCPC (Health care professionals council).</p>	<p>Compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Standard 8:10 Registered Managers is systematically audited by ASM.</p> <ul style="list-style-type: none"> - Monthly Monitoring Report - Managers Meeting, Agenda - Supervision - Management of complaints / Investigations / Sickness Absence/ Case Management - PDP /PCP - Attendance at Efficiency / Reform Meetings <p>Standard 7:13-</p> <ul style="list-style-type: none"> - The Registered Manager will complete Incident forms for all medication errors for service group as applicable. <p>Standard 12:9</p> <ul style="list-style-type: none"> - Training Practices and procedures is evaluated as part of supervision as applicable - Training needs are discussed at team meeting - Training needs for staff group identified during supervision / PDP/PCPas applicable. <p>Standard 13:5</p> <ul style="list-style-type: none"> - The Registered Manager Annual PDP/PCP is completed by ASM. 	<p>Compliant</p>

Inspection Findings:	
<p>The agency does not currently hold a separate Supervision and appraisal policy and procedure specific to this service but have developed a local protocol in 2014 (following the restructuring of the service) which clearly referenced practices for all staff for supervision and appraisal. Timeframes are specified as once annual staff observation (for rehabilitation staff only), quarterly supervision and annual appraisal processes.</p> <p>Supervision and appraisal for the registered managers were compliant for 2014 in accordance with the agency timeframes.</p> <p>The inspector did not review the agency log of incidents reported through to RQIA as no incidents have occurred over the past year.</p> <p>Monthly monitoring reports completed by the registered managers for the past year were reviewed. These reports are brief and concise and are presented individually and form part of the monthly/bimonthly manager's meetings.</p> <p>Discussion with the registered managers during inspection confirmed staff competency would be reflected on the monthly report as appropriate.</p> <p>The agency had completed their annual quality review for the year 2013/14 which was viewed during inspection. This document included their overview of staff mandatory training as part of the overall quality monitoring of the service.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Regulation 13 (b) The Trust follows recruitment and selection process.</p> <ul style="list-style-type: none"> - Recruitment / shortlisting - Interviewing - Induction - Standard 7.9 <p>-Community Rehab specialist Nurse provides training /techniques in respect of application of eye / ear creams / lotions.</p> <p>Standard 12.4</p> <ul style="list-style-type: none"> - Trust Community rehab staff are provided with Trust Mandatory training, additional training is provided as applicable for their roles. <p>Standard 13.1</p> <ul style="list-style-type: none"> -Supervisory staff are trained in supervision and performance appraisal. 	<p>Compliant</p>

Inspection Findings:	
<p>The agency holds a trust training and development policy and procedure dated October 2011 which sits alongside the annual training programme/calendar for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.</p> <p>Training records for the two co-ordinators were found to be in place regarding all areas of mandatory training areas with exception to service users money which is not applicable due to the nature of the service (not providing financial assistance) in compliance with RQIA mandatory training guidelines (September 2012).</p> <p>One of the co-ordinators has also completed training in the area of supervision and this is to be commended. The second co-ordinator has not completed this training as part as this is not part of their job role and appraisal is not carried out by either co-ordinator as part of their role hence training in this area was not applicable.</p> <p>Most areas of training reviewed did not include a competency assessment element however the agency has recently developed a comprehensive competency assessment for co-ordinator staff which is due to be implemented in the near future, this will be reviewed during the next inspection.</p>	<p>Substantially compliant</p>

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>Standard 8.10. - Working practices are systematically audited , information is desimminated to staff via staff team meetings for action.</p> <p>Standard 7.3 - The Registered Manager / Co-Ordinator will complete Incident forms for all medication errors for service group as applicable.</p> <p>Standard 12.9 -Training Practices and procedures is evaluated as part of supervision as applicable - Training needs are discussed at team meeting - Training needs for staff group identified during supervision / PDP/PCPas applicable.</p> <p>Standard 13.5 -PCP/PDP are completed annually for all staff.</p>	Compliant

Inspection Findings:	
<p>Appraisal for both co-ordinators currently takes place annually and was reviewed during inspection for 2014. Supervision for both co-ordinators for 2014 was reviewed as substantially compliant as the number completed was not fully compliant with the agency’s own timeframe of four times annually due to resource constraints during the year. This inspector discussed review of the agency supervision protocol in terms of standard timeframes set and also discussed how to evidence informal supervision sessions as part of the process. Both managers agreed to review both matters in light of continued resource restraints within the service.</p> <p>The current monthly monitoring reports do not provide comment on management staff matters and competence should they arise. Discussion with the registered managers during inspection confirmed staff competency would be reflected on the monthly report as appropriate</p> <p>Both band 5 co-ordinators are registered with NISCC until 2016 and this was reviewed during inspection and is to be commended.</p>	<p>Substantially compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

COMPLIANCE LEVEL

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

<p>Provider's Self-Assessment:</p>	
<p>Regulation 21(1) Records are good order and are stored in a secure manner. Retained for a period of 8 years in Oasis</p> <p>21 (2) Record copies are available in both Knockbreda / Shankill for inspection / service user files are maintained in the service users home.</p> <p>Standard 5.2 -Staff adhere to the recording and reporting protocol for the service</p> <p>Standard 5.6. Staff adhere to recording and reporting procedure ,this is addressed at team meetings</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency does not hold a separate policy on recording and reporting but have developed their own specific protocol for this area due to the variances in recording and reporting across trust services. Records management and data protection is covered with all staff as part of the trust corporate induction and this was reviewed during the inspection within the corporate induction programme. Recording and reporting is also detailed explicitly in the staff handbook which is covered as part of the staff agency specific induction and this is signed off by both staff and manager as part of the complete induction process. This was reviewed during inspection within two recently appointed staff files during the inspection.</p> <p>Handling service user's monies is not covered as this service is not offered as part of the rehabilitation package. The Restraint policy dated Jan 2014 was reviewed during inspection as compliant.</p> <p>Review of the staff handbook during inspection covered all of the above areas with exception to service user monies as previously discussed above.</p>	<p>Compliant</p>

Templates were reviewed during inspection for:

- Daily evaluation recording.
- Medication administration is detailed on the daily evaluation recording and also on a separate medication recording template. The inspector did recommend recording the number of tablets as good practice. This was agreed to be taken forward by staff and management.
- The agency does not hold a money agreement within the service user agreement as this is not a service provided by the agency.
- Staff spot checking template which includes a section on adherence to the agency recording policy.
- Staff group supervision template does not include records management (recording and reporting) as a specific topic but was evidenced during inspection as being discussed periodically.

All templates were reviewed as appropriate for their purpose.

Review of four staff files across both locality sites of the service during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2013-14 were reviewed as compliant with no staff competence issues arising. None at present confirmed during discussions with the registered acting manager and registering manager.

Staff training records for medication, recording and reporting and restraint were reviewed for the four staff members during inspection and confirmed as compliant in these areas. The area of service user's monies was not completed as this service is not provided by the agency.

The registered managers discussed records management as a regular topic for discussion during staff meetings/group supervision, review of four previous staff meeting minute records dated April and June 2014 for both locality areas evidenced this topic.

Review of four service user files by the inspector across both locality sites confirmed appropriate recording in the general notes and medication records with exception to the inspector recommendation regarding staff detailing the number of tablets given. A full list of service user medication within the home file was confirmed by five staff and both managers during inspection.

Review of service user records during the inspection and discussion with the registered during inspection confirmed that restraint is not in place with this service user group due to the nature of the service being rehabilitation focused.

<p>Criteria Assessed 2: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>Discussions during inspection confirmed financial assistance is not provided as part of this rehabilitation service.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not applicable</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(a) he is of integrity and good character;</p> <p>(b) he has the experience and skills necessary for the work that he is to perform;</p> <p>(c) he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
<p>Regulation 13 / standard 8.21 / standard 11.2 These Regulations and standards are adhered to as an integral part of the Belfast Trust Recruitment and Selection process. Registered Managers adhere to standard 11.2 during the interview process.</p>	Compliant
Inspection Findings:	
<p>Review of the staff recruitment policy dated June 2010 confirmed compliance with regulation 13 and schedule 3 but is required for review in light of domiciliary care standards three year timeframe for policy reviews.</p> <p>Review of two 2014 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013 and those received between 1 January 2014 and 31 December 2014. This form was reviewed and found to be satisfactory. The inspector reviewed two of the 2014 complaints during the agency's inspection and confirmed all records to be compliant.

Compliant

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Lena Cook and Lisheen Fitzsimons (registered managers)** as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Amanda Jackson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Belfast Trust Rehabilitation Services

09 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Lena Cooke and Lisheen Fitzsimons (registered managers)** receiving feedback during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11(3)	<p>The registered managers are 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.</p> <p>As discussed within theme one, criteria three of the report.</p>	Once	<p>Band 5 meeting organised for the 27.1.15.</p> <p>This meeting is to discuss with Band 5 management staff the importance of adhering to update of mandatory Training within specified time frame as per Trust/RQIA requirements. for completion by the 31.3.15.</p>	To be completed three months from the date of inspection

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 13.3.	<p>The registered managers are recommended to ensure management staff supervision is maintained in accordance with their policy timeframes.</p> <p>As discussed within theme one, criteria four of the report.</p>	Once	<p>Guidelines relating to Supervision and Appraisal for Health and Social Care staff in Community Rehabilitation Services has been updated on 12.1.15.</p> <p>Informal Supervision sessions Band 5 Care Co-ordinator staff.</p> <p>Informal discussion sessions between Band 7 Team Managers and Band 5 Care Co-ordinators will be documented and incorporated into one or more of the quarterly supervision sessions for Band 5 staff.</p> <p>For completion by 31.3.15.</p>	To be completed three months from the date of inspection
2	Standard 9.5	<p>The registering person/registered managers are recommended to review all policies three yearly in compliance with the domiciliary care agencies minimum standard 9.5.</p> <p>As discussed within theme three, criteria one of the report.</p>	Once	<p>The BHSCT Recruitment policy submitted to the inspector was due for review in June 2013 R&S service will be moving to Shared Services.</p> <p>As a result of this, a new regional R&S policy is in the process of being developed by</p>	To be completed three months from the date of inspection

				<p>the BSO and I understand will be out for consultation shortly.</p> <p>It is for this reason that our local policy has not been amended.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Lena Cooke Lisheen Fitzsimmons
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr M McBride Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	24/02/15
Further information requested from provider			