SCRUTINY REVIEW ACTION PLAN: Reablement Service

Action	Responsibility	Date
Recommendation 1: That the Reablement Service delivers additional training to social care staff in strength based practice to ensure they are able to convey the aims of the service and the Reablement approach positively to service users and their families/carers.		
Service to review promotional material and update as required; this is to include website information, leaflet, and promotional presentations for other services and partners	LBTH Reablement Service	September 2017
Timetable of promotional events and presentations to the operational teams within social care customer journey and integrated teams	LBTH Reablement Service	From September 2017
Continue to offer all new social care staff a visit/time with the Reablement Service as part of their induction period	LBTH Reablement Service	Ongoing
Liaise with Workforce Development leads to ensure there is a rolling programme of training and awareness sessions for social care staff regarding the Practice Framework, Care Act principles, and the strengths based assessment process; look at options to incorporate Reablement themes within this session	LBTH Reablement Service and Workforce Development Team	October 2017
Recommendation 2: That the Reablement Service works with Real to review cases where concerns were raised, and use this information to improve service delivery for disabled service users via tailored training for specific teams or individuals in association with Real.		
Acknowledged that there is a need to build a more positive collaborative relationship with our third sector partners		
Team Manager to liaise and meet with the management team in REAL to explore some 360 degree feedback mechanisms to better understand the issues raised by users	LBTH Reablement Service	August 2017
Embark upon a series of events and meetings to promote the Service with REAL and improve understanding of the service and its role within the social care customer journey	LBTH Reablement Service	September 2017
Create a feedback process for REAL and the users they represent to communicate any issues that arise from Reablement Service input; inc regular meetings to discuss themes if required	LBTH Reablement Service	October 2017

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Recommendation 3: That the Reablement Service develops a communications plan linked into the launch of the new integrated single pathway to educate the community on the role and aims of the Reablement Service so they are better advocate for themselves, and identify and challenge poor practice.		
Any future communication plan will be built into the Project Plan for the new Integrated Rehab/Reablement Service planned from April 2018		
For the Service to participate in the review of the Rehabilitation and Reablement service within TH; contributing positively to the future model proposed for 2018	LBTH Reablement Service and partners in ELFT	April 2018
Recommendation 4: That the Reablement Service explores options to provide emergency provision for supplies through pre-payment cards and food vouchers to assist those who are discharged from hospital into the service.		
The occurrence of such scenario's is sporadic and normally for low cost items; the present procedure in place resolves these emergency situations in the majority of cases		
The Service will review its present procedure regarding 'emergency provision' for supplies for vulnerable users; ensure re-payment of any expenses to staff is efficient and streamlined through the HR self-service process	LBTH Reablement Service	September 2017
Recommendation 5: That Barts Health reviews its discharge procedures so that all patients are provided with dosette boxes when they leave hospital and medication is accompanied by a Medicine Administration Record (MAR) chart.		
Currently, patients who are admitted already using compliance aids (dosette boxes) are discharged with these filled. However, patients should always be assessed for initiation of compliance aids in the community, rather than in an acute setting. The workload involved in filling dosette boxes also has a negative impact on discharge times.		
In order to support reablement patients with their medicines on discharge, pharmacy will investigate the means by which MAR charts can be produced on site (preferable electronically), and work towards supplying these for this group of patients. The work will also include embedding a reliable method by which reablement patients are identified to pharmacy. Early identification will also ensure that pharmacy staff can work with patients to identify potential medication management issues and make recommendations/ take appropriate supportive action before discharge.	Barts Health	July 2017

MARS charts. We have had previous discussions with ICT regarding the possibility of creating an electronic/printable MAR chart from the list of discharge medication. Although this should be technically possible, ICT have informed us that it requires further work which they and Cerner would need to undertake, An alternative we can consider is to agree a process where a handwritten MAR template/proforma is produced concurrently with the preparation of reablement packages for patients being worked up for discharge via this route. We have nominated a senior project pharmacist (Carol Greening) to lead a task and finish group, this would need direct input and participation from someone suitably senior from the reablement team. We would envisage this requiring no more than one or two meetings as BH Pharmacy would do the bulk of the operational preparation work. If we have a named reablement contact, and depending on the number and complexity of patients involved, this could potentially start within a matter of weeks. This work will be the basis for assessing the potential for extending beyond reablement patients.		
Recommendation 6: That Barts Health reviews its discharge planning process to ensure that the appropriate quantity of correctly fitted continence pads are provided to the at the point of discharge.		
This compliance for the referral process and identification of appropriate patients will continue to be monitored via the sites safety huddles. The monitoring of the effectiveness of this process (explicitly the new style nursing documentation & referral guidance) will occur via the monthly senior nurse compassionate care working group, chaired by the director of nursing.		
For continence we will for new care plans make reference to the Trust continence nurse to ensure the correct method is used. Where this occurs the patient would usually receive appropriate pads within 3 days.	Barts Health	July 2017 *New care plans & integrated documentation rolled out across the RLH site in August*

The continence team will provide one pack of pads on discharge and will also make a referral to the District Nurse at the point of discharge. Pads will continue to be kept as core ward stock on each inpatient ward. The continence team have access to these. Note the new nursing documentation has the continence care plan and assessment paperwork embedded (old style paperwork had this a separate piece of nursing documentation)		Already in place *monitoring of process strengthened*
Recommendation 7: That Barts Health reviews its discharge planning process to ensure that discharge does not take place at the end of the week without advance communication to the Reablement Service, allowing for better planning that takes account of service users full range of needs and smoother handovers.		
Wards and Complex Discharge team will ensure they have the correct contact details for reablement. The lead for Complex Discharge will work with reablement to ensure capacity is managed to deliver early in week discharges.	Barts Health	July 2017 *Action complete*
Late in the week discharges will have a documented conversation with a names person in their notes.		
Where reablement are unable to address the patients' needs late in the week a collective risk assessment will be undertaken where family members are engaged in the safety of the discharge.		
Recommendation 8: That the Reablement Service reviews service user data to identify which hospital wards require further training to educate staff members on the purpose of the Reablement Service, its referral pathways and how it aligns with other rehabilitation provision.		
Processes already in place to identify 'referrers' where there is evidence of lack of understanding of Reablement and its benefits; data is collected on an ongoing basis		
To continue to use forums in place eg….ADDS weekly meetings, HSWT monthly meetings to feedback patterns and themes from data collected	LBTH Reablement Service	Ongoing
Reablement promotion events with HSWT (see recommendation 1) will assist SW colleagues based at hospitals to reinforce Reablement ethos and positive messages	LBTH Reablement Service	From September 2017
Recommendation 9: That the Reablement Service examines the procedures for liaison with environmental health so that response times to address issues faced by some patients upon discharge, such as bed bugs, are improved		
The occurrence of this issue is sporadic for the Service; the specific issue of beg bugs is linked in with a larger issue of planning for		

hospital discharges in a timely way where 'deep cleans' or infestations in general at present in a user's home.		
Issue will be escalated to Environmental Health Service by the Service Manager for Hospital and Community Services to seek a review of the process and timescales for response	LBTH Reablement Service	July 2017
Recommendation 10: That the Reablement Service improves its engagement with service users by working with the Third Sector to help strengthen the transparency of its performance monitoring process, including closer involvement of the OPRG		
See actions from Recommendation 2 for specific actions with REAL		
Embark upon a series of events and meetings to promote the Service with OPRG and Carers Centre and improve understanding of the service and its role within the social care customer journey	LBTH Reablement Service	October 2017
Recommendation 11: That the Reablement Service establishes procedures for contacting service users by phone or in person within 24hrs of discharge to ensure they are safe and have no immediate issues about their care and support.		
A process already exists for users to have a 'welfare call' from the HSWT within a day of their discharge.		
Liaise with HSWT colleagues to ensure the present 'Welfare Check' process is being done consistently and the checks are robust; if required review and amend the present welfare check process being completed by the HSWT	LBTH Reablement Service and HSWT	July 2017
Introduce a Reablement Service welfare check process to be completed with users by the Reablement Officers using a standardised checklist template within 72 hrs of discharge from a hospital setting	LBTH Reablement Service	June 2017
Recommendation 12: That the Reablement Service learns from observed good practice in Greenwich and introduces a questionnaire for all Reablement service users within the first 5-10 days after discharge from hospital.		
Liaise with LB Greenwich to review/share the user feedback processes within their	LBTH Reablement	August 2017

Reablement Service	Service	
Work collaboratively with LBTH Corporate Teams to review the Services present user feedback process and explore the options to introduce a series of new user feedback opportunities including earlier in the Reablement pathway	LBTH Reablement Service	August 2017
Recommendation 13: That the Reablement Service learns from observed good practice in Greenwich and explores how they could use ICT systems to improve the coordination and efficiency of staff planning and rostering		
The appropriateness and success of this is partially dependent on the comparable ICT rostering systems in use at LB Greenwich and LBTH		
The Reablement Service will arrange for the 'Newcare rostering' supa-users within the Service to visit LB Greenwich and review their processes and systems for rostering	LBTH Reablement Service	September 2017
Any new ideas or learning from the above visit will be brought back for discussion and possible implementation within the Service	LBTH Reablement Service	November 2017
Recommendation 14: That the Reablement Service explores options to link the Reablement Service into existing mental health provision to provide more integrated physical and mental health support as part of the six week reablement intervention.		
Joint working protocols already exist between the Reablement Service and some of the Community Mental Health Teams for adults and Older People		
The Service will review its present joint working procedures for working with the mental health teams within the borough	LBTH Reablement Service	September 2017
Above procedures (eg.. RO Only Procedure) to be re-launched with the Adults and Older People's Community Mental Health Teams	LBTH Reablement Service	October 2017
Themes regarding mental health issues to be incorporated into the Reablement Officers Training programme for 2017-18	LBTH Reablement Service	April 2018
Recommendation 15: That the Reablement Service explores the possibility of performing a social prescribing or commissioning function to refer people on to appropriate community support/activities at the end of its formal intervention.		
This opportunity already exists for the Service where it is appropriate to meet an identified social care need		

Ensure all staff within the Reablement Service are educated and aware of community options for users within TH and the surrounding areas; the Service already has a Universal Services Champion in place that can share this knowledge within Team Meeting forums	LBTH Reablement Service	Ongoing
Recommendation 16: That the Reablement Service develops a forum to share information on ongoing projects, available services, and opportunities for partnership working between the third sector and statutory services, perhaps building on the multi-agency meetings of each of the GP localities		
Any Service developments can be communicated and shared with partners as part of the Reablement Promotion series of events – see Recommendation 1 / 2 / 10.		
No further actions		
Recommendation 17: That the Reablement Service explores options to train formal and informal carers and volunteers to support the Reablement process and promote the principles of recovery and independence.		
To a limited degree some of this already exists within the Service role when working with users/informal carers who are motivated to become involved; when this occurs it is generally on a 1:1 basis		
IBCF bid to be submitted for specific resources to work with Third Sector partners, and external commissioned providers on outcome focused interventions and working in a Reabling way with long term support users in the community	LBTH Reablement Service	May 2017
Further actions will follow subject to the success of the above bid; at present no further actions can be done within present operational resources	LBTH Reablement Service	TBC
Recommendation 18: That the Reablement Service reviews how social care staff introduce Reablement positively to residents and their families and examines how the annual re-assessment procedure for people with long term care packages to establish how Reablement may assist service users.		

This approach and behaviour can be communicated and encouraged with social care teams and partners as part of the Reablement Promotion series of events – see Recommendation 1 / 2 / 10.		
No further actions		