**Draft Standards for Community Specialist Rehabilitation**

**Peer Review June 2019**

**The Draft national standards for community specialist rehabilitation have been developed by the Clinical Advisory Group and Working Group of the National Clinical Programme for Rehabilitation Medicine to give a framework for best practice in Community Specialist rehabilitation facilities providing person-centred, safe and effective care and support that reduces the risk of harm and promotes the rights, health and wellbeing of people using health and social care services across Ireland.**

**We are holding a peer review consultation to give you an opportunity to provide your feedback on these draft standards. Your views are very important to us, and we will carefully assess all feedback received and use it to help develop the final National Standards. The final National Standards will be published on the National Clinical Programme for Rehabilitation Medicine website once the standards have been approved by relevant parties within the HSE. These standards will not initially be mandated but provide guidance to you, in the development of services throughout the country, as a template to work towards to build services in the community.**

**Please note the focus for this consultation is the content and structure of the draft national standards.**

**The draft national standards contain standard statements under 8 overall themes. Each standard statement describes an area of good practice for services. Listed underneath each standard statement are several examples of good practice. We would appreciate if you could review and comment, to ensure we represent and cover all areas.**

**We welcome responses to all questions as well as any additional general comments you would like to make.**

**The closing date for feedback is Friday 5th July 2019**

**Consultation Feedback Form**

**About you**

|  |  |
| --- | --- |
| **Name** | Aine McGuirk |
| **Address** |  |
| **Contact details** |  |
| **Date** | 12.7.2019 |

# General Information and Questions

You may provide us with feedback on the specific questions (see questions that follow), or alternatively you may provide us with general comments.

**Part 1**

Are you replying in a personal capacity or on behalf of an institution or organisation?

|  |  |
| --- | --- |
| 🞎 Personal capacity |  |
|  |  |
| 🞎 On behalf of an institution |  |
|  |  |
| 🞎x On behalf of an organisation | Irish Association of Social Workers |

**Part 2**

Please outline any general or specific feedback on the documents. In your response, where applicable, please specify the section or page and line number to which you are referring.

|  |
| --- |
| *Please comment* |

# General Feedback Questions

We would like to find out what you think of the ‘Community Specialist Standards’ and have some questions below.

## 2.1 Is the language clear?

Please comment below.

More explanation of the levels of rehab complexity would be helpful for those not familiar with rehabilitation and the BRSM

## 2.2 Is the layout easy to follow?

Please comment below.

Yes

## 2.3 Are the order and structure of the Standards logical?

Please comment below.

Since they are based on Better Safer Health Care framework, they are familiar to a lot of people

## 2.4 These draft standards will apply to all community specialist rehabilitation facilities in the Republic of Ireland. Have all important areas been covered - are there any areas that should be (a) included or (b) excluded?

Please comment below.

**(a) Areas that should be included:** More emphasis on services for family members/carers who often take on much of the care in the longer term. Family members need services in their own right

**(b) Areas that should be excluded:** N/A

## 2.5 Would these standards be useable within the area in which you work?

Please comment below.

Yes but there would need to be a lot more detail and underlying documents to back up these broad standards. A major concern for IASW is the current lack of staffing and resources for community rehabilitation and for in-home supports. The current model of funding under Fair Deal is biased in favour of Nursing Homes rather than community supports. We support case management services to enable people availing of rehabilitation to move along the continuum of care and prepare for the next phase of rehabilitation. In community- based services, social work support is vital to support the person and their family with their emotional and practical needs and to enhance independence and quality of life for the whole family unit.

There also needs to be links with housing, educational and vocational services and the standards could be stronger on making/maintaining these links.

Clarify as to how people move up and down the continuum of care depending on their needs could also be clearer in the document.

**Specific Feedback on Themes 1 - 8 of the Draft**

The 8 Sections relate to;

1. Person-centred care and support (Standards 1.1 – 1.7)
2. Effective Care and Support (Standards 2.1 – 2.7)
3. Safe Care & Support (Standard 3.1 – 3.3)
4. Better Health and Wellbeing (Standard 4.1)
5. Leadership, Governance and Management (Standard 5.1 – 5.3)
6. Workforce (Standard 6.1 – 6.4)
7. Use of Resources (Standard 7.1 – 7.2)
8. Use of Information (Standard 8.1 – 8.2)

Please complete your comments under each Theme in the boxes below.

**Theme 1: Person – Centred Care and Support**

Please comment below.

Standard 1.1 Agree strongly with this but that can only work if these is a team available and resourced

Perhaps more explanation of what goal setting means in the rehab context could be included. Having agreed assessments along the continuum of care is vital and many clients have had numerous and repeated assessments but no treatment

Standard 1.2 More explanation of what the 3 levels mean in the Irish Context would be helpful – examples of current services would give people an idea of where they might fit in to the new structure

1.2.3 Definition of “an appropriate clinician” needs to be included. Can ex-patients self -refer back into the service? What are acceptable waiting times? More explanation of what CARF is – again for people not used to this model

Standard 1.3 include training and policies/procedures in place for the list on p9

Standard 1.4 Again include policies and procedures – consent and ABI is a complex area and needs resourcing and expertise to assess, manage risk and legal issues. In the longer term, links with the Decision Support Service will be a feature of the work

Standard 1.5 Again – will need resourcing to do this right. Include link with Open Disclosure policy

Standard 1.6 Link with your service you say policy?

Standard 1.7 Suggest including a strong recommendation on education and support for family members also as well as peer supports for both clients and carers

**Theme 2: Effective Care and Support**

Please comment below:

Standard 2.1 Important not to have an over medicalised model. Strongly agree with 2.1.4 – staff resources and education

Standard 2.2 Agree with standardised and shared assessments rather than repeated assessments which take from treatment. 2.2.4 should be more explicit on case management and counselling services for the person and their families.

Standard 2.3 Agree with this standard and emphasis on family and carers – again we have concerns about whether adequate discharge options such as assisted living will be adequately resourced

Standard 2.4 Strongly agree but maybe expand more on this area

Standard 2.5 Agreed

Standard 2.6 In-home rehabilitation within a community-based service would be an excellent service

Standard 2.7 Shared data collection /collecting similar data sets would be important

**Section 3 Safe Care & Support**

Please comment below.

Standard 3.1 Agreed but perhaps include balance with positive risk taking and autonomy

Standard 3.2

Standard 3.3

**Section 4: Better Health & Wellbeing**

Please comment below.

Standard 4.1 This is a very important element within community based services and needs to be adequately resourced. Peers supports and experiences would greatly help with this standard

**Section 5: Leadership, Governance & Management**

Please comment below

Standard 5.1 Having joined up thinking in terms of governance will be crucial – currently social workers see a wide variation in terms of access to services, policies and procedures and what is effectively a post code lotto. Even applying for home support services can be a completely different model in each CHO area and leads to inefficiencies and confusion.

One successful model is the local clearing house groups for referrals to a particular area as it allows HSE and Voluntary agency services to come together to make best use of scarce resources

Standard 5.2 A/A

Standard 5.3 Agreed – currently it is very difficult at times to see what services will accept what clients and why and there is so much gatekeeping done by local organisations that it leads to repeated referrals and refusals.

**Section 6: Workforce**

Please comment below.

Standard 6.1 Totally agree that rehabilitation needs to be adequately resources in terms of staff and expertise as well as resourcing of support services such as PA or Rehab Assistants. Community services in Ireland are totally underfunded as it is and adding rehabilitation onto an already overloaded system will not work without proper investment.

Standard6.2

Standard 6.3

Standard 6.4

**Section 7: Use of Resources**

Please comment below.

Standard 7.1 Agree with this standard – again decreasing duplication and unnecessary repeated assessments would be helpful

Standard 7.2

**Section 8: Use of Information**

Please comment below.

Standard 8.1 Agree with these standards – there is a total lack of information on areas such as how many people have an ABI per year, where they are located, what their needs area etc and there needs to be good national data in the future

Standard 8.2

**Freedom of Information**

All submissions are subject to the Freedom of Information Acts.

Please tick if you agree with this - agreed

**Thank you for taking the time to give us your views.**

After the closing date, we will assess all feedback and use it to finalise our documents. The final document will be reviewed by the National Clinical Programme Working Group; the National Clinical Programme Clinical Advisory Group and be reviewed by the Health Service Executive.

If you wish to do so, you can request that your name and/or organisation be kept confidential and excluded from the published summary of responses. Please note that we may use your details to contact you about your responses. We do not intend to send responses to each individual respondent.

Please return your form to us either by email or post:



Dervla Kenny

Programme Manager, National Clinical Programme Rehabilitation Medicine,

National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire



If you have any questions you can contact Dervla Kenny on

[**dervla.kenny@nrh.ie**](mailto:dervla.kenny@nrh.ie)

**Please return your form to us either by email or post before**

**Friday 5th July 2019**