Regional rehabilitation units

Regional rehabilitation units (RRUs) are provided through Defence Primary Healthcare (DPHC) HQ under the Defence Healthcare Recovery Group (DHRG). They deliver intermediate rehabilitation within the Defence Medical Rehabilitation Programme (DMRP).

During 2022/23, we carried out one first comprehensive inspection.

Figure 6: First inspection of Northern Ireland RRU in Year 6

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Requires improvement	Good

Safe key question

The service provided safe care. Essential systems, processes and practices were available to ensure patient safety, which included reporting and recording significant events. The unit assessed and monitored risks to patients to keep them safe. There were also adequate arrangements to respond to emergencies and major incidents.

Effective key question

Patients benefitted from effective rehabilitative care. Their needs were assessed and care and treatment were delivered in line with current legislation, standards and evidence-based guidance. Staff had the right qualifications, skills, knowledge and experience to do their job. They had the information needed to plan and deliver care and treatment when they needed it through the unit's patient record system and their intranet system.

Staff asked patients to consent to care and treatment in line with legislation and guidance. The service identified patients who may need extra support and advised them how to find relevant services by:

- displaying helpline and welfare phone numbers in the waiting room
- talking to patients during appointments about other services they could use to help them manage their condition and improve the outcome of rehabilitation.

However, the service was unable to demonstrate that it routinely used information from patient outcomes and clinical audit to make improvements to care. Although this information was collected, the results were not routinely collated or analysed at a local level and there was no systematic programme of regular audit to review the quality of clinical care.

Caring key question

Patients told us they felt involved in decision making about their care and treatment. They felt that staff listened to and supported them and they had enough time during initial assessment and ongoing consultations to make an informed decision about the choice of treatment available. We also saw that care plans were personalised.

Responsive key question

The unit used information about the needs of the Population at Risk (PAR) within the Area of Responsibility (AOR) to inform how it planned and delivered services. We saw a plan that enabled them to meet the needs of the PAR, particularly for people with complex care needs, long-term or career-limiting conditions. Patients could access initial assessment, diagnosis or urgent treatment quickly in a way that suited them. The unit had a system for handling concerns and complaints.

Well-led key question

An overarching governance framework supported the service to deliver its strategy and provide good quality care. It was clear from patient feedback and interviews with staff that there was a patient-centred culture at the unit. Staff described how the leadership team promoted an inclusive and open-door culture with everyone having an equal voice, regardless of rank or grade. Support was available to the RRU in Northern Ireland from both the Regional Clinical Director and from Operations Rehabilitation DHRG, whose contribution was appreciated and valued.

However, there was scope to improve the leadership of the service:

- Staff were doing their best to ensure that responsibilities were clear and that quality, performance and risks were understood and managed. However, lines of accountability were blurred as key staff were absent from post.
- Managers worked hard to run the service and to meet patients' needs. However, the managerial post for the RRU was being covered by a locum who assumed no accountability for healthcare governance and was unable to line manage due to their locum status. Although all staff prioritised safe, high-quality and compassionate care, some were being asked to assume accountability beyond their terms of reference.
- There was an inconsistent process for staff supervision or peer review. Some staff groups received regular formal peer supervision, but there was no formal process for other groups.