

Standards Draft v3.3 December 2008 Word 2003

rehabilitation standards

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Quality Indicators - the hallmarks
expected of a good rehabilitation
provider

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introduction

The rehabilitation market-place in the UK is developing rapidly. With this growth comes a demand for users to be able to easily establish which of the services on offer will meet their need in terms of both outcome and price, and which of the many providers has the necessary quality hallmarks.

These rehabilitation standards (quality indicators) have been commissioned by the Department for Work and Pensions and provide a “route map” that supports providers by establishing the quality hallmarks expected of them.

Although this is a stand-alone document, you may also find it useful to read our companion document, “Choosing a rehab provider”.

These standards aim to:

- create a framework that recognises best practice & delivery by skilled and experienced practitioners
- influence the creation of cost-effective services

In some areas of rehabilitation, practice standard guidelines already exist or are currently being created. This is the case in a few specific sectors (such as case management), and also where certain clinical disciplines cover areas of rehabilitation (such as the clinical aspects of stroke recovery). But these practice standard guidelines tend to govern the “technical” delivery of the service rather than the relationship between the provider and the user and, even more importantly, there are large areas of rehabilitation practice that fall outside their scope.

Accordingly, these standards will bridge gaps and create an over-arching “umbrella” mechanism to help users assess the quality of what is on offer.

It is the intention that providers will follow the rehabilitation standards in order to demonstrate that they meet (and hopefully exceed) the benchmarks. They are a first step on the pathway to influencing market quality. Adherence will be voluntary, certainly in the initial stages. Accreditation and regulation are questions for the future.

I would like to thank the many expert people who have given so generously of their time to help us produce these standards. We hope you find them of value.

Catherine McLoughlin, CBE
Chair, UK Rehabilitation Council

INDEX

	Page
Explanatory notes	X
standard 1 : “what the service does”	X
standard 2: the skills used in delivering the service	X
standard 3 : about how the service works in practice	X
standard 4: how users of the service are safeguarded	X
standard 5: the business	X
Appendix 1 Service Definition Document	X
Appendix 2 Service Competency Document	X
Glossary	X

Explanatory Notes

- This document is designed to support professional standards of practice where these already exist. The combination of professional standards of practice alongside the rehabilitation standards for providers will be key to underpinning quality delivery of services.
- The standards cover all rehabilitation services, both health and vocational.
- The standards are general in application. They do not attempt to describe condition-specific practices or types of interventions or programmes. It is a fundamental concept underlying the standards that providers follow best practice for their particular field of delivery, and that condition-specific interventions and programmes will adhere to the relevant evidence base (recognising that in some arenas there is still a very limited evidence/research base).
- The standards apply in all sectors, whether private, public or not-for-profit settings (including services provided on a gratuitous basis).
- The standards apply to any size of organisation, from sole practitioner to large corporation.
- The principles of the standards are appropriate to all services and can be applied consistently in each and every context. However, “proportionality” has to be recognised. Therefore, for certain standards, such as the standard relating to business governance (“how do you make the service work”), there may be different ways of evidencing compliance depending upon the size and type of organisation.
- The standards are designed to be meaningful and pragmatic and relate to activities, practices and outcomes that can be:
 - a) demonstrated by documentary evidence and/or by observation, and
 - b) objectively measured, monitored and evaluated, and
 - c) shown to be evidence-based (wherever this is possible, as per note above)
- As a result, rehabilitation providers can collate consistent, valid and reliable information which can be used to demonstrate the quality of their services. In due course this information may provide evidence for accreditation purposes.

standard 1 : “what the service does”

Principle: The provider should clearly define the service(s) offered in a Service Definition document (see template at Appendix 1).

1.1 Services should be defined by reference to the following four elements:

- **which service(s) and specialism(s) the provider is skilled to offer**

The provider should aim for clear understanding by users. Generic phrases like “rehabilitation services” should be avoided. Where phrases like “whiplash management programme”, “functional restoration programme” or “condition management programme” are used, these should be further defined so that the exact nature of the service is clear

- **the “type” and the “setting” of the service,**

Type: telephone-based interaction, web-based/email interaction, desk-top assessment, face-to-face individual or face-to-face group sessions

Setting: residential, domiciliary, community, workplace

- **the geographical area(s) where the service is provided**

The provider should use commonly-recognised geographical city, county or regional/national areas. The provider should aim for clear understanding by users, and support this with information about offices, staff, telephone coverage as appropriate.

- **whether the services can be accessed direct by individual users**

1.2 All marketing materials, including literature and website, should clearly reflect the defined services.

1.3 The provider should have review processes in place ensuring that the service(s) offered reflect their “scope of practice”, i.e. are supported by their qualification, skills and experience.

1.4 The provider should ensure that every referral and all practices/interventions remain within their “scope of practice”, ie remain within their qualification, skills and experience.

The provider shall not act beyond the limit of their qualification, skills and experience.

standard 2: the skills used in delivering the service

Principle: The provider should have staff with appropriate skill, knowledge and ability to deliver each of the services offered. This standard relates to competency and is about the qualification, training, experience and ongoing learning of the staff delivering the services.

- 2.1. The provider should ensure that staff (both employed and sub-contracted) have the necessary mix of skills to deliver the defined service.

If at any time this skill-base cannot be ensured, the provider should stop offering the affected service and not accept any new instructions. In respect of any users actively receiving the service, the provider should take action to safely complete delivery by transferring those users to other suitably qualified providers (or by other appropriate steps) as soon as reasonably possible.

- 2.2 The provider should maintain a “service competency” document (see template at Appendix 2,) which records the skills and experience required to deliver each service and service element, and the identity of the staff (employed and sub-contracted) who can deliver each element.

- 2.3 The provider should ensure staff competency through use of recruitment and selection procedures and by ongoing assessment, appraisal, training and development.

The qualification, training and experience of practitioners should be evidenced by full individual CV's, evidence of qualification and registration, CRB checks and certification of current/ongoing relevant Continuous Professional Development.

- 2.4 Where a particular qualification is necessary for staff to deliver a service or service element, the provider should ensure staff are appropriately qualified.

Where the service requires or allows activities different in nature to those permitted by a practitioner's underlying clinical, psychological, allied-health, social-work, vocational, or similar qualification, the provider should ensure that the practitioner has additional relevant qualification and/or training and experience to enable them to operate beyond the scope of practice allowed by the underlying professional qualification

Not every service element will require a qualification, but appropriate relevant training and experience should still be demonstrated.

All qualifications and professional titles or designations should be recognised in the UK. Where there is no appropriate UK accrediting body, the provider should check the status of the professional qualification.

Competence to deliver certain services can be demonstrated by evidence of compliance with the practice standards of organisations such as CMS UK, VRA and BABICM.

- 2.5 The provider should ensure that staff maintain appropriate professional registrations and memberships relevant to their individual scope of practice (for instance, GMC, NMC, HPC, VRA, CMSUK, BABICM, or the Faculty of Public Health voluntary register for non-clinical practitioners).
- 2.6 Where a practitioner is a member of a professional body or association, the provider should ensure that the s/he acts in accordance with the standards of practice and code of ethics of their professional body/association.
- 2.7 The provider should ensure that staff have, specific to the service, relevant experience, knowledge and skills. Depending on the service/service element offered, this may include for instance:
- awareness of the current evidence base (where this exists) that supports the service(s), and experience in interpreting and delivering this
 - ability to interpret legal and policy areas relevant to service. This will apply where interaction with legal or policy frameworks is necessary, for example in the context of nursing, housing, care and benefit entitlements.
 - interpersonal skills that enable communication and negotiation with users and others as required. This may extend to advocacy on behalf of users.
 - “know-how” or “local knowledge” specific to the scope of practice/service(s). This may, for example, be knowledge of the local employment market and networks/placement opportunities; or knowledge of how to access statutory services; or a working knowledge of the UK compensation system.
 - financial acumen - in order that all assessment, planning and interventions balance the needs of users with “proportionality” and cost, and are delivered cost-effectively; staff should also be effective in the management of funding (particularly where funds are delegated by purchaser “customers”)
- 2.8 The provider should ensure staff are properly trained, supporting this by time allowance and by internal knowledge-pooling etc.

All staff should undertake relevant ongoing professional development and the provider should support this through time-allowance.

- 2.9 Trainees should be fully supervised by competent staff and not have their own allocation of users or be responsible for service-elements.

standard 3 : about how the service works in practice

Principle: The provider should clearly define the service delivery elements of each service offered. This involves definition of, for example, the work practices for referral, assessment and reporting and, where appropriate, charges and rates.

In creating robust working arrangements based on best practice, the provider will be able to ensure the service(s) are :

- good, effective and safe
- needs-focussed
- outcome-focussed
- cost-effective

Evidence of conformity with this standard may vary considerably in accordance with the scope and size of the organisation.

3.1 The provider should have a “working practices document” that outlines the working practices for each service delivery element.

This document should include the rationale and references to the “best practice” evidence for each working practice (where an evidence base exists).

In an established business organisation the documentation available should be extensive, covering every process. As a bare minimum the working practice document should record an outline of:

- service definition (the Service Definition document – see Appendix 1)
- acceptance criteria and instruction, onward referral and case closure procedures
- service levels/time-frames for each service delivery element
- the practices for each element. For example, for an Initial Needs Assessment under the Rehabilitation Code: how the assessment is conducted, what the final product looks like (clear concise assessment report with recommended action-plan indicating predicted costs, time-oriented goals agreed with users etc) and the templates for assessment and planning. Similarly, where for example a service is delivered according to an accredited programme, the relevant programme, documentation should be annexed to the working practice document.
- assessment and evaluation tools and decision criteria
- communication policy – e.g. report and advice formats and frequency
- where appropriate, price information and payment terms including VAT status. These should be the marketed price; confidential commercial arrangements can be made (although any credit or “third party referral”

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arrangements exist should be declared to any legitimate interest).

3.2 The “working practices document” should be kept under regular review to ensure:

- it reflects the actual working practice
- that the working practice reflects the current evidence base and is maintained on an up-to-date basis

Any change to that recorded in the working practices document during the delivery of service(s) shall be agreed with the users.

3.3. On receipt of instructions, providers should issue users with an initial “client care” letter setting out, for example, the next steps for the user, contact points and the user’s rights and responsibilities.

3.4 All assessment, planning and delivery by the provider should occur in liaison with a user’s NHS health team and all other health, care, employment, and social-work professionals and agencies concerned with the user’s care.

3.5 Following assessment, an individual rehabilitation plan should be objectively prepared for a user, outlining likely outcome and goals. The plan, timescales and goals shall be agreed with users.

3.6 The principle of “proportionality” should be central to all service planning and delivery, balancing need with available funding.

9

3.7 All service delivery should be cost-effectively designed having regard to best practice and to all available resources. Any cost likely to attach should be estimated and agreed with users beforehand.

3.8 All service delivery in practice should be the subject of systematic ongoing monitoring and evaluation, with particular regard to progress against plan and timeframes. Primarily, staff delivering the service elements are responsible for this but, where relevant to the service and context, it should also take the form of:

- inter-disciplinary or multi-disciplinary team review
- peer-review
- quality control and audit

Issues and problems arising or other reasons for lack of progress in the rehabilitation plan should be identified and recorded with appropriate adaptation to plan. The user’s agreement should be obtained and any other stakeholders involved as appropriate.

3.9 Providers should monitor and evaluate outcomes across the delivery programme.

standard 4: how users of the service are safeguarded

Principle: The provider should have clear policies ensuring the protection of users. This is both about preserving the personal safety and rights of the individual “consumer” user (regarding for instance their rights to privacy and confidentiality) and about protecting the rights and interests of other “customer” users.

4.1 The provider has a duty to the “consumer” user who is receiving rehabilitation, and the provider should at all times act to ensure and protect his or her safety, dignity and privacy.

The provider also owes a duty to any other “customer” users such as employers and insurers, and at all times should be mindful of their interests.

4.2 The provider should, in following best practice and in determining the rehabilitation intervention, operate independently of the influence of any party, except to the extent funding from a “customer” user is legitimately restricted. In the case of restricted funding, the provider should ensure best use of all available resources.

4.3 The provider should at all times consider whether there is any conflict of interest in accepting an instruction and/or delivering services. Any perceived conflict, whether generally or in an individual case, should be declared to users. The identity of proprietors, directors and other stakeholders with any financial or commercial interest in the provider’s business, however arising, should be declared on request.

4.4 Users should be kept fully informed at all times of any material information and/or change in material information.

4.5 The provider should ensure staff are fully familiar with the organizations documented statements setting out the:

- ethical values of the organization. This statement may follow the code of ethics of relevant professional organizations or designations.
- principles of user personal safety, confidentiality and privacy recognized by the provider.
- statutory requirements governing the obtaining of consent, disclosure of information in accordance with Health Records and Data Protection legislation, and equality and discrimination.

4.6 The provider should determine Health & Safety requirements in relation to premises, equipment, home/workplace visits etc, and ensure these are met.

4.7 The provider should maintain an accessible and effective complaints procedure.

standard 5: the business

Principle: The provider should have in place business governance and practices ensuring that the business structure and processes support the service(s) offered. The provider should have a demonstrable structure and processes which supports:

- effective delivery of outcomes
- efficient use of resources
- business viability

Evidence of conformity with this standard may vary considerably in accordance with the scope and size of the organisation.

5.1 In an established organisation the following features should be present:

- a management team with designated accountability
- appropriate business registration e.g. limited liability partnership, plc, self-employed
- financial management with appropriate solvency, cash/credit management and accounting procedures
- objective capacity management and planning
- reliable Information Management systems with security, retention and back-up procedures
- performance management with quality assurance, complaint management and ongoing data review and performance improvement programmes
- human resource management
- risk management procedures, accompanied by contingency/business interruption/disaster recovery plans.

A small business may need to combine all functions in one or two individuals, but should still be able to demonstrate a sound operating policy including financial management with evidence of annually audited or examined accounts

5.2 The provider should have in place appropriate liability and professional indemnity insurances.

5.3 Where there are any partnership/referral arrangements or where any element of the provider's service is contracted out, the provider shall demonstrate that the relationship has been entered into with reasonable care to ensure that the partner or contracted party complies with the requirements of the standards.

Appendix 1 Service Definition Document

Appendix 2 Service Competency Document

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definitions and glossary

Definitions

Rehabilitation - “a process of active change by which a disabled person achieves optimal physical, psychological and social function” (United Kingdom Rehabilitation Council).

Vocational Rehabilitation - “whatever helps someone with a health problem to stay at, return to and remain in work” (Vocational Rehabilitation Task Group)

Glossary

BABICM – British Association of Brain Injury Case Managers

CMSUK – Case Management Society of the United Kingdom

CRB – Criminal Records Bureau

GMC – General Medical Council

HPC – Health Professionals Council

NMC - Nursing and Midwifery Council

UKRC – United Kingdom Rehabilitation Council

VRA – Vocational Rehabilitation Association