

**Regional Audit Coordinated by the
Health and Social Care Board to Identify
Baselines for the
Learning Disability Service Framework**

October 2015

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Background

The Service Framework for Learning Disability is one of six frameworks; the others include Cancer Prevention Treatment and Care, Cardiovascular Health and Well Being, Mental Health and Wellbeing, Respiratory Health and Well Being and Older Peoples Service Framework.

Service frameworks set clear quality requirements for care. These are based on the best available evidence of the treatments and services that work most effectively for patients. One of the main strengths of each framework is that it is inclusive, having been developed in partnership with health professionals, patients, carers, health service managers, voluntary agencies and others with a particular expertise in each field of care.

The aim of the Learning Disability Service Framework (LDSFW) is to improve the health and wellbeing of people with a learning disability, their carers and their families by promoting social inclusion and reducing inequalities in health and improving the quality of care.

The Learning Disability Service Framework sets standards in relation to:

- Communication and involvement in the planning and delivery of services
- Entering adulthood
- Inclusion in community life
- Meeting general physical and mental health needs
- Meeting complex physical and mental health needs
- At home in the community
- Ageing well
- Palliative and end of life care

The Learning Disability Service Framework is initially for a three-year period from 2014 – 2017. It will be the subject of further review and continuing development as a living

document as performance indicators are achieved, evidence of changed priorities emerge and new performance indicators are identified.

There are 34 standards in the framework and 85 Key Performance Indicators (KPI's). Ten of the standards and 19 KPIs are referred to as generic in the framework. Monitoring data for the generic standards is collected by the Department of Health Social Services and Public Safety (DHSSPS) twice a year via the Health and Social Care Board (HSCB) and the Public Health Agency (PHA). Five standards (S8 ,S10,S11,S12,S13) and 10 KPIs are being taken forward by the Children's Service Framework.

The focus of this audit has been placed on the other 19 standards and 56 KPIs to identify robust baseline information.

Rationale for Audit

Each Standard has Key Performance Indicators (KPI's) along with quantifiable measures that will assess and measure the extent that each standard is implemented.

Developing the performance indicators has been very challenging for several reasons which include;

- the relatively high proportion of information required is qualitative not quantitative i.e. this is potentially more difficult to objectively measure;
- consideration of the time/lengthy timescales that it may take to collect information;
- the relative lack of good/robust information systems and standardised databases within Health and Social care;
- the need to avoid duplicating efforts in terms of collecting data.

Many of these KPI's have not previously been measured and while some information systems are available, these are limited and likely to provide only a fraction of the quantitative data required. There is relatively little data collected routinely within the HSC that reflects the largely qualitative data required by the Framework's standards.

This audit will provide baseline figures against which HSC services can be further audited. The standards developed by the Service Framework provide a model which current services should

adhere to. It is important to note that in the absence of an objective baseline which ascertains the present status/performance of services it will be difficult to determine progress against the standards (i.e. how services improve or decline with the introduction of the framework).

Aim & Objectives of the Audit

Aim

The overall purpose of this Audit was to establish baseline HSC performance regarding 24 standards of the Learning Disability Services Framework.

Objectives

- To identify data sources that already exists for some of the KPIs and gather information to establish baselines.
- To develop and implement a series of data collection tools such as an organisational audit, Self-Assessment Audit, case note reviews and focus groups to gather information to inform the baselines.
- To develop an annual action plan to guide and oversee the implementation of audit.
- To develop capacity to enable the Trusts to use the data collection tools to measure on a yearly basis their performance level against specific standards.

Outcome

The focus of this work was to develop a range of audit tools to identify the baseline information, the main outcomes will be robust qualitative measures that can be monitored and reviewed to ensure standards improve over an agreed timescale delivered against key performance indicators. The audit will also identify areas where change in practice is required.

Audit Methodology

Overview

This audit was designed to run until March 2015 across all five Health & Social Care Trusts, HSCB and PHA. It aims to capture as much information as possible that will provide baseline data to measure and monitor performance.

Project Team

A Regional Group for Learning Disability Service Framework (LDSF) was established in June 2014 to oversee the audit). This group met quarterly and project updates were provided by the Project Coordinator in advance of the meetings.

Data collection

Available Data sets

The coordinator identified data and information already being collated for some of the PI's through the Designated Statutory Function (DSF) report, Regional groups, HSCB Designated Statutory Function information and teams within the trusts i.e. community dental teams. This information was used to inform the baseline position for each of the Trusts.

Participating organisations

- DHSSPS
- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- Southern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Western Health and Social Care Trust

Organisational Audit

HSCB worked with GAIN to develop and implement an organisational audit to gather baseline data for 28 KPIs. A proforma questionnaire was developed by GAIN and HSCB in consultation with the Trusts. The questionnaire was then sent to HSCTs to be completed and results were collated by GAIN. The information collated was used to inform baseline for each of the Trusts. A copy of the final report compiled by GAIN can be found in [Reference 1 - GAIN - Trust PHA and HSCB Learning Disability Service Framework.docx](#)

Participating organisations

- Belfast Health and Social Care Trust

- Northern Health and Social Care Trust
- Southern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Western Health and Social Care Trust
- PHA
- HSCB

Case Note Review

A case note review was carried out between November 2014 and January 2015 to determine baselines for several of the KPI' (please refer to [Reference 2 Summary report from case note review audit learning Disability Service Framework.docx](#) for case note review report). This process involved the development of a set of questions in consultation with the Trust's, which was then transferred onto an excel sheet to allow the audit to be completed electronically.

The sample was agreed using the sample calculator tool provided by GAIN. The case note review audit carried out file checks on 450 files across the region, 90 per Trust, 30 files per locality (10 Community, 10 Supported Living and 10 Social Work).

The completed excel sheets were then analysed by the Leadership Centre who produced a summary report (please refer to [Reference 3 - Online survey - LDSF SAAT adult percentages.xlsx](#))

Participating organisation

- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- Southern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Western Health and Social Care Trust

Online Survey

The LDSF Coordinator worked with the Leadership Centre on the design of an online excel survey to establish baselines for approximately 10 performance indicators. The online survey was circulated to the Trusts at the end of October, to be completed and returned by mid-January. The information returned was electronically analysed by the Leadership Centre and

produced baseline figures to inform performance targets (please refer to [Reference 2 Summary report from case note review audit learning Disability Service Framework.docx](#))

Participating organisation

- Belfast Health and Social Care Trust
- Northern Health and Social Care Trust
- Southern Health and Social Care Trust
- South Eastern Health and Social Care Trust
- Western Health and Social Care Trust

Findings

The audit for the Learning Disability Service Framework is now complete. The main outcome of this audit was to provide robust qualitative baseline for each of the indicators that can be monitored and reviewed to ensure standards improve over an agreed timescale delivered against key performance indicators. The baselines will allow performance levels for 2015 - 2016 to be agreed with the Trusts/ HSCB/ PHA.

An excel sheet (appendix 4) has been populated outlining baseline position as of 31 March 2015 for each of the five Health & Social Care Trusts, HSCB and PHA, identifying the data source and frequency of monitoring.

The coordinator is working closely with HSCB Performance Management to develop monitoring templates (SAATS) and monitoring schedules to manage performance. All of the Monitoring processes and data information requests will be approved and agreed by HSCB/ Trust Regional Information Group /Community information process.

Observations

There are 34 standards and 85 KPIs in the Service Framework for Learning Disability.

Information is routinely collected by DHSSPS for the 10 Generic standards and 19 KPIs for all of six service frameworks (S1 – safeguarding (3PIs), S3 -PPI (3PIs), S5 – communication (1PI), S9- Advocacy (1PI), S20 – tobacco (3PIs), S23 – healthy eating (1PI), S24 physical activity(1PI), S25 alcohol (1PI), S298 – carer awareness (3PIs), S33 – care planning (2PIs). 5 standards (S8 ,S10,S11,S12,S13) and 10 KPIs are being taken forward by the Children’s Service Framework.

This audit focused on 19 standards and 56 KPIs. A range of audit tools were developed and implemented such as online surveys, organisational audit, case note review and data sets where relevant to identify robust baselines.

RAG rating has been applied as follows

| | |
|--|-------------------------|
| Red - worse than target, and below an acceptable tolerance level/no data available to establish baseline position | 4 PI's/ 7% |
| Amber - worse than target, but within an acceptable tolerance level | 25 PI's/ 44% |
| Green - on or better than target | 27 PI's/ 48% |

****Please see appendix 4 for full colour code on indicators.***

The bullet points listed below are also a compilation of observations and learning recorded during the case note review audit process that the audit tick list did not record.

- Minutes and notes from review meetings did not always record who was in attendance at the review meeting.
- Front covers on client files were used in some of the Trusts which provided a pen picture of the individual with key information at the start of the file which was very useful.
- The ‘About You’ template used in one trust is a very useful document with key client information. There is a specific section which outlines and summarises the annual review of a Person Centred Plan, records who is in attendance, and any changes agreed to the plan. There is also a section on the document for the user and or carer to sign.
- Not all files had soscare numbers recorded on the front of the file or on client documents inside the file.

- Sometimes it was difficult to identify the key worker and profession (Social Worker, Learning Disability Nurse, Care Manager), it would be useful to ensure future front cover sheets recorded this.
- It would be helpful if the user is unable to sign annual reviews and PCP plans that this is recorded on file.
- Communication needs was not always evident on files. In some instances it took a lot of navigating and reading through the file to determine this. However, there are some good examples of care plan templates with a specific section on communication needs.
- In one trust all of the forms are clearly coded which made it easy to navigate through the file.
- In one of the trusts a booklet called 'Initial assessment for adults with learning disability (level 1)' is being used which was very useful. This booklet contained risk assessment/carers assessment/care plans/most recent reviews all one booklet. This booklet is transportable for update but must always be placed back on master file.
- Discussions with some staff during the audit highlighted the need to develop a weighted approach to manage caseloads.
- In some localities it must be noted that some files were huge, very disorganised, bulging and it was hard to identify evidence to answer the questions, which was more time consuming.
- A front cover clearly indexing the content of the file was used in one of the trusts (ISO 9001).
- In some files we were unable to identify an assessment, care plan and for evidence of any reviews for a number of years.

Areas of Good Practice

- Twenty seven PI's (48%) of the indicators in the service framework are on target and in some cases are well on target for example:
 - S4 PI2 - Evidence that robust processes are in place where capacity has been judged to be an issue within HSC services or services commissioned by HSC
 - S15 PI1- Regional guidelines on sexuality and personal relationships are developed to ensure a consistent approach.

- Over 70% of the trusts had evidence on file that people with a learning disability their family and carers have been involved in making choices or decisions about their individual health and social care needs.
- There is evidence and examples of all HSC organisations making information accessible to people with a learning disability.
- 100 % of GPs have a system for identifying people with a learning disability on their register.
- Front covers on client files were used in some of the Trusts which provided a pen picture of the individual with key information at the start of the file which was very useful.
- In one of the trusts a booklet called 'Initial assessment for adults with learning disability (level 1)' is being used which was very useful. This booklet contained risk assessment/ carers assessment/ care plans/ most recent reviews all one booklet. This booklet is transportable for update but must always be placed back on master file.
- A front cover clearly indexing the content of the file was used in one of the trusts (ISO 9001).

Areas for Improvement

- Fifty one percent (29) of the indicators are not on target; however 44% (25) have evidence which would suggest they are within an acceptable tolerance level. Of the 44% (25) all of the indicators in this section have an action to ensure they are being addressed. For example:
 - S2 PI1 - Evidence that people with a learning disability their family and carers have been involved in making choices or decisions about their individual health and social care needs.
 - S6 PI1 - Percentage of people with a learning disability who do not use speech as their main form of communication who have been supported to establish a functional communication system
- Not all files had soscare numbers recorded on the front of the file or on client documents inside the file.
- Sometimes it was difficult to identify the key worker and profession (Social Worker, Learning Disability Nurse, Care Manager), it would be useful to ensure future front cover sheets recorded this.

- It would be helpful if the user/ client is unable to sign annual reviews and PCP plans that this is recorded on file.
- Communication needs was not always evident on files. In some instances it took a lot of navigating and reading through the file to determine this. However, there are some good examples of care plan templates with a specific section on communication needs.

Presentation/Discussion

Findings from each of the audit tools have been shared with the Regional Group for Learning Disability Service Framework and the Bamford sub group and discussed at various meetings through the year. The final excel sheet (please refer to [Reference 4 -LDSF Template all 5 trusts no generic view.xlsx](#)) has been disseminated to the Regional Group as well as a detailed discussion at a meeting of the regional group on 23 June 2015.

Recommendations

1. Agree targets for 2015 – 2016 and deviations based on percentages determined from data sets, organisational audit, case note review and online survey.
2. Design and implement SAAT to gather data and monitor performance against indicators
3. Repeat case note review in 2015.
4. Design and implement a standardised client file compliance list – ensure all files have front cover sheet outlining needs of the client, their key worker (including profession) summary of disability / needs / identify preferred means of communication etc.
5. Share the learning from Case Note Review – to allow Trusts to improve on client files.

Learning points

1. The Organisation audit should have asked for more specific quantitative data to allow percentages to be calculated.
2. The Organisational audit survey and online survey should have been combined into one audit tool (using excel) for completion by the Trusts as opposed to 2 separate exercises.
3. The Learning Disability Service Framework could have been more specific in aligning the indicators to be measured with the commissioning plan and ensure there was an effective data source.

Clinical Audit Action Plan

| | | | |
|-------------------------|--|---|---|
| Project title | Regional Audit to identify baselines for the Learning Disability Service Framework | | |
| Action plan lead | Iolo Eilian | Social Care Commissioning Lead for Mental Health & Learning Disability. | HSCB, Tower Hill, Armagh, Tel 028 95362081 |

Ensure that the recommendations detailed in the action plan mirror those recorded in the “Recommendations” section of the report. The “Actions required” should specifically state what needs to be done to achieve the recommendation. All updates to the action plan should be included in the “Comments” section.

| Recommendation | Actions required <i>(specify “None”, if none required)</i> | Action by date | Person responsible <i>(Name and grade)</i> | Comments/action status <i>(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc)</i> | Change stage <i>(see Key)</i> |
|---|---|-----------------------|---|--|--------------------------------------|
| Agree targets for 2015-2016 from data sets, organisational audit, case note review and online survey. | <p>Liaise with HSCTs to establish SMART performance levels.</p> <p>Ensure request for data is approved by the regional information group.</p> | Sept 2015 | Iolo Eilian , Una Cushnahan | On-going discussion with the Trusts and Performance Management and Service Improvement (PMSI). | 2 |
| Design and implement SAATs to gather monitoring data | <p>Develop SAAT’s incorporating data gathered though previous audit tools.</p> <p>Disseminate SAATs to Trust information teams for</p> | Sept - Dec 2015 | Una Cushnahan, Rosa Mc Candless & Linus McLaughlin PMSI | Meetings planned to develop SAATs. Data request has been taken to Regional Information Group (RIG). | 2 |

| | | | | | |
|---|--|---------------------|------------------------------|---|---|
| | <p>completion</p> <p>Agree monitoring schedule with the Trusts information teams.</p> | | | | |
| Repeat case note review | <p>Organise schedule of dates with commsis9ing leads and Trusts</p> <p>Disseminate schedule to trusts</p> <p>Tidy up excel sheet disseminate</p> | Oct 2015 – Dec 2015 | Una Cushnahan | Dates planned and shared with Trust AD's for Learning Disability. | 2 |
| Design and implement a standardised client file compliance list – ensure all files have front cover sheet outlining needs of the client, their key worker (including profession) summary of disability / needs / identify preferred means of communication etc. | <p>Develop file compliance list in line ISO being sued in SET.</p> <p>Consult with Trist LD teams to finalise.</p> <p>Disseminate for use across trusts and agree timescale for full implementation.</p> | | Una Cushnahan, HSCT LD teams | | 1 |
| Share the learning from Case Note Review – to allow Trusts to improve on client files. | <p>Draft report and circulate across Trust LD teams.</p> <p>Case Note review report discussed at regional Bamford sub group</p> | Jan 2014 | Una Cushnahan, HSCT LD teams | | 3 |

Appendix 1 - Project Team

| Name | Job Title/Specialty | Trust | Role within Project (data collection, Supervisor etc) |
|-------------------|--|--------|---|
| Iolo Eilian | Social Care Commissioning Lead for Mental Health and Learning Disability | HSCB | Project Lead |
| Una Cushnahan | LDSF Project Coordinator | HSCB | Project Coordinator, note pulling, data collection, manage case note review |
| John Veitch | Assistant Director for Learning Disability | BHSCT | Advisory/ data collection |
| Siobhan Crilly | Regional Clinical Audit Facilitator | GAIN | Advisory/ chair of steering group |
| Iolo Eilian | Social Care Commissioning Lead for Mental Health and Learning Disability | HSCB | Chair of project team |
| Alyson Dunn | Assistant Director for Learning Disability | NHSCT | Advisory/ data collection |
| Miceal Crilly | Assistant Director for Learning Disability | SHSCT | Advisory/ data collection |
| Carol Veitch | Assistant Director for Learning Disability | SEHSCT | Advisory/ data collection |
| Rosaleen Harkin | Assistant Director for Learning Disability | WHSCT | Advisory/ data collection |
| Rossa McCandless, | Performance Management Business Manager | HSCB | Support with developing SAATs, collecting data |

Appendix 2 - Standards and Indicators being measured through Case Note Review

| Standard | Indicator | Audit question |
|---|--|---|
| <p>Standard 2 People with a learning disability should as a matter of course make choices or decisions about their individual health and social care needs. This needs to be balanced with the individual's ability to make such decisions and then the views of their family, carers and advocates should be taken into account in the planning and delivery of services, unless there are explicit and valid reasons to the contrary agreed with the person.</p> | <p>PI (1) Evidence that people with a learning disability their family and carers have been involved in making choices or decisions about their individual health and social care needs.</p> | <p>1. Is there evidence of an annual review having been completed within the last year?</p> <p>Standard reached: options available Yes/ No</p> <p>Evidence/Comments</p> |
| <p>Standard 2 People with a learning disability should as a matter of course make choices or decisions about their individual health and social care needs. This needs to be balanced with the individual's ability to make such decisions and then the views of their family, carers and advocates should be taken into account in the planning and delivery of services, unless there are explicit and valid reasons to the contrary agreed with the person.</p> | <p>PI (1) Evidence that people with a learning disability their family and carers have been involved in making choices or decisions about their individual health and social care needs.</p> | <p>2. Is there an up to date person centred plan included in the annual review?</p> <p>Standard reached: options available Yes/ No</p> <p>Evidence/Comments</p> |
| <p>Standard 2 People with a learning disability should as a matter of course make choices or decisions about their individual health and social care needs. This needs to be balanced with the individual's ability to</p> | <p>PI (1) Evidence that people with a learning disability their family and carers have been involved in making choices or decisions about their individual health and social care needs.</p> | <p>3. Has the person centred plan been signed by the service user and or carer?</p> <p>Standard reached: options available Yes/No</p> |

| | | |
|--|---|--|
| <p>make such decisions and then the views of their family, carers and advocates should be taken into account in the planning and delivery of services, unless there are explicit and valid reasons to the contrary agreed with the person.</p> | | <p>Evidence/Comments</p> |
| <p>Standard 2: People with a learning disability should as a matter of course make choices or decisions about their individual health and social care needs. This needs to be balanced with the individual's ability to make such decisions and then the views of their family, carers and advocates should be taken into account in the planning and delivery of services, unless there are explicit and valid reasons to the contrary agreed with the person.</p> | <p>PI (1) Evidence that people with a learning disability their family and carers have been involved in making choices or decisions about their individual health and social care needs.</p> | <p>4. Is there any other evidence that people with a learning disability, their families/ carers have been involved in making choices or decisions about their individual health and social care needs?</p> <p>Standard reached: options available Yes/No</p> <p>Evidence/Comments</p> |
| <p>Standard 6 People with a learning disability should expect effective communication with them by HSC organisations as an essential and universal component of the planning and delivery of health and social care.</p> | <p>PI (1) Percentage of people with a learning disability who do not use speech as their main form of communication who have been supported to establish a functional communication system.</p> | <p>5. Does the service user use speech as their main form of communication?</p> |
| <p>Standard 6 People with a learning disability should expect effective communication with them by HSC organisations as an essential and universal component of the planning and delivery of health and social care.</p> | <p>PI (1) Percentage of people with a learning disability who do not use speech as their main form of communication who have been supported to establish a functional communication system.</p> | <p>6. Is there evidence of preferred form of communication?</p> |

| | | |
|---|--|---|
| <p>Standard 30 All family carers should be offered the opportunity to have their needs assessed and reviewed annually.</p> | <p>PI (1) Percentage of carers who express satisfaction at their annual review that their needs as identified in the carers' assessment have been met.</p> | <p>7. Is there evidence of a carer's assessment being offered? 8. (a). Is there evidence of carer satisfaction being recorded at the most recent annual review? (b) Was the carer satisfied?</p> |
|---|--|---|

Appendix 3 - Schedule

450 files across the region, 90 per Trust, 30 files per locality (10 Community, 10 Supported Living and 10 Social Work).

| Trust | Locality | Date |
|--------|---------------------------------|----------|
| NHSCT | Larne/Carrick, Newtownabbey | 05/11/14 |
| SHSCT | Craigavon & Banbridge | 13/11/14 |
| SHSCT | Newry & Mourne | 18/11/14 |
| BHSCT | Belfast (North & West) | 19/11/14 |
| SEHSCT | Lisburn | 20/11/14 |
| NHSCT | Cookstown, Magherafelt & Antrim | 25/11/14 |
| NHSCT | Ballymena & Coleraine | 26/11/14 |
| SHSCT | Armagh & Dungannon | 27/11/14 |
| WHsCT | Derry/Londonderry | 02/12/14 |
| SEHSCT | Downpatrick | 03/12/14 |
| SEHSCT | Newtownards & Bangor | 04/12/14 |
| BHSCT | Belfast (South & East) | 16/12/14 |
| WHsCT | Omagh | 17/12/14 |
| BHSCT | Belfast (N&W/S&E) | 06/01/15 |
| WHsCT | Enniskillen | 07/01/15 |

Appendix 4 - Tables from Leadership Centre

Summary information for all case reviews

Number of responses 450

| Question | All Trusts | | | | | Percentage | | | | |
|---|------------------|-----------|-----|-------------|-----|------------------|-----------|--------|-------------|-------|
| | Standard reached | | | | | Standard reached | | | | |
| | Yes | | No | | N/A | Yes | | No | | N/A |
| Is there evidence of an annual review having been completed within the last year? | 311 | | 138 | | 1 | 69.11% | | 30.67% | | 0.22% |
| Is there an up to date person centred plan included in the annual review? | 268 | | 182 | | 0 | 59.56% | | 40.44% | | 0.00% |
| Has the person centred plan been signed by the service user and / or carer? | 217 | | 233 | | 0 | 48.22% | | 51.78% | | 0.00% |
| Is there any other evidence that people with a learning disability, their families / carers have been involved in making choices or decision about their individual health and social care needs? | 348 | | 100 | | 2 | 73.33% | | 22.22% | | 0.44% |
| Does the service user use speech as their main form of communication? | 334 | | 112 | | 4 | 74.22% | | 24.89% | | 0.89% |
| Is there evidence of preferred form of communication? | 390 | | 58 | | 2 | 86.67% | | 12.89% | | 0.44% |
| Is there evidence of a carers assessment being offered? | 167 | | 283 | | 0 | 37.11% | | 62.89% | | 0.00% |
| Is there evidence of carer satisfaction being recorded at the most recent annual review? | 227 | | 217 | | 6 | 50.44% | | 48.22% | | 1.33% |
| Was the carer satisfied?* also see breakdown per trust in table below | Yes | Partially | No | No evidence | N/A | Yes | Partially | No | No evidence | N/A |
| | 185 | 31 | 52 | 124 | 24 | 41.11% | 6.89% | 11.56% | 27.56% | 5.33% |

| BHSCT | | | | | NHSCT | | | | | SEHSCT | | | | | SHSCT | | | | | WHSCT | | | | |
|-------|-----------|----|-------------|-----|-------|-----------|----|-------------|-----|--------|-----------|----|-------------|-----|-------|-----------|----|-------------|-----|-------|-----------|----|-------------|-----|
| Yes | Partially | No | No evidence | N/A | Yes | Partially | No | No evidence | N/A | Yes | Partially | No | No evidence | N/A | Yes | Partially | No | No evidence | N/A | Yes | Partially | No | No evidence | N/A |
| 48 | 1 | 6 | 1 | 1 | 38 | 5 | 9 | 16 | 22 | 49 | 7 | 14 | 20 | 0 | 32 | 7 | 19 | 31 | 1 | 18 | 11 | 4 | 56 | 0 |

* For the question “Was the carer satisfied?” there was a total of 416 case note reviews where an answer could be assessed. In the other 34 cases (7.5%) there was no information found.

Appendix 5 - Case Review Analysis by Trust

| Question | Overall | Target | BHSCT | NHSCT | SEHSCT | SHSCT | WHSCT |
|---|---------|---------|--------|--------|--------|--------|--------|
| Is there evidence of an annual review having been completed within the last year? | 69.11% | 79.63% | 81.11% | 72.22% | 75.56% | 61.11% | 55.56% |
| Is there an up to date person centred plan included in the annual review? | 59.56% | 80.08% | 72.22% | 75.66% | 75.56% | 34.44% | 40.00% |
| Has the person centred plan been signed by the service user and / or carer? | 48.22% | 76.69% | 84.44% | 63.33% | 54.44% | 17.78% | 21.11% |
| Is there any other evidence that people with a learning disability, their families / carers have been involved in making choices or decision about their individual health and social care needs? | 77.33% | 82.46% | 84.44% | 74.44% | 73.33% | 81.11% | 73.33% |
| Does the service user use speech as their main form of communication? | 74.22% | 89.03% | 92.22% | 81.11% | 77.78% | 66.67% | 53.33% |
| Is there evidence of preferred form of communication? | 86.67% | 100.00% | 95.56% | 90.00% | 94.44% | 96.67% | 56.67% |
| Is there evidence of a carers assessment being offered? | 37.11% | 50.82% | 41.11% | 53.33% | 27.78% | 44.44% | 18.89% |
| Is there evidence of carer satisfaction being recorded at the most recent annual review? | 50.44% | 61.40% | 56.67% | 50.00% | 64.44% | 45.56% | 35.56% |
| Was the carer satisfied? | 41.11% | 55.30% | 53.33% | 42.22% | 54.44% | 35.56% | 20.00% |

A copy of this Audit is available for download and print via

www.gain-ni.org

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