



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority Review of Sensory Support Services at the Northern Health and Social Care Trust

September 2011

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Section 1 – Introduction

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland.

RQIA was established in 2005 as a non departmental public body under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The vision of RQIA is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- **Improving Care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the Population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding Rights:** we act to protect the rights of all people using health and social care services.
- **Influencing Policy:** we influence policy and standards in health and social care.

RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews. RQIA reviewed and reported on the quality and availability of sensory support services being commissioned and provided by the Northern Health and Social Care Trust (Northern Trust).

1.2 Context for the Review

In recent years there have been many changes and developments aimed at preventing discrimination against people with a disability.

From 2003 the Department of Health, Social Services and Public Safety (DHSSPS) Social Services Inspectorate (SSI) focused on the area of sensory loss and developed draft standards, which informed the original inspection of social work and related services for adults with a sensory loss in 2004. The aim of the inspection was to examine social work and other services for adults with a sensory loss and resulted in a number of recommendations in the Challenge and Change report (2005), which led to the development of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services¹ (DHSSPS) in 2007. To follow up on the recommendations of the Challenge and Change report, a regional steering group was established in 2005 with responsibility for their implementation.

Four years have passed since the publication of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services. Prior to this review no formal assessment of the progress of the implementation of the standards has been undertaken. This review was necessary to determine: if the standards have been implemented; the impact and effectiveness of the standards; and whether they have resulted in improvements in the delivery of health and social care in the area of sensory support services.

In June 2009, the UK government ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD). The convention does not create new rights for disabled people but provides a better understanding of disabled people's human rights. Under the convention, countries are obliged to "promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and to promote respect for their inherent dignity". The ethos of the convention was an integral part of this review and evidence of the Northern Health and Social Care Trust meeting the key human rights indicators was sought during the review.

There have been several initiatives undertaken by various departmental bodies and voluntary sector organisations representing people with a sensory support need. These include:

- Access to Public Services for Deaf Sign Language Users - User Forum Project Report²

The report outlined the findings and recommendations arising from a joint project carried out by the Royal National Institute for Deaf People (RNID) and the Deaf Association of Northern Ireland (DANI) during 2009. The

¹ A copy of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services are available on the RQIA website under - Publications/ Quality Standards. www.rqia.org.uk

² Access to Public Services for Deaf Sign Language Users - User Forum Project Report - A Partnership Publication by RNID and BDA - October 2009

aim of the project was to identify areas where access to public services could be improved for Deaf sign language users.

- Is it my turn yet? - Access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted. ³

The report assessed the level of access to general practitioner (GP) practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted and makes recommendations for improvement. The work was carried out in partnership with the Royal National Institute of Blind People (RNIB), Royal National Institute for Deaf People (RNID) and the Deaf Association of Northern Ireland (DANI) during 2009.

- Vision Strategy - Implementation Plan 2010/11 ⁴

The UK Vision Strategy was launched in April 2008 in response to the World Health Assembly Resolution of 2003, which urged the development and implementation of plans to tackle vision impairment, the Vision 2020 initiative.

The Vision Strategy (Northern Ireland) is made up from an all-party Northern Ireland Assembly group and builds on the work of the Regional Sensory Impairment Group (RSIG), which is bringing forward the recommendations from the SSI report Challenge and Change (2005). The implementation plan outlines the actions required to meet the key outcomes identified in the UK Vision Strategy.

Although these publications were not directly linked with this review, the work undertaken was referenced to inform this review.

Through research, RNID estimates that in Northern Ireland there are 258,510 Deaf and hard of hearing people ⁵. This represents an estimated 43,107 people living within the Northern Trust area who are deaf or hard of hearing.

Similarly, RNIB estimate that there are 51,877 people in Northern Ireland with a visual impairment ⁶. This represents an estimated 8,650 people living within the Northern Trust area who are blind or partially sighted.

Both groups represent a significant number of service users that could potentially benefit from the sensory support services. This review seeks to ensure that those who require access to such services are provided with quality services.

³ Source: Is it my turn yet? - Access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted - A survey by RNID, RNIB and BDA (Northern Ireland) - March 2010

⁴ Source: Vision Strategy - Implementation Plan 2010/11 - VISION 2020 UK

⁵ Source: Information supplied by RNID

⁶ Source: Prevalence of Sight Loss RNIB NI Briefing Paper Jan 2010

This report summarises the findings from the review of the Northern Trust and makes recommendations which the review team considers are necessary to maintain a quality service.

1.3 Review Methodology

The methodology for the review comprised the following stages:

1. Completion and submission to RQIA of a profiling questionnaire from the Northern Trust, together with supporting evidence.
2. Completion and submission to RQIA of a self-assessment questionnaire from the Northern Trust, together with supporting evidence. The self-assessment questionnaire was developed against the criteria from the Quality Standards for Social Work and Rehabilitation in Sensory Support Services.
3. Consultation with service users throughout the Northern Trust, to obtain their views and opinions about sensory support services.
4. Validation visit to the Northern Trust on 11 February 2011, which involved:
 - meeting with representatives of the trust senior management team responsible for governance of sensory support services
 - meeting with service managers and team leaders responsible for the operational management of sensory support services
 - meeting with practitioners from sensory support services

The format for each meeting was to validate information supplied in the profile questionnaire, the self-assessment questionnaire and from the service user consultation.

5. Preparation of a feedback report for the Northern Trust.
6. Preparation of an overview report of the review findings across Northern Ireland.

1.4 Membership of the Review Team

A multidisciplinary team of experts with knowledge and experience of working in the field of sensory loss, including independent reviewers from outside of Northern Ireland, was established for the review. The review team included:

Liz Duncan	Head of Acquired Deafblind Services, SENSE
Liz Scott Gibson	Director, Deaf Action
John Gill	Policy and Projects Manager, Sight Action
John Irvine	Programme Director at School of Rehabilitation Studies Birmingham City University. Chairperson for the review team
Julie Shorrock	Sensory Loss Policy and Development Lead for Adult Social Care, Somerset County Council
Janine Campbell	Project Administrator, RQIA
Christine Goan	Senior Quality Reviewer, RQIA
Jim McIlroy	Project Manager, RQIA
Dermot Parsons	Head of Programme Agencies, RQIA
Phelim Quinn	Director of Operations and Chief Nursing Officer, RQIA

Section 2 – Findings of the Review Team

2.1 Profile of the Northern Health and Social Care Trust

The Northern Health and Social Care Trust have been operational since 1 April 2007, following the merger of three legacy trusts and provide services to a total population of 457,101⁷.

Management of sensory support services falls within the Mental Health and Disability Services directorate within the trust. The directorate has responsibility for Mental Health and Learning Disability, Psychiatry and Disability and Sensory Impairment services.

The sensory support services are based across four locations throughout the trust; Ballymena, Ballyclare, Coleraine and Magherafelt. All locations provide a range of technical, rehabilitation and social work support to people in the trust area who have sight and hearing disabilities and/or their carers.

The trust provides the main social work and rehabilitation services. It also commissions other services from voluntary organisations such as advocacy services, benefits support, advice and interpreting services. The voluntary organisations include RNIB, British Deaf Association (BDA) and the Cedar Foundation. The trust also works closely with and refers service users to organisations such as RNID, Extracare, Citizens Advice Bureau (CAB) and SENSE.

The sensory support service operates an open referral policy, where people can contact the team directly, through their GP or through other health community professionals. The services are available between 9.00am - 5.00pm and alternative arrangements are in place for an out-of-hours service.

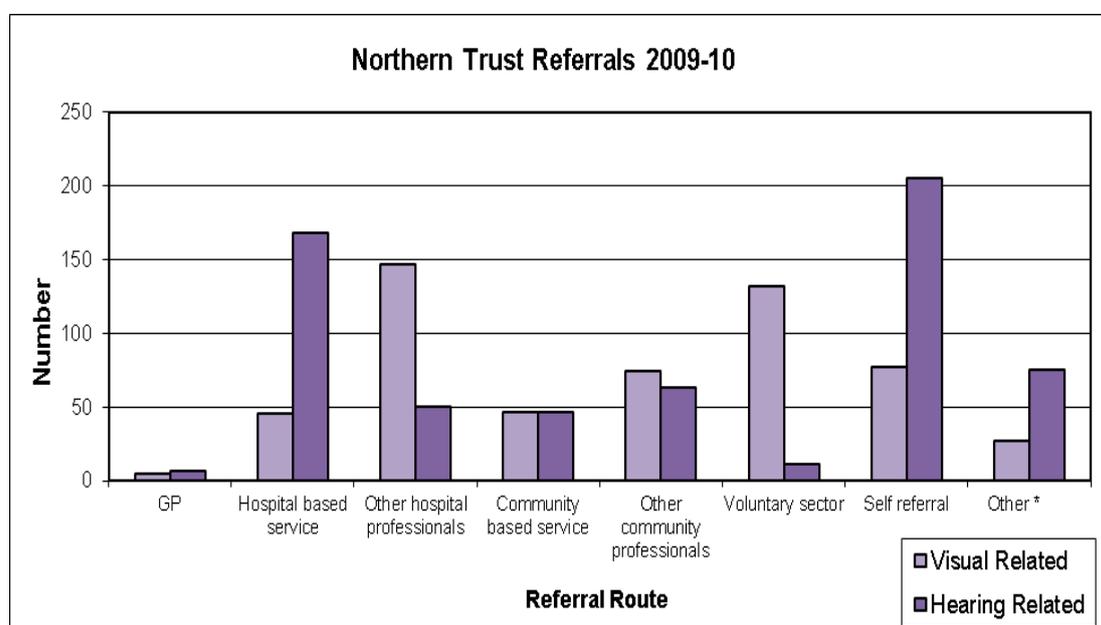
In the period 2009-10 the service received 555 visual impairment related referrals and 626 hearing impairment related referrals. The referrals were received from a variety of different sources. Table 1 and figure 1 highlights the breakdown of the source of referral.

⁷ Source: Northern Ireland Statistical Research Agency (NISRA)

Table 1 - Northern Trust Referrals⁸

Northern Trust Referral Routes - 2009-10	Visual related	Hearing related
GP	5	7
Hospital based service	46	168
Other hospital professionals	147	50
Community based service	47	47
Other community professionals	74	63
Voluntary sector	132	11
Self referral	77	205
Other	27	75
Total	555	626

Figure 1: Northern Trust Referrals⁹



To determine the urgency of the referral the sensory support team screens and responds to referrals in line with the regional guidance. After this assessment the referral is prioritised and managed accordingly by the sensory team.

The trust maintains a register of people who are blind and partially sighted, however, no similar register is maintained for people who are deaf or hard of hearing. On 31 August 2010 there were 1,367 visually impaired and 739 hearing impaired service users who had utilised the sensory support services. It should be noted that include both current open cases and closed service user cases.

⁸ Source: Information supplied by the Northern Trust

⁹ Source: Information supplied by the Northern Trust

Table 2: Registered Service Users in the Northern Trust ¹⁰

* No breakdown of the total number of service users was provided

Northern Trust	Number of Registered Service Users by Age								Total
	Under 18	18-25	25-35	35-45	45-55	55-65	65-75	Over 75	
Blind	32	25	43	69	86	120	111	569	1055
Partially Sighted	23	16	17	21	31	26	47	131	312
Deaf *									80
Hard of Hearing *									659
Total									2106

In providing the services the Northern Trust employs 12 people (excluding management) on a full and part time basis within the Sensory Support Team (SST). Through the commissioning agreements a further four people from the voluntary sector organisations provide services on behalf of the trust also on a full and part time basis. Table 3 details the staff breakdown in the SST at September 2010.

Table 3: Sensory Support Staff by Discipline (at September 2010) ¹¹

Position	Number of Staff	Whole time equivalent
Team leader	1	1.0
Senior social worker	0	0
Senior rehabilitation worker	1	1.0
Social worker	3	2.58
Rehabilitation worker	4	4.0
Trainee rehabilitation worker	0	0
Environmental technical officer	3	3.0
Administration worker	0	0
Other	0	0
Voluntary sector organisations	4	4.0
Total	16	15.58

Staff in the SST are primarily qualified in the fields of social work and rehabilitation, but also have received training relevant to meet the needs of people with sensory support needs. This includes visual awareness training (100% of SST staff), equality training (100% of SST staff), disability training (100% of SST staff) and sign language training (66% of SST staff). The sign language training is for British Sign Language (BSL), however, the levels of qualification vary across the team.

¹⁰ Source: Information supplied by the Northern Trust

¹¹ Source: Information supplied by the Northern Trust

2.2 Consultation with Service Users

Consultation with service users formed an integral part of this review, in order to obtain their views, opinions and experiences of using the sensory support services being provided by the Northern Trust. Without service user input the validation of the trusts performance against the quality standards would not have been as comprehensive.

Various methods of consultation were considered, but it was agreed that a partnership approach between the Northern Trust and RQIA would result in the best opportunity for service users to express their views. The trust were asked to arrange the venue for the meeting and invite service users, while RQIA provided inspectors and administrative staff to facilitate the meetings.

During the consultation the Northern Trust demonstrated evidence of meeting a number of the criteria contained within Standard 2 of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services. There was evidence of the trust: making resources available through the provision of sign language interpreters and a hearing aid loop system (Criterion 3); arranging meetings in accessible locations (Criterion 8); and providing transport for service users (Criterion 9).

As part of this exercise a series of service user meetings were held on one day. This took place at the Braid Valley Hospital site for service users throughout the trust area. A total of 31 service users attended the meetings, including people who were deaf, hard of hearing, blind and partially sighted.

Under the Quality Standards for Social Work and Rehabilitation in Sensory Support Services the trust has specific responsibilities in relation to service users and their involvement. Throughout the consultation exercise, service users gave their views in relation to how the trust were meeting these responsibilities.

The outcome of the consultation was used to inform the review team, when validating the trust against the quality standards. During the validation visit to the Northern Trust, staff were questioned about issues raised by service users, to confirm the issues. Service user feedback has been included in the findings section of this report.

2.3 Findings from the Review

Standard 1. Human Rights and Equality

Standard Statement - The HPSS organisation is fulfilling its statutory duties in respect of the requirements of human rights and equality legislation. Human rights and equality principles are integrated into practice within all aspects of social work and rehabilitation services for people with sensory support needs.

The UK government ratified the United Nations Convention on the Rights of Persons with Disabilities in June 2009. The convention does not create new rights for disabled people but rather provides a better understanding of disabled people's human rights. Under the convention, countries are obliged to "promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and to promote respect for their inherent dignity". The ethos of the convention was an integral part of this review. Evidence of the Northern Trust meeting the key human rights indicators was sought during the review.

The assessment of this standard is not solely demonstrated through the specific assessment of its underpinning criteria, but through an analysis of trust compliance with all of the standards for social work and rehabilitation in sensory support services.

The trust's senior managers demonstrated a good awareness and understanding of the UNCRPD and its implications for the strategic and operational obligations in the planning and provision of services to persons with a disability.

Senior managers stated that human rights principles were integral in practice and made reference to the Disability Consultation Panel within the trust who address equality and human rights issues. This knowledge and understanding was further demonstrated at all levels within the sensory support team and the review team concluded that staff were aware of the implications for service delivery.

Senior management were aware of the developments within sensory support services and also demonstrated an awareness of some of the challenges facing the service.

The sensory service in the trust is a relatively small service, being delivered to a significant service user group over a large geographical area. During the review, the review team spoke with practitioners involved in the day to day delivery of services. It was apparent that practitioners were very aware of the convention and were able to give examples of how they felt practice had changed since the convention was ratified by the UK government.

The review team assessed that the trust's provision of training was excellent in relation to human rights, equality, disability and awareness. Also for staff in

their own area of expertise, the trust provided them with a comprehensive range of training.

When assessing the trust's evidence on addressing the cultural and community identities the review team noted that information was available in a range of formats visually-impaired people. However, limited information was available in accessible formats for profoundly Deaf service users.

The trust clearly represented their view that the sign language interpreting service was under-funded. The trust had represented this gap in service with the HSC Board to highlight that sign language interpreting services should be funded in line with other foreign language interpreting services.

In addressing the cultural and community needs the trust evidenced they had in place several service user groups for people with hearing or visual impairments. The different groups provided a range of activities including support and social interaction, aimed at promoting health and wellbeing. Many of the sensory support team were also involved in these groups.

The review team considered that the issues around care planning and service users' lack of understanding of the process impacted on their ability to fully assert their rights and views as part of the planning process for the delivery of care, support and rehabilitation. Similarly, it could not be comprehensively stated that the service users' rights and views were central to the care planning process as set out in Standard 6.

Managers stated that sensory awareness is promoted as widely as possible through the training provided by sensory staff to other organisations and to other colleagues throughout the trust.

It was evident to the review team that an appropriate strategy and information for deafblind people remained a challenge for the trust.

Standard 2. Involvement of Adults with Sensory Support Needs

Standard Statement - HPSS Managers ensure that adults with sensory support needs and their representatives have the means to influence decisions about the planning, operation and review of services. This draws on the guidance already produced by SSI in 1992.

As specified in the quality standards, the Northern Trust does not have a specific strategy in place to allow adults with sensory support needs or their representatives the means to influence decisions about the planning, operation and review of services. In its self-assessment and during the validation meetings, the trust advised that it relies on the personal and public involvement (PPI) strategy to facilitate service user influence in the planning, operation and review of services. However, the trust was unable to confirm how many service users with sensory support needs are actively involved in the PPI strategy.

The trust had also established a Disability Consultation Panel and it was advised there were some people with sensory support needs on the panel. Although during the service user consultation, no service users referenced this group. After further discussion, it was identified this group's remit was to improve the patient experience for service user with a disability throughout the trust. While this improved access and equality issues, the review team found it difficult to agree on how this group was representative of the views of service users in relation to the quality standards.

The review team identified some instances where the trust, through the Disability Consultation Panel, was making improvements for service users with sensory support needs. However, these initiatives did not involve service users and were not related to the sensory support service.

The review team identified only limited instances of service user involvement, which resulted in improvement. These included the use of service users in the delivery of visual and deaf awareness training; the amendments to the role of the community visual co-ordinator following service user feedback; and the involvement of a service user in developing publicity leaflets on the needs of blind and visually impaired people.

During the consultation, several service users advised of being involved in surveys: on aids and equipment and the packaging of medicines; also a review of services. However, these were all facilitated by RNIB rather than the trust. The only example of the trust involving service users was in relation to providing feedback on the sensory support services.

There are many service user groups organised throughout the trust, although in the absence of a strategy for service user involvement these groups are not regularly involved or consulted about the planning, operation or review of services. This was a view shared by service users during the consultation, who felt they had no involvement or consultation about sensory services.

The service users further stated they would like to be more involved in all aspects of the sensory support services and gave several suggestions about how the services being provided might be improved.

Due to the absence of an appropriate strategy, several of the criteria contained within this standard were not being fully met. Overall there was limited evidence of a co-ordinated approach to service user involvement and limited consultation specific to sensory support services being undertaken.

Recommendation

1. The Northern Trust should develop a strategy that promotes the involvement of service users with sensory support needs in the planning, delivery and review of sensory support services in a co-ordinated way.

Standard 3. Information for Service Users

Standard Statement - The HPSS organisation makes information accessible to service users to meet their individual needs and according to their choice of format.

The Northern Trust made available copies of the range of information provided to service users. It was a wide range of information and would enable service users to remain informed about services available and particular conditions.

There are two distinct types of information provided by the sensory support team:

- Information produced by the Northern Trust: this included information about sensory support services and supporting documentation used by staff. For example; service information; signpost information to other services; and miscellaneous information about hearing and sight conditions.
- Information produced by other organisations such as RNID, RNIB distributed to service users and carers by the trust. This included advice leaflets for service users and carers and information about different hearing and sight conditions.

The information produced by the trust was up-to-date and available in alternative formats, although these seemed limited to CD format, Braille and documents in alternative print format. While some alternative formats were provided, this only represented a small percentage of the information that was available and the review team considered that more alternative format information should be developed.

During the consultation events with service users, there were vast differences in opinion in relation to the format the information was provided in. Service users with a visual impairment were happy with the format of the information they received, while service users who were hard of hearing had mixed experiences. Deaf service users were unhappy with the format of information and explained they had difficulty understanding the terminology and English used. They advised of having to rely on the interpreters to convey the meaning of the information to them. All service users gave examples of how the format and delivery of information could be improved in order to help them.

The review team concluded that although some areas of information provision were based on service user needs, the majority of information provision was not informed by service users input or engagement.

Based on the information provided, there was no evidence of any review or quality assurance processes for the provision of information and no service user involvement in this area.

In relation to the delivery methods for information there is no evidence to indicate that this area was regularly reviewed. The trust generally relied on the traditional methods for the delivery of information, such as large print and Braille. Although there were some instances of delivery of information in other alternative formats, this was minimal in relation to the volume of information available. The review team considered this area could be improved, in particular information in a format that accommodated sign language users, such as signed video or DVDs.

The Northern Trust's website was assessed by the review team as not accessible for people with sensory support needs. There was no browse aloud facility, no audio information and no signed video information. The structure and format of the website did not make it straightforward to find information, while the information on the sensory support service was basic. While the management of the website does not fall within the remit of the sensory support service it was considered that the service in conjunction with the appropriate department could initiate the relevant changes to make the website more accessible.

The Quality Standards for Social Work and Rehabilitation in Sensory Support Services state that suitable information should be available at the point of diagnosis. Although the review team did not seek direct evidence of what was available at the points of diagnosis (e.g. in audiology, ophthalmology and the low vision clinics), it was determined through the validation meetings that information was provided and this was confirmed during the meetings with service users.

In relation to accessing information, a limited number of service users commented that their social workers have acted as advocates in this area. It was also stated that the trust had provided training to some visually impaired service users on how to type and access computers. While advocating for service users was viewed as beneficial, it was hindering the promotion of their independence. It was considered the trust should endeavour to train service users to help themselves.

Overall, the review team considered that the provision of information could be improved by establishing a central portal for information on the trust website. This could also be developed as a signpost to other services and organisations that could assist people with sensory support needs. Such a facility would reduce service users' reliance on staff when looking for information.

Recommendations

2. The Northern Trust should conduct a baseline review of information to determine whether the current information meets the needs of sensory support service users. This review should involve service users.

3. The Northern Trust should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.
4. The Northern Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.
5. The Northern Trust should update its website to make it more accessible to people with sensory support needs. This should include an information portal that provides comprehensive details of services and signposts service users to other departments and organisations that can assist them further.

Standard 4. The Planning, Commissioning and Delivery of Social Work and Rehabilitation Services

Standard Statement - The HPSS plans, commissions and delivers social work and rehabilitation services for adults with sensory support needs in line with identified need, statutory requirements and current best practice.

Under the requirements of the Quality Standards, in particular Standard 4 – Criterion 7, the trust should have a specific service delivery plan for sensory support services. The Northern Trust did not have a specific service delivery plan, but provided evidence of their overall trust delivery plan. Review of the document identified there were no specific references to the sensory support service. The review team considered it did not provide sufficient detail for guidance and direction for the service and was not comprehensive enough to meet the requirements outlined in the standards.

In the absence of a service delivery plan the review team found it hard to establish how the services were effectively planned, commissioned and delivered in line with the identified needs of service users.

The Regional Sensory Impairment Group is developing strategies, policies and procedures for sensory support services. The review team identified the trust relied on their work and had incorporated the outcomes from the RSIG into the service. However, management from the Northern Trust sensory team are key participants in the RSIG and it was considered their input ensured the implementation of regional outcomes would not impact negatively on services within the trust.

The review team identified that the sensory support team was understaffed. It noted the trust continued to deliver sensory support services but they were concerned that resourcing issues were impacting on the delivery in respect of quality and volume of services. This was particularly evident through the waiting lists experienced by service users.

The management of the current services appeared to make effective use of the limited resources available. Trained staff provided the social work and rehabilitation services, while the commissioning of voluntary sector organisations provided additional advice and support services.

The review team had a concern about the use of key professional staff in delivering awareness training, especially as the team were understaffed. However, management had already identified an opportunity to use alternative resources and renegotiated their contract with RNIB, to allow RNIB to provide some of the awareness training to trust staff. The review team were concerned about the absence of the contract with RNIB for the provision of deaf awareness training, which had previously been in place with through the Northern Health and Social Services Board. It was considered this placed additional responsibility on the sensory support team to provide this training. It was considered that this responsibility should fall within the trust's training

unit, to allow sensory support staff more time to deliver social work and rehabilitation services.

The trust has clear organisational structures and processes in place to deliver effective governance within the sensory support service. Governance arrangements are in place internally for directly managed services and also for services commissioned from voluntary organisations. The governance structures for commissioned services include: contracts and service level agreements; six monthly reviews; monthly activity and monitoring returns; quarterly meetings; service user evaluations and joint supervision.

The sensory support team also reviewed service user feedback, incident reporting, and complaints as a mechanism to monitor the quality of the services being provided. Management advised that contracts were flexible and were amended if the commissioned service was not performing in line with agreed targets.

The trust has governance arrangements in place with the Health and Social Care (HSC) Board and meets to review sensory strategies and performance. Although arrangements were in place, management stated they would like to further develop the relationships with the commissioning board.

Within the sensory team there are regular team and supervision meetings where staff can raise issues. Further details about the internal governance arrangements with staff are outlined under Standard 5 – Workforce planning, training, supervision and support.

There were good liaison arrangements between the sensory support team and other programmes of care, in particular audiology and ophthalmology. Regular meetings are held with these departments to offer consultation and advice on case management and review service delivery. The review team also noted there were good working relationships with voluntary sector organisations.

The closer links have led to service users being referred directly and sooner to the sensory support service. This was facilitated by having specific referral forms in place that other departments could use. The trust provided evidence of the various referral forms during the review. The review team considered these arrangements were working towards ensuring that the needs of people with sensory support needs were being met. Although the arrangements and referral documentation are in place it was not established during the review whether there were any formal written guidance for referral and co-working between the sensory support service and other programmes of care.

Based on the prevalence of the number of people with a sensory impairment, two areas for development were identified by the review team. These related to the identification of people with undetected sensory loss and the promotion of the sensory support service. These areas are particularly important for potential service users, including older people or people who have other disabilities.

The sensory support team worked to promote the service with the other programmes of care, at health centres and outside of the trust. However, they stated they felt additional pressure in establishing itself as trust wide specialist service due to being under resourced. The trust did not have a formal strategy for identifying undetected sensory loss nor a strategy for the promotion of the sensory support services. In these areas the trust relied on word of mouth and other healthcare professionals making new referrals to the service.

Recommendations

6. The Northern Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
7. The Northern Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.
8. The Northern Trust should review the responsibility for providing awareness training, with a view to ensuring that qualified and experienced staff are more effectively engaged in specialist training and in direct service delivery.

Standard 5. Workforce Planning, Training, Supervision and Support

Standard Statement - The HPSS organisation has a strategy in place to recruit, retain, support and develop sufficient numbers of appropriately qualified and competent staff with the knowledge and expertise to deliver high quality accessible care and support services for adults with sensory support needs and their carers and families.

The Northern Trust provided no evidence of a workforce strategy specific to the sensory support service; however, they provided evidence of their trust-wide human resources strategy. Throughout the review the trust demonstrated how they were meeting some of the requirements outlined in the Standard 5, Criterion 1. They provided evidence of the team's organisational structure, clarity of roles and function and training and development plans. Although some the requirements of the criterion were being met, the review team considered that a documented strategy was a requirement for the trust.

The sensory support team does not have a complex organisational structure. The Locality Manager has overall responsibility for the service and is supported by one team leader. The team is based across four locations throughout the trust; Ballymena, Ballyclare, Coleraine and Magherafelt. The staff compliment includes social workers, rehabilitation workers, environmental technical officers, administrative staff and community co-ordinators and support workers.

Although the team was established from an amalgamation of three legacy trusts, they offer the same services and operate under the same policies and procedures. Staff were aware of their own and other team members roles and functions and demonstrated how these arrangements enabled good support networks. This network was facilitated through the establishment of environmental groups; Google groups where staff could raise issues and get feedback from their peers through email; and attending regional training, where staff could share information and their experiences with peers from other trusts.

The sensory support team have a very stable workforce, with long serving staff and a low staff turnover. It was considered this was beneficial to the standard of service provided, due to the amassed knowledge and experience within the team. However, an implication of such a stable team meant there was limited opportunity for career development. This particularly affected the rehabilitation workers who had no defined career structure.

At the time of the review there were three vacant staff positions within the team, an environmental technical officer, a rehabilitation officer and a social worker. The trust advised as a result of finance constraints created by the requirement for efficiencies across all service delivery, there were vacancy controls in place. They could not confirm the impact of these controls on the service. In response to these gaps, the trust advised of re-organising the team and prioritising referrals and case loads against the resources available.

The trust further advised of social workers with a visual impairment background taking on hearing impaired cases, while rehabilitation workers had to take on additional caseloads to cover vacancies. Rehabilitation workers who facilitated rehabilitation groups also had to suspend their involvement due to capacity issues.

In relation to the number of staff within the team, the Northern Trust had the lowest staff to service user ratio, in comparison with other trusts. In managing the service, referrals were prioritised and urgent cases were seen within five days. However, staff indicated that after receipt of a referral, for many service users the initial contact could take up to six months. This issue was confirmed during the consultation with service users, who all stated waiting lists were a major problem. Since early intervention, treatment and rehabilitation are crucial to maximising the confidence and independence of the service user, the review team considered the trust should investigate the reasons for the waiting lists and take appropriate action to reduce waiting times.

During the consultation service users complained about the waiting lists they experienced with the service, with many stating they had often given up on their issue due to the waiting time. Service users further expressed concern that if their allocated staff member was off-duty they did not always receive the same quality of service.

Workloads and waiting lists were managed by the team leader at regular meetings, where cases were prioritised and where possible resources were reallocated to resolve identified issues. The trust advised of prioritising cases based on an assessment of risk.

The trust did not advise of having anyone with a sensory support need employment within the sensory support service. They did reference a working group who were developing a trust policy for the employment of people with a disability and evidence of the draft policy was provided during the review. The review team was of the opinion that this policy was sufficient for the sensory support service, as the employment of people with disabilities was not limited to working in the sensory support service. The review team considered the employment of people with sensory support needs is a positive approach, as it increased the teams understanding of issues faced by service users. It is hoped this area will be prioritised in the future.

The trust did not report any issues with the recruitment of staff due to the vacancy controls that were in place at the time of the review.

The trust has overall governance arrangements in place for workforce training, supervision and support. The arrangements facilitated both professional and personal development through annual staff appraisals, in line with the Key Skills Framework, and monthly supervision meetings. The annual appraisal process identifies the training and support requirements for staff, although outside of this process, staff could discuss their personal development plans as part of supervision meetings. The supervision meetings were used to discuss professional issues, case loads and developments within the team.

Sensory support staff described good relationships with management and felt that issues raised could be escalate up through the organisation.

During the review, only limited evidence was obtained in relation to the access to development opportunities for staff, as this area was not a priority for the review. The Regional Sensory Impairment Group (RSIG) was identified as one area where staff had the opportunity to represent the trust at the regional meetings in developing policies and procedures for sensory services.

No evidence was presented to indicate that staff had opportunities to experience the work of other agencies. Due to the size of the team and the current pressures to deliver the services, the review team considered this was not a priority for the service at this time. However, if circumstances were to change, management should consider this development opportunity.

Based on the information supplied by the trust, the review team were impressed at the number of staff who had received visual awareness training, equality and disability training.

The provision of training was good for staff in their own area of expertise and in the provision of general training, which was mostly in-house training. However, there was distinct absence of the provision of specialist training for staff. Sensory staff did not report any major difficulties with access to training and when training was available they were permitted appropriate time off work to attend. They also cited the work of the RSIG in relation to the provision training and welcomed the opportunity to attend regional training initiatives.

There were no issues with the availability of social work training but the trust reported difficulties in accessing rehabilitation training, as there are no courses offered in Northern Ireland. Although the current course is partly distance learning it is still difficult to get people to travel to England for this training. The review team considered that the trust should work in conjunction with the other trusts in an effort to negotiate alternative arrangements for the taught modules to make the course locally accessible.

At the time of the review, access to post qualifying awards for social workers was through the Post Qualifying Framework, facilitated by the Northern Ireland Social Care Council. However, there were no equivalent post qualifying awards for rehabilitation workers. Through the Regional Sensory Impairment Group the trust was working to implement a regional training framework for sensory support and a specialist post qualifying award in sensory support for social workers. This was scheduled to commence in March 2011, with the trust committing staff to participate in the training. The Regional Sensory Impairment Group was also planning to develop a similar post qualifying award for rehabilitation workers, however, it was unclear how this was to be accredited or by whom.

The review team considered the implementation of the regional training framework is essential for the development of both the trust's training plan and

the staff engaged in delivering services. The review team believed that the framework should be an integral part of the trusts workforce strategy.

The number of staff who had received sign language training was good, although they were only trained to BSL Level 1 and 2, which maintained the reliance on interpreting services for meetings with Deaf service users. The current profile was assessed by the review team as insufficient for effective communication with Deaf service users. With the exception of a few staff members, service users felt staff did not have suitable sign language skills to communicate with them and highlighted the need for an interpreter.

All staff working with service users who use sign language were keen to further their training in sign language; however, the limited availability of sign language courses prohibited development in this area. The review team considered that the trust should work in conjunction with the other trusts in an effort to negotiate with providers the establishment of accessible sign language programmes. If staff were more proficient in sign language, in some cases, this would reduce the need for interpreting services.

The review team were impressed that ten of the sensory support staff had received training in deafblind communication. The review team hoped this would be further developed in the deafblind strategy.

During the review it was established that the trust has no arrangements in place for the involvement of service users in staff training. This was also reflected in the comments from service users during the consultation. Most of the service users believed their involvement in staff training would be beneficial and expressed an interest in participating in such training.

The trust has arrangements in place for supervised placements of social work and rehabilitation students; however, over the previous year the team had not facilitated any student social work or rehabilitation placements.

Recommendations

9. The Northern Trust should develop a workforce strategy specific to sensory support services.
10. The Northern Trust should review the current workforce profile to ensure sufficient skills and capacity are in place to deliver a high quality service.
11. The Northern Trust should work collectively with the other trusts and in conjunction with the HSC Board to address the issue of the lack of accessible rehabilitation training in Northern Ireland.
12. The Northern Trust should work collectively with the other trusts and in conjunction with the HSC Board to address the issue of the lack of accessible sign language training in Northern Ireland. All staff working

with sign language services users should be trained to a minimum of level 2 sign language.

13. The Northern Trust should establish a procedure for involving service users in the training of trust staff.

Standard 6. Person Centred Planning and Review

Standard Statement - Sensory support staff work in partnership with the service user, their carer and other relevant agencies and professionals to assess individual need and determine eligibility for care, support and rehabilitation in order to agree service provision.

During the review consultation events, service users were asked about their care plans and their involvement in the care planning process. Although a few service users spoke of the benefits of having a care plan, the review team were concerned about the number of service users who claimed they did not have a care plan or were not involved in the planning of their care.

This area was explored further with service users during the consultation and it was determined that the majority of service users were involved in the care planning process. There appeared to be an issue in their understanding of the terminology used and a lack of recognition that the discussion they had with their social workers was an integral part of the care planning process.

Following discussions with trust staff and after a review of a sample of care plans, it was the opinion of the review team that staff demonstrated a good understanding and working partnership with service users, who were engaged within the care planning process from the outset.

It was noted that the service users' lack of understanding of the process impacted on their ability to fully assert their rights and views in this area. Therefore it could not be comprehensively stated that the service users' rights and views were central to the assessment process and the development of their care as intended by Standard 6 - Criterion 3. In light of this, it was considered that the trust needs to continue to ensure a fuller understanding of the care planning process in order to empower service users to fully assert their rights and views as part of the process. This was also true in relation to ensuring that all service users received copies of their care plans along with an explanation of the document and its content.

While the regional sensory support pathway recommends targets in relation to response times, during the review there was no evidence obtained to identify any mechanism for recording or monitoring response times. Staff advised that recording waiting times was not a requirement within the team. Staff did acknowledge there was an issue with the length of time service users had to wait and advised of instances where waiting lists may be as long as six months. This view was also reflected in the feedback from service users, who did complain about the waiting lists. Several service users stated they have had to wait nine months to be seen.

The team had recently introduced the new Regional Specialist Assessment document and care plan, in line with a regional initiative for standardisation. It was acknowledged by staff that they were still in a transition phase and that both staff and service users were getting used to the new care plans.

However, this was being addressed and providing consistency was a priority for the trust.

While it was not possible to perform a full file audit on all of the individual Regional Specialist Assessment documents and care plans, a small sample of these were provided by the trust and examined by the review team. The trust also provided several recent copies of their old Northern Trust Community Care Plan which the review team also evaluated.

The analysis indicated that using the Regional Specialist Assessment document, a comprehensive level of information could be gathered from service users during their initial assessment review/ referral. This included general information about the service user; details of their presenting concerns as well as a history and psychological impact assessment; details of other disabilities, health conditions and medications; their mobility and use of aids; their personal circumstances, employment and living environment; their communication abilities, difficulties and requirements. This, combined with a risk assessment of the service user, was sufficient information to determine the appropriate level and urgency of cases and informed the team of priority cases.

The staff advised of person centred assessment and care planning with the service users and that service users signed the care plans to convey they understood and agreed the content of their care plan. There was also evidence of some joint assessments and care planning with carers and multi-disciplinary assessments with other organisations. From the small number of care plans reviewed, it was clear that these service users had participated in the process and had signed them.

After a further review of the sample Regional Specialist Assessment document and care plans, the review team considered that the information obtained and recorded on the care plans was not as comprehensive as required by the Regional Specialist Assessment tool. Although there was evidence of detailed information taken from the service users, some of the information required by the quality standards was not included in the care plan.

It was noted that during the referral and assessment process only limited views from service users had been taken on board by the social worker or rehabilitation worker and recorded. There was also no evidence recorded of the service users' right to take risks in respect of their activities in daily living. Subsequently the review team considered they could not comprehensively state that the care planning fully encompassed the choices, preferences and goals of service users.

Evidence recorded in the care plans acknowledged instances of the outcomes and targets to be achieved and also inter-agency working. With the exception of a limited number of cases, the assigned responsibility for the completion of actions and review dates for individual actions was not recorded. However, an overall review date for the care plan was recorded.

The review team considered the use of the new documentation was in stark contrast to the information that was recorded in the old Northern Trust Community Care Plan. The old documentation clearly identified the service user preferences, objectives of the plan, responsibilities and timescales. The review team considered the difference may be the result of the transition to the new documentation; however, the trust should review this issue to ensure that current practice replicates past practice.

The staff did advise of face-to-face assessment and care planning with service users and that the service users signed the care plans to convey they understood and agreed the content of their care plan. While the review team saw evidence of signed care plans, they still questioned whether service users fully understood what they were signing.

Both managers and staff stated there were arrangements in place for service users to receive a copy of their care plan; however, it was not determined what that process was. From the discussions, staff advised that service users were provided with a copy of their care plan, in a suitable format. Although a few service users spoke of care plans during the consultation, almost all of them advised of not having received a copy of their care plan. Only one visually impaired service user advised of receiving their care plan, while another advised the information was communicated to them verbally but no document was given.

In relation to young adults and the transitional arrangements in place in accordance with Sections 5 and 6 of the Disabled Persons (Northern Ireland) Act 1989, the review did not specifically cover this area. The trust advised that sensory support staff are represented on the trust's multi agency transition steering group, along with staff from other programmes of care. The trust also advised the team works in partnership with the Trust Transitional Team to ensure a co-ordinated approach to transition planning.

While the review team did not examine the trust's records management system in detail, it was evident from discussions with staff there were robust procedures in place to manage the system. The trust advised of implementing new operational processes in line with the RSIG guidance. The trust further reported that case file audits are discussed during the supervision process and a rolling programme of audit is in place to audit 20 files per monthly, as well as annual file audits being carried out.

Recommendations

14. The Northern Trust should introduce an awareness programme for service users to help them understand the care planning process and their involvement in it, in order to ensure their rights and views are taken into consideration during the assessment process. This should include the development of systems where:

- a. views, choices, preferences and goals are clearly documented and recorded
 - b. outcomes and targets are clearly identified, with assigned responsibilities and timeframes (As specified in Standard 6 - Criteria 3 and 4)
15. The Northern Trust should provide all service users with a copy of their individual care plan in an appropriate format as a default and explain to them about their right to receive it. In cases where the service user declines to accept the document, this should be clearly recorded in the care plan.

Standard 7. The Range of Social Work and Rehabilitation Service Provision

Standard Statement - Social Work and Rehabilitation staff work in partnership with service users, carers and relevant agencies to provide a responsive and accessible service which meets the needs of people with sensory support needs.

The core activities of the sensory support team within the trust are the provision of social work and rehabilitation services to people who are deaf, hard of hearing, blind and visually impaired. The provision of other services such as support, advocacy and advice were commissioned from voluntary organisations.

Through utilising the existing resources, the trust is also able to make provision for people who have developed a dual sensory loss. However, for people who were deafblind this was not always the case. Deafblindness is a unique condition that could not be categorised alongside dual sensory loss and requires a specific approach.

The Northern Trust did not have a specific strategy for people who were deafblind and the associated services were contracted from SENSE. Ten social workers and rehabilitation workers had received basic deafblind communication training. It was acknowledged by the trust that services in this could be developed further.

Where the trust did not provide a specific service, they sub-contract the provision of the service to a voluntary sector organisation with relevant experience. The trust has contracts with RNIB, SENSE, BDA, the Cedar Foundation, Extracare Crossroads, Homecare Independent Living and Domestic Care for the provision of services. Service users were also signposted to other organisations, such as RNID and CAB, when the case required.

In relation to specific cases, members of the team may work and liaise with other statutory organisations; however, staff indicated there were no formal written protocols for working with these organisations.

The review team considered that social work and rehabilitation staff used appropriate methods of service delivery and this view was supported by comments made by service users at the consultation events.

The trust provided the main rehabilitation service for people with sight loss and hearing loss, and further rehabilitation services were commissioned through voluntary organisations as required. The main method of delivery was facilitated through group and individual rehabilitation sessions which took place in various locations, including an individual's home. Although staff advised that due to limitations in resources and resultant service capacity, some group rehabilitation work was being suspended. Since early intervention, treatment and rehabilitation are crucial to maximising the

confidence and independence of the service user, the review team considered the trust should be making every effort to employ methods of best practice in rehabilitation.

Trust staff facilitated support and rehabilitation groups for service users alongside other support groups facilitated by voluntary organisations. The trust also commissioned specialist support workers, activity workers and community co-ordinators from voluntary sector organisations to assist service users.

Hearing therapy services were not provided by the trust but arrangements were in place for referral to hearing therapy services in another trust area. However, referrals to this service were subject to a waiting list.

The benefits of the rehabilitation programmes was reflected in comments by the service users at the consultation events and several service users commented how beneficial it was to have the involvement of their carers and families involved in the programmes. Service users advised that staff encouraged them to have family members present during rehabilitation sessions. However, many service users who attended the consultation sessions indicated there was a lack of rehabilitation workers employed within the trust.

One member of the sensory support staff was trained as a counsellor, although the others did provide a basic level of counselling to service users as part of their role. When service users required it, staff were able to sign post them to the appropriate organisation or service. Although a few service users advised that some staff were unable to assist them in this area; with one service user being told to contact RNIB and another being told by the staff member they did not know of any counselling services. Staff and service users confirmed that for Deaf people with mental health needs, specialist counselling was accessible via the trust's mental health service.

In some cases staff undertook an advocacy role on behalf of service users, and when the issue dictated, referred service users on to independent voluntary sector advocacy services. The trust has contracted the BDA to provide advocacy services for Deaf service users.

There was no specific out-of-hours service provided by the sensory support team, however, it was identified that many staff did work out-of-hours to assist and facilitate service users who presented in an emergency. The provision of out-of-hours service fell within the trust's generic out-of-hours social work service. Although the generic out-of-hours service was not reviewed, the review team was concerned as to whether they were fully trained to deal with people with sensory support needs. The interpreting provision covered out-of-hours, but it was stated that interpreters were not always available during these times.

From the consultation with service users, it was clear that the majority were unfamiliar with the emergency social work out-of-hours service and the

arrangements for accessing it. Informing service users about the service and how to contact the service would improve accessibility.

The Sensory Support Team delivers awareness training to other departments throughout the trust and externally to other organisations. The frequency and number of awareness sessions was not established during the review. The trust had negotiated a contract for the provision of visual awareness training through RNIB, although they had not renewed the contract for the provision of deaf awareness training through RNID.

Staff confirmed working arrangements with several other programmes of care and regular meetings with audiology and ophthalmology. The working relationships that have developed between the team and both audiology and ophthalmology have improved the arrangements to facilitate earlier intervention. This has the potential to improve the standard of care for newly diagnosed service users.

The availability of communication resources was identified as a major issue for the sensory support team, especially as many staff relied on independent interpreting for meetings with service users. The trust has established a central point of contact within their Equality Unit to facilitate interpreting services and advised that all requests for sign language interpreting are facilitated and provided whenever possible. During the consultation event, service users advised of receiving information on the procedure for booking an interpreter, but further advised of the difficulties in getting an interpreter. As a result, many meetings with Deaf service users were delayed, took place in the absence of an interpreter, or were cancelled. The availability of interpreters is outside of the control of the trust, but the impact of the problem could be reduced through further staff training, as referenced under Standard 5.

The trust only maintains a register of people with visual impairments who have had or are currently in contact with the service. No similar register exists for people with hearing impairments, however, details of their impairment is recorded on the trusts SOS CARE (Social Services Client Administration and Retrieval Environment) system. The register was being used in relation to service planning, however, the effectiveness of the register was questioned by the review team, given the potential numbers of people with sensory loss and undetected sensory loss that were not in contact with the service.

Recommendations

16. The Northern Trust should develop a specific strategy for the provision of care for people who are deafblind.

Standard 8. Aids and Equipment which Assist Daily Living and Communication for Service Users

Standard Statement - A range of specialised aids and equipment which assist daily living and communication are provided in response to assessed need.

Whilst the Northern Trust reported adherence to elements of this standard, the review team concluded this to be somewhat ambiguous. The quality standards advocate the provision of aids and equipment based on assessed need and service user choice. However, due to practical and financial constraints the range of aids and equipment was more closely aligned with cost. The range of aids and equipment provided by the trust were basic and merely met the minimum statutory requirements. In comparison to the range of aids and equipment currently available on the market, the review team concluded that it was difficult to see how those provided by the trust fully met the intentions of the quality standards. However, staff did undertake to try and source funding for equipment for service users from charities and other organisations. Evidence of this practice was provided during the review.

At the time of the review, there was no regional policy in place for the provision of aids and equipment, however, the Regional Sensory Impairment Group was working on the development of a suitable policy. In the absence of an approved regional policy it was not possible to determine the rationale for the provision of aids and equipment and whether it reduced inequality or provided improved value for money, in line with the quality standards. The regional commissioning group had not yet been established, however, it was anticipated that the trust would be represented on this group. It had been planned that this group would have responsibility to monitor and review expenditure within the context of a regional budget; test and review the range and performance of aids and equipment supplied; and access up-to-date information regarding the availability of the most recent aids and equipment.

The trust advised of having already developed the draft regional policy into its own procedures for the management of aids and equipment. Although the trust supplied the review team with a copy of the regional policy, the document made no references to the Northern Trust.

Trust managers and staff told the review team that equipment was issued after an assessment of need and that efforts were made to facilitate service user choice where possible. This approach was consistent with the views expressed by the service users who received an assessment, although several service users stated they were provided with a minimal choice of basic aids and equipment.

In relation to all aspects of aids and equipment, mixed views were received from service users during the consultation. The majority of visually impaired service users did not comment or were unaware of the range of aids and equipment provided by the trust. Similarly, the majority of hard of hearing service users advised that they were unaware and were not provided with

information about the aids and equipment supplied by the trust. Although the majority of Deaf service users were knowledgeable of the range of aids and equipment the trust provided.

When queried about the eligibility criteria for receiving aids and equipment, only the hard of hearing service users advised of being unaware of the criteria for receiving aids and equipment. All other service users advised they had some level of awareness of the criteria and that some information had been supplied by the trust.

While trust staff advised that service users were signposted to other suppliers in cases where the trust was unable to provide certain items of equipment, service users gave mixed accounts of this practice. While several visually impaired service users spoke of receiving advice on where and how to obtain other aids and equipment, the majority of hard of hearing and Deaf service users advised of not receiving such information.

Service users advised that aids and equipment were supplied with the necessary instructions, usually the original information from the supplier. While this information is not generally in an accessible format for many service users, in most cases it is not reasonably practicable for the trust to replicate this information in alternative formats. To assist service users, staff receive training on the use of aids and equipment which allows them to instruct service users how to use them.

In relation to the review and replacement of aids and equipment in line with the changing needs of service users, the trust advised that service users could self-refer themselves for another assessment. In relation to the re-assessment of equipment by service users, the trust had no mechanisms in place for the self-assessment by the user. Staff reported that service users are advised of the procedure for the replacement of equipment and sign a document to state they understand the terms and conditions. A copy of the form was provided to the review team during the visit. In line with the previous findings in relation to care plans, the review team were of the opinion that although service users signed the document, many of them did not understand what it was when they signed it. Service users attending the consultation events advised they usually contacted the social worker when they had any problems with equipment.

The trust did not advise of the arrangements in place regarding the responsibility for the provision, installation, maintenance and replacement of aids and equipment. However, for service users living in Housing Executive or Fold accommodation, the trust advised they would write to them to advise of the service users assessment and their requirements for equipment.

Recommendations

17. The Northern Trust should continue to contribute to the development and implementation of a regional policy for the provision of aids and equipment through the Regional Sensory Impairment Group.
18. The Northern Trust should develop and communicate to service users information on:
 - a. aids and equipment supplied by the trust
 - b. aids and equipment available externally from the trust
 - c. the eligibility criteria for receiving equipment
 - d. the mechanisms for the review and replacement of aids and equipment in line with the changing needs of service users
 - e. the details of the person to contact regarding any changes to equipment

Section 3 – Conclusion of Findings

3.1 Conclusion

In its feedback to the Northern Trust on the day of the review, the review team reflected its observations of a highly motivated sensory support services team, knowledgeable in the provision of services to service users with sensory needs. This was despite the fact that the team was challenged in its size and the volume of work it was required to deal with on an on-going basis. This was evidenced through practitioner knowledge of the impact of the UNCRPD and the way in which the teams had developed a range of resources to ensure that services are delivered in a safe and effective manner. Examples of these initiatives were: the use of limited staff resources, such as social workers assessing both hearing and visual impairment cases; the flexibility to re-negotiate service contracts in line with service user needs; and engagement in the development of training for specific social work post qualifying and specialist award. The review team identified the service was under resourced and staff morale was low. Given the length of the waiting lists, the review team questioned whether the trust was fully providing a responsive and accessible service as outlined in Standard 7.

The review team observed awareness of the service, the underpinning standards and the UN convention at senior management levels within the trust, which was further evident at all levels within sensory support service.

Within the trust there was no specific strategy for the engagement of service users, although engagement in various aspects of the service had been undertaken. It was further considered there was an under-representation of input from service users in the established consultation groups. Therefore, in line with the standards assessed, the review team recommend that a specific user engagement strategy should be developed.

Central to the promotion of care and rehabilitation to the needs of the sensory service users is the ability to access good quality information in a range of accessible formats. Whilst information has been developed over the last number of years, the review team was clear that there is a need for further development in respect of: information needs analysis; on-going review and quality assurance of information materials; accessibility through the trust's website; and specific formats for sign language users.

Central to the delivery of effective services to people with sensory support needs is the requirement to have joint working between statutory and voluntary sector services. The review team identified good working relationships and arrangements with the voluntary sector, but considered that there was a requirement on the part of the trust for the development of more formal arrangements to ensure the effective and safe delivery of services.

The review team considered workforce needs for staff, in line with the standards assessed. They considered areas requiring further consideration in respect of staff training and development included: awareness training for

trust staff delivering any service to those with sensory needs; specific work with other trusts through the regional group on the development of Northern Ireland accessible training for rehabilitation workers and the development of a programme to enable staff working within sensory support services to be trained to a minimum of level 2 sign language. The review team also recommends that the trust ensures the involvement of sensory service users in the development and delivery of its training programmes.

One key area for the development of more focused service provision is in the delivery of services for those who are deafblind. The review team recommends that a specific deafblind strategy is developed for this user group.

Whilst there was evidence of person centred planning in place, it was evident from the review that service users lacked the understanding of the process to ensure their full participation. The review team observed that the awareness raising of the person centred planning process should be promoted in line with Standard 6.

As a result of limited development in the provision of specialist equipment the review team recommends that the trust continues to contribute to the development of a regional policy for the provision of aids and equipment through the Regional Sensory Impairment Group.

Exemplars of good practice were noted during the course of this review. These include: applying service user feedback to the redevelopment of services; the positive working relationships with voluntary organisation; and the flexibility of staff in taking on additional duties to maintain the service.

RQIA wishes to thank the Northern Health and Social Care Trust management, staff and service users for their co-operation and invaluable contribution to this review.

3.2 Summary of Recommendations

1. The Northern Trust should develop a strategy that promotes the involvement of service users with sensory support needs in the planning, delivery and review of sensory support services in a co-ordinated way.
2. The Northern Trust should conduct a baseline review of information to determine whether the current information meets the needs of sensory support service users. This review should involve service users.
3. The Northern Trust should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.
4. The Northern Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.
5. The Northern Trust should update its website to make it more accessible to people with sensory support needs. This should include an information portal that provides comprehensive details of services and signposts service users to other departments and organisations that can assist them further.
6. The Northern Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
7. The Northern Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.
8. The Northern Trust should review the responsibility for providing awareness training, with a view to ensuring that qualified and experienced staff are more effectively engaged in specialist training and in direct service delivery.
9. The Northern Trust should develop a workforce strategy specific to sensory support services.
10. The Northern Trust should review the current workforce profile to ensure sufficient skills and capacity are in place to deliver a high quality service.
11. The Northern Trust should work collectively with the other trusts and in conjunction with the HSC Board to address the issue of the lack of accessible rehabilitation training in Northern Ireland.
12. The Northern Trust should work collectively with the other trusts and in conjunction with the HSC Board to address the issue of the lack of accessible sign language training in Northern Ireland. All staff working

with sign language users should be trained to a minimum of level 2 sign language.

13. The Northern Trust should establish a procedure for involving service users in the training of trust staff.
14. The Northern Trust should introduce an awareness programme for service users to help them understand the care planning process and their involvement in it, in order to ensure their rights and views are taken into consideration during the assessment process. This should include the development of systems where:
 - a. views, choices, preferences and goals are clearly documented and recorded
 - b. outcomes and targets are clearly identified, with assigned responsibilities and timeframes (As specified in Standard 6 - Criteria 3 and 4)
15. The Northern Trust should provide all service users with a copy of their individual care plan in an appropriate format as a default and explain to them about their right to receive it. In cases where the service user declines to accept the document, this should be clearly recorded in the care plan.
16. The Northern Trust should develop a specific strategy for the provision of care for people who are deafblind.
17. The Northern Trust should continue to contribute to the development and implementation of a regional policy for the provision of aids and equipment through the Regional Sensory Impairment Group.
18. The Northern Trust should develop and communicate to service users information on:
 - a. aids and equipment supplied by the trust
 - b. aids and equipment available externally from the trust
 - c. the eligibility criteria for receiving equipment
 - d. the mechanisms for the review and replacement of aids and equipment in line with the changing needs of service users
 - e. the details of the person to contact regarding any changes to equipment

3.3 Glossary

BDA	- British Deaf Association
BSL	- British Sign Language
CAB	- Citizens Advice Bureau
DANI	- Deaf Association of Northern Ireland
DHSSPS	- Department of Health, Social Services and Public Safety
GP	- General Practitioner
HSC	- Health and Social Care
Northern Trust	- Northern Health and Social Care Trust
RNIB	- Royal National Institute of Blind People
RNID	- Royal National Institute for Deaf People
RQIA	- Regulation and Quality Improvement Authority
RSIG	- Regional Sensory impairment Group
SSI	- Social Services Inspectorate
SST	- Sensory Support Team
UNCRPD	- United Nations Convention on the Rights of Persons with Disabilities



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