



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority Review of Sensory Support Services at the Western 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 Western Health and Social Care Trust (Western 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 (UNCRPD). 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 Western 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 Western 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 Western 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 Western 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 Western Trust, together with supporting evidence.
2. Completion and submission to RQIA of a self-assessment questionnaire from the Western 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 Western Trust, to obtain their views and opinions about sensory support services.
4. Validation visit to the Western Trust on 10 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 Western 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 Western Health and Social Care Trust

The Western Health and Social Care Trust has been operational since 1 April 2007, following the merger of three legacy trusts and provides services to a total population of 298,303⁷.

Management of sensory support services falls within the Adult Mental Health and Disability Services directorate within the trust. The directorate has responsibility for mental health, learning disability and physical and sensory disability services.

The sensory support services are based across two locations; in Londonderry covering the trust's northern sector and in Enniskillen covering the trust's southern sector. Both locations provide a range of technical, rehabilitation and social work support to people in 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 training and development services, awareness advice, benefits advice and interpreting services. The voluntary organisations include RNIB, RNID, Hands that Talk, Leonard Cheshire and the Cedar Foundation.

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 1,103 visual impairment related referrals and 965 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.

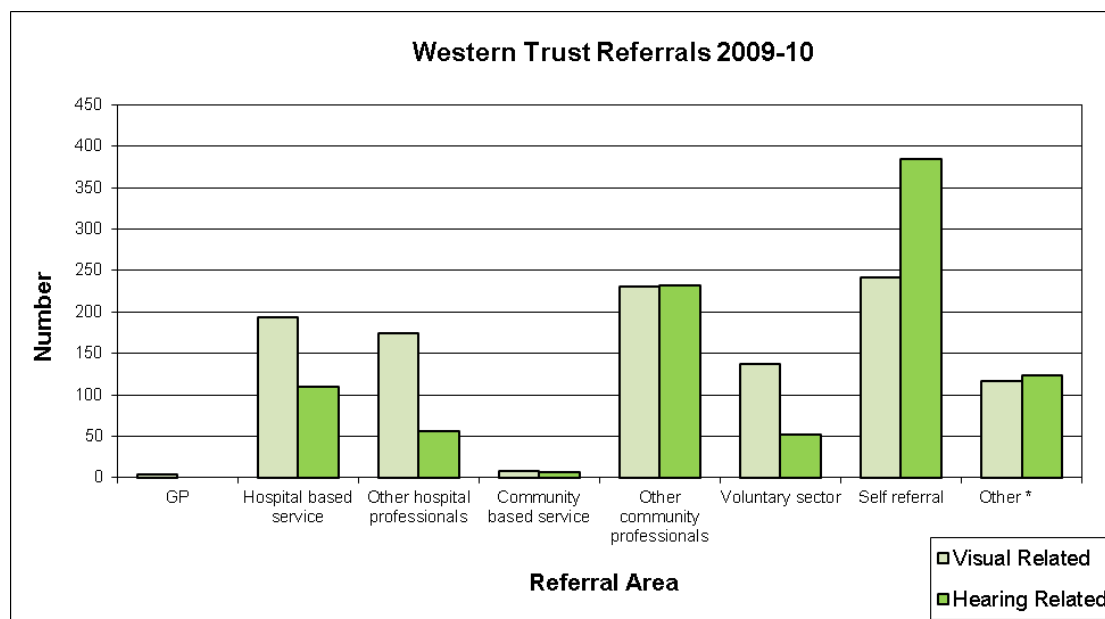
Table 1 - Western Trust Referrals⁸

Western Trust Referral Routes - 2009-10	Visual related	Hearing related
GP	4	0
Hospital based service	193	110
Other hospital professionals	174	56
Community based service	8	7
Other community professionals	230	232
Voluntary sector	137	52
Self referral	241	384
Other	116	124
Total	1103	965

⁷ Source: Northern Ireland Statistical Research Agency (NISRA)

⁸ Source: Information supplied by the Western Trust

Figure 1: Western Trust Referrals⁹



To determine the urgency of the referral locally based teams screen and respond 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 have utilised the sensory support services. On 31 August 2010 there were 1,255 visually impaired and 2,130 hearing impaired service users currently registered within the system. It should be noted that these figures also include both current open cases and closed service user cases.

Table 2: Registered Service Users in the Western Trust¹⁰

Western 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	11	11	26	33	62	41	52	223	459
Partially Sighted	53	38	52	41	52	56	97	407	796
Deaf	12	34	60	47	38	32	24	27	274
Hard of Hearing	20	24	50	108	185	286	375	808	1856
Total	96	107	188	229	337	415	548	1465	3385

In providing the services the Western Trust employs 16 people (excluding management) on a full and part time basis within the Sensory Support Team (SST). Through the commissioning agreements a further eight 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.

⁹ Source: Information supplied by the Western Trust

¹⁰ Source: Information supplied by the Western Trust

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

Position	Number of Staff	Whole time equivalent
Team leader	1	1
Senior social worker	1	1
Senior rehabilitation worker	0	0
Social worker	5	4.8
Rehabilitation worker	1	1
Trainee rehabilitation worker	0	0
Environmental technical officer	3	2.7
Administration worker	3	2.5
Other	2	2
Voluntary sector organisations	8	5.7
Total	25	20.8

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 (29% of SST staff). The sign language training includes both British Sign Language (BSL) and Irish Sign Language (ISL), however, the levels of qualification vary across the team.

¹¹ Source: Information supplied by the Western 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 Western 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 Western Trust and RQIA would result in the best opportunity for service users to express their views. The trust was 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 Western 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, note takers 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 the review two service user meetings were held. These took place at the Old Bridge House (Londonderry) for service users from the northern sector of the trust and in the Drumcoo Centre (Enniskillen) for service users from the southern sector of the trust. A total of 90 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. Through the consultation, service users gave their views in relation to how the trust was 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 Western 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 Western 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.

In discussion with a number of the trust's senior managers, there appeared to be 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 Equality and Human Rights Unit 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 advised the review team that disability services had not been fully represented at executive level and restructured the directorate to ensure equality with other directorates.

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 for staff in their own area of expertise was good; however, training in relation to human rights, equality, disability and sign language should be improved.

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 was representing this gap in service to the HSC Board to highlight that sign language interpreting services should be funded in line with other 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.

The Western Trust does not have a 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. However, the trust acknowledged this gap and stated it was in the process of identifying ways to improve on this.

Some initiatives the trust is taking forward to improve service user involvement included: a cross border community awareness project, to establish local service user led advisory groups; engagement with the existing user groups to develop user participation; and the re-establishment of the partnership approach with voluntary organisations, however, this time on a trust wide basis.

The trust had also established a Disability Steering Group; however, the membership of the group was made up from professionals from the trust and voluntary organisations, with no service user involvement. During the service user consultation, some service users referenced this group and indicated that it did not represent their views, due to no service users being involved.

The review team identified several instances where service users had been consulted and their views had influenced the way some of the services were provided or how they received information.

The areas of good practice in relation to service user involvement, which result in improvement, were:

- The commissioning of an independent service user consultation exercise to audit the sensory support service against the recommendations of the Challenge and Change report.
- An audit of equipment.
- The redesign of service information leaflets.

The trust referenced a service user consultation exercise that led to the relocation of the sensory support service to new premises. While consultation took place, a number of service users at the consultation events commented that they were not involved and found the new premises inaccessible. Service users advised that RNIB had subsequently opened a new resource centre in the city centre. It was apparent this was still an emotive issue and the review team considered whether the trust should re-assess service user opinion on this.

In comparison to the other trusts, there was a considerably lower number of service user groups organised through the trust. The current users groups

were located in the more populated areas within the trust. Given the considerable rural profile of the trust, the review team acknowledged there were logistical difficulties that prevented the trust from establishing of further user groups. However, the trust had contracted RNIB and RNID to provide a range of services locally and facilitate a number of user groups.

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, in spite of intermittent consultation specific to sensory support services being undertaken.

Recommendation

1. The Western 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 Western 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. The review team also observed additional information resources within the trust's resource centre during the review visit.

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

- Information produced by the Western 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. These included information on the sensory support services in CD and signed DVD format, Braille, documents in alternative print format and audio information on memory sticks. Although 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.

The information provided reflected a single trust wide approach to information development and dissemination. Although, there were some pieces of information that were out of date or reflected the old legacy trusts, it was assessed by the review team that it was still of benefit to particular service users.

It is the opinion of the review team 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.

There were vast differences in opinion from service users attending the consultation events, in relation to the format the information was provided in. Service users who were hard of hearing were happy with the format of the information they received, while service users with a visual impairment had mixed experiences. Deaf service users were unhappy with the format of information and explained they had difficulty with the terminology and English used in the current range of trust information. They usually relied 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.

Based on the information provided, with the exception of a few specific instances, there was no evidence of review and 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 Western 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 made it difficult to find information easily and 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, they could initiate the change 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. Although this was viewed as beneficial, it was hindering the promotion of the independence of individual service users.

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 Western 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 Western 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 Western Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.
5. The Western 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 Western Trust did not have a specific service delivery plan, but provided evidence of their Adult Mental Health and Disability Directorate Plan and their Disability Action Plan. While these plans highlighted areas within the sensory support service, the review team considered they did not provide sufficient detail for guidance and direction for the service and were 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 (RSIG) 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.

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

The review team did have a concern about the use of key professional staff in delivering awareness training. Although this is an important area, 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 the voluntary organisations. The governance structures for commissioned services include: contracts and service level agreements; risk management; monthly activity and monitoring returns; regular meetings; and joint supervision. Monthly activity returns are reviewed by the trust's Contracting Services department and reported to service management, with annual contract review meetings. Monitoring returns in relation to incidents, concerns and complaints are screened by the trust's Monitoring officer. Procedures are in place for follow up inspection if issues are highlighted. The trust also used service user feedback and audit results 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 on a monthly basis to review sensory strategies and monthly performance returns. Senior management stated the trust regularly submitted proposals to the HSC Board for increased funding for services, but it was not clear how successful these were.

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 Ear, Nose and Throat department, audiology, ophthalmology and optometry services and the Low Vision Clinic. 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. These arrangements were working towards ensuring that the needs of people with sensory support needs were being met. Although the arrangements are in place it was not established during the review whether there was any formal 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 relevant programmes of care and through voluntary organisations, at GP surgeries, libraries, shopping centres and utilising the health promotion buses. However, 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 Western Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
7. The Western Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.
8. The Western 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 trust provided evidence of their trust-wide human resources strategy and a draft copy of the Workforce Planning Strategy for sensory support services. The workforce planning strategy demonstrated the trust were meeting the main requirements outlined in the Standard 5, Criterion 1. Although the review team considered the document could be made more comprehensive by including a copy of the team's organisational structure and providing further clarity of roles and function of staff.

The sensory support team does not have a complex organisational structure. The head of service has overall responsibility and is supported by two team leaders, for each of the two geographical sectors. The team covering the northern sector are based in Londonderry and the team covering the southern sector are based in Enniskillen. The staff compliment includes social workers, rehabilitation workers, environmental technical officers, administrative staff, hearing therapist 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 facilitated good support networks. While staff advised of regular team meetings, these were separate meetings for the northern and southern sector teams rather than trust wide meetings. Given the geographical make-up of the trust, the review team considered it would not be possible to facilitate trust wide meetings; however, they considered the teams could be missing the opportunities to fully discuss issues in a trust wide forum.

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 was one staff position for a rehabilitation worker unfilled, as well as a part time hearing therapist position unfilled. This resulted from the lack of qualified rehabilitation workers within Northern Ireland and the changes to the qualification requirements for hearing therapists. In response to these gaps, the trust advised of plans to redesign the rehabilitation worker post to utilise its other resources to fill the vacancy; training an environmental technical officer as a lip reading tutor to offset the hearing therapist vacancy and commissioning Cognitive Behavioural Therapy

training for a social worker to develop their skills in managing tinnitus. They also advised of providing additional support to allow the senior social work practitioner to undertake additional management duties. At the time of the review the trust could not confirm the impact of these controls on the service.

In relation to the number of staff within the team, the trust had a relatively low number of staff compared to other trusts. In managing the service staff indicated that after receipt of a referral, initial contact could usually be made within one week; however, they had recently started to experience waiting lists for referrals. Staff further indicated that some follow up services for rehabilitation and equipment were experiencing delays. It was highlighted that some service users experienced delays of up to six weeks to access equipment and up to eight weeks delay in accessing hearing therapy services. 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 with service users, no major issues in relation to waiting lists for initial referrals were raised, but some did comment on waiting times for receiving equipment and access to hearing therapy. Some 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 leaders at regular meetings, where cases were prioritised and when necessary resources were reallocated to resolve identified issues.

Within the sensory support service the employment of people with sensory support needs was a challenge, however, the trust advised that it would like to improve in this area. At the time of the review it was not specified as to the number of people with sensory support needs who were employed within the team. The review team considered the employment of people with sensory support needs as a positive approach, as it increased the teams understanding of issues faced by service users.

The trust has overall governance arrangements in place for workforce training, supervision and support. Sensory support staff described good relationships with management and felt that issues raised could be escalate up through the organisation.

With the exception of recruiting qualified rehabilitation workers and hearing therapists, the trust did not report any major issues in relation to the recruitment and retention of staff.

The trust had arrangements in place for both professional and personal development through annual staff appraisals and regular 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 issues, case loads and developments within the team.

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 investigation. The Regional Sensory Impairment Group 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.

The provision of training was good in relation to training for staff in their own area of expertise. 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. However, many staff stated they would find it beneficial to receive refresher training more often.

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 getting 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.

Based on the information supplied by the trust, the review team were concerned at the low number of sensory support staff who had received sign language training. Those that had received sign language training were competent to either BSL or ISL Level 1 and 2. This increased 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 also felt staff did not have suitable sign language skills to communicate with them and highlighted the need for an interpreter.

All staff 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.

It was also identified that only three of the sensory support staff had received training in deafblind communication. The review team hoped this issue would be resolved through the development of 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. Over the previous year the team has facilitated one student social work placement and although available, there was no demand for rehabilitation placements.

Recommendations

9. The Western Trust should work with the HSC Board to address the increasing waiting list for sensory support services.
10. The Western 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.
11. The Western 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.
12. The Western 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.

During the visit to the Western Trust, the review team did not have sufficient time to undertake an in depth analysis of the service user care plans; however, they did view a sample of them.

Following discussions with trust staff and after viewing a sample of the care plans, the review team recognised that staff demonstrated a good understanding and working partnership with service users, who were engaged within the care planning process from the outset. The review team, however, considered that a large percentage of service users did not fully understand the care planning process, the terminology relating to it or how they were involved in it.

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.

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. However, staff made reference to initial referrals usually being seen within one week. This view was also reflected in the feedback from service users, who made little reference to delays in response times for initial referrals.

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 staff and service users were getting used to the new care plans.

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 viewed by the review team.

The analysis indicated that using the 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 current concerns and 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 information, combined with a risk assessment of the service user, was sufficient to determine the appropriate level and urgency of cases and informed the team of their priority.

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 it was indicated that if service users wished a copy of their care plan, they had to request it. Although some service users spoke of care plans during the consultation, none of them advised of having received a copy of their care plan. This was consistent with the earlier findings, where the combination of the service users' lack of understanding of the process and trusts practice for providing care plans would result in no-one receiving a care plan. From the consultation, for service users who had a visual impairment, it appeared their care plans were only agreed and communicated verbally.

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, this review did not specifically cover this area. The trust advised that sensory support staff are represented on the trust's multi agency steering group, along with staff from other programmes of care, children's services, voluntary and other organisations. The trust provided evidence of their guidance document, the Good Practice Guidance on Transition Planning. The team also works in partnership with the trusts transitional service and the Western Education and Library Board's transition services team to ensure a co-ordinated approach.

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 which included a template for auditing case files. The trust further reported that case file audits are

discussed during the supervision process and annual file audits are carried out.

Recommendations

13. The Western 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

14. The Western 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 in 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 hearing therapy, support 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 Western Trust did not have a specific strategy for people who were deafblind and the associated services were contracted from SENSE. It was acknowledged by the trust that services were lacking in this area and there was a need to develop deafblind communication.

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 RNID, RNIB, SENSE, the Cedar Foundation and Leonard Cheshire for the provision of services.

In relation to specific cases, members of the team may work and liaise with other statutory organisations; however, staff indicated there were no formal 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 management indicated that due to resource capacity, group rehabilitation was being reduced. 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 lip reading as well as more general service user groups. Links to other support and user groups such as befriending, peer support and transition services are 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.

The hearing therapy services are jointly provided by the trust and RNID. It was identified as being subject to waiting lists; however, this was a result of the service having to accept referrals from other trusts.

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.

None of the sensory support staff were trained as counsellors, although they did provide a basic level of counselling to service users as part of their role. When service users required it, staff were able to make arrangements for professional counselling services. Staff 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.

During the consultation, none of the service users identified the sensory support team as being able to provide advocacy or counselling services. They believed they had to access these services either through their GP or the voluntary organisations. However, many service users spoke highly of the counselling support provided by the staff and considered them as counsellors.

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. Staff advised that the out-of-hours team had mobile phones and Deaf service users were able to contact them in an emergency through text messages. 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 contract with Hands that Talk 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, in particular the mobile phone contacts. 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, voluntary and private organisations. The frequency and number of awareness sessions was not established during the review. Staff confirmed working arrangements with the older people's services 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 facilitates interpreting through a contract with Hands that Talk and advised they regularly overspent on the interpreting budget in providing this service. Even with the contract in place, there is a lack of available independent interpreting services, especially for ISL users. This results in many meetings with Deaf service users taking place in the absence of an interpreter, or being 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 maintains registers of people with visual and hearing impairments who have had or are currently in contact with the service. The registers were being used in relation to service planning, however, the effectiveness of the registers 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

15. The Western 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 Western 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.

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 had already developed the draft regional policy into its own document, the Management and Control of Sensory Support Equipment, which it used to manage aids and equipment.

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 some of the service users who attended the consultation events. They stated that they were provided with a minimal choice of basic aids and equipment, such as flashing alarms, vibrating alarms and magnifying glasses. Several service users commented that the aids and equipment provided were not always appropriate or effective.

During the meetings, the review team noted an inconsistency within the trust in relation to the provision of aids and equipment between the northern and southern sectors. Staff advised that the equipment budget for the southern sector had been exhausted by September 2010, while the northern sector still had money within its equipment budget. As a result, equipment for service users in the southern sector was being provided based on an assessment of

risk. While it was not feasible to fully investigate the possible inconsistency, it was considered that rather than an inconsistency between the budgets, it was more likely to have been attributed to the southern sector staff providing aids and equipment more readily than in the northern sector. This concept was consistent with the service user feedback; where service users in the southern sector who attended the consultation events appeared to be more knowledgeable about the aids and equipment available and the criteria for obtaining them.

The review team considered that the issue of aids and equipment needed to be reviewed by the trust, to remove any inconsistency in provision and ensure a unified trust wide approach for the allocation of aids and equipment.

Staff also advised of several initiatives undertaken to source funding for equipment from charities and other organisations. This may have been in response to the budget issues associated with aids and equipment.

From the consultation, the majority of hard of hearing and visually impaired service users advised they were made aware of what aids and equipment the trust were supposed to supply. There were mixed responses from Deaf service users, but the majority advised they were unaware and were not provided with information about the aids and equipment supplied by the trust. Several Deaf service users stated they were unclear about whether equipment was free and who owned it.

When asked about the eligibility criteria for receiving aids and equipment, with the exception of a few service users, service users attending the consultation events advised they were unaware of the criteria and this information had not been supplied by the trust. Several service users advised that the trust would tell them what could be given in relation to cost, but nothing about the criteria.

Although trust staff advised of service users being signposted to other suppliers in cases where the trust was unable to provide certain items of equipment, service users again gave mixed accounts of this practice. The majority of hard of hearing service users and many visually impaired service users spoke of receiving advice on where and how to obtain other aids and equipment. Although several of them commented they felt staff were uncomfortable recommending other equipment to them due to the cost. The Deaf service users attending the consultation events advised that staff had not provided them with information on equipment from other sources.

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 were using the guidance contained within the Management and Control of Sensory Support Equipment document. 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 equipment can be changed if it is not suitable following a joint assessment carried out with sensory staff. It was also stated that the service users were given the name of the person to contact regarding any changes in needs. Service users attending the consultation events advised they usually contacted the social worker when they had any problems with equipment.

The trust had arrangements in place between the team, private contractors and the Estates department regarding responsibilities for the provision, installation, maintenance and replacement of aids and equipment. For service users with private landlords and those living in Housing Executive accommodation, the trust advised the responsibility lies with these agencies and the trust would write to them to advise of the requirements.

Recommendations

16. The Western Trust should review the provision of aids and equipment in both sectors and put measures in place to ensure a trust wide approach to the provision of aids and equipment.
17. The Western 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 Western 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 Western 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 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 flexibility to change services based on service user needs; retraining staff to cover gaps in the service; and engagement in the development of training for specific social work post qualifying and specialist award.

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 strategy for the engagement of service users, even though engagement in various aspects of the service was being 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 it was beneficial for all sensory support staff to receive appropriate awareness, equality and disability training. Other 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 with sign language users 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: the commissioning of an independent service user consultation to audit the service; the provision of information based on service user needs and the redesign of service user information leaflets.

RQIA wishes to thank the Western 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 Western 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 Western 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 Western 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 Western Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.
5. The Western 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 Western Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
7. The Western Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.
8. The Western 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 Western Trust should work with the HSC Board to address the increasing waiting list for sensory support services.
10. The Western 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.
11. The Western Trust should work collectively with the other trusts and in conjunction with the HSC Board trusts 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.

12. The Western Trust should establish a procedure for involving service users in the training of trust staff.
13. The Western 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
14. The Western 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.
15. The Western Trust should develop a specific strategy for the provision of care for people who are deafblind.
16. The Western Trust should review the provision of aids and equipment in both sectors and put measures in place to ensure a trust wide approach to the provision of aids and equipment.
17. The Western 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 Western 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

BSL	- British Sign Language
DANI	- Deaf Association of Northern Ireland
DHSSPS	- Department of Health, Social Services and Public Safety
GP	- General Practitioner
HSC	- Health and Social Care
ISL	- Irish Sign Language
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
Western Trust	- Western Health and Social Care Trust



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