The Regulation and Quality Improvement Authority

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

September 2011

informing and improving health and social care
www.rqia.org.uk

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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 South Eastern Health and Social Care Trust (South Eastern 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 Services[1] (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 South Eastern 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 Report [2]

  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 aim

[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

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 51,142 people living within the South Eastern 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 10,263 people living within the South Eastern 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 South Eastern 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 South Eastern Trust, together with supporting evidence.

2. Completion and submission to RQIA of a self-assessment questionnaire from the South Eastern 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 South Eastern Trust, to obtain their views and opinions about sensory support services.

4. Validation visit to the South Eastern Trust on 9 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 South Eastern 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 South Eastern Health and Social Care Trust

The South Eastern Health and Social Care Trust has been operational since 1 April 2007, following the merger of the two legacy trusts and provides services to a total population of 344,434[7].

Management of sensory support services falls within the Adult Services directorate within the trust. The directorate has responsibility for mental health, disability and prison services.

The sensory support services has two dedicated teams based in three centres, Downpatrick, Lisburn and Newtownards. These teams provide a range of technical, rehabilitation and social work support services across the spectrum of children, adults and older people who have Visual and/ or Hearing Impairments.

The Trust provides the main social work and rehabilitation services. It also commissions other support services from voluntary organisations such as benefits, advice services and interpreting services. The voluntary organisations include RNIB, RNID and Citizens Advice Bureau (CAB).

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 emergency out-of-hours service.

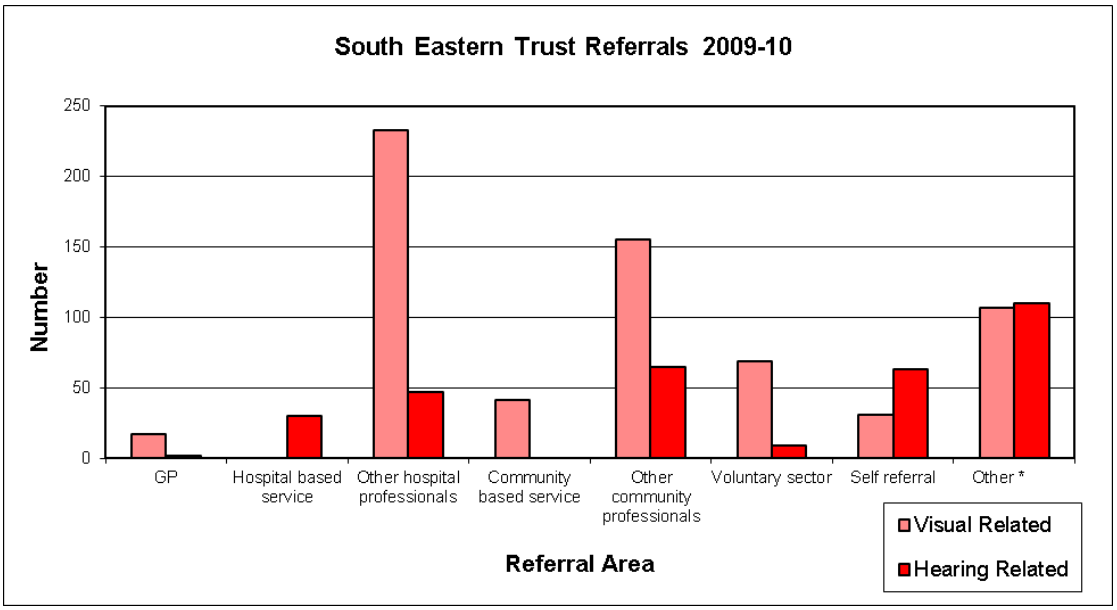
In the period 2009-10 the service received 653 visual impairment related referrals and 326 hearing impairment related referrals. The referrals were received from a variety of different sources. Table 1 and figure 1 highlights the breakdown of the source of referral.

Table 1 – South Eastern Trust Referrals [8]

South Eastern Trust Referral Routes - 2009-10	Visual related	Hearing related
GP	17	2
Hospital based service	0	30
Other hospital professionals	233	47
Community based service	41	0
Other community professionals	155	65
Voluntary sector	69	9
Self-referral	31	63
Other	107	110
Total	**653**	**326**

[7] Source: Northern Ireland Statistical Research Agency (NISRA)
[8] Source: Information supplied by the South Eastern Trust

Figure 1 – South Eastern Trust Referrals [9]



To determine the urgency of the referral locally based teams screen and respond to referrals in line with the regional guidance. After this initial 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 1,609 visually impaired and 1,456 hearing impaired service users registered within the system. It should be noted that these figures also include both current open cases and dormant service user cases.

Table 2 – Registered Service Users in the South Eastern Trust [10]
* Information on the breakdown of service users by age was unavailable

South Eastern Trust	Number of Registered Service Users*
Blind	691
Partially Sighted	918
Deaf	171
Hard of Hearing	1285
Total	**3065**

In providing the services the South Eastern Trust employs 24 people (excluding management) on a full and part time basis within the Sensory Support Team (SST). Through the commissioning agreements a further two people from the voluntary sector organisations provide services on behalf of

[9] Source: Information supplied by the South Eastern Trust
[10] Source: Information supplied by the South Eastern Trust

the trust also on a 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	2	1.45
Senior social worker	0	0
Senior rehabilitation worker	1	1.0
Social worker	8	5.08
Rehabilitation worker	5	4.02
Trainee rehabilitation worker	0	0
Environmental technical officer	2	2.0
Administration worker	2	1.8
Community support workers	2	1.49
Voluntary sector organisations	2	1.12
Total	**24**	**17.96**

Staff in the SST are primarily qualified in the fields of social work and rehabilitation, but also have received training relevant to 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 (68% of SST staff). The sign language training is for British Sign Language (BSL); however, the levels of qualification vary across the team.

[11] Source: Information supplied by the South Eastern 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 South Eastern 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 South Eastern 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 South Eastern 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 an individual loop systems (Criterion 3); arranging meetings in accessible locations (Criterion 8); and providing transport for service users (Criterion 9).

As part of this review one service user meeting was held. This took place in St Mark's Parish Church, Newtownards for service users throughout the trust area. A total of 28 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 South Eastern 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 and evidence of the South Eastern Trust meeting the key human rights indicators were 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 the trust's senior managers, there appeared to be excellent levels of awareness of the UNCRPD and the quality standards and their implications for the strategic and operational obligations in the planning and provision of services to persons with a disability. Senior managers stated that the trust ethos was that human rights principles should guide all practice and made reference to the Equality Managers employed within the trust to address such issues. This knowledge and understanding was further demonstrated at all levels within the sensory support team.

Senior management were aware of the developments within sensory support services and referenced their contribution in the ISO reaccreditation for disability services and other awards received by the team during 2010. The Northern Ireland Association of Social Work awarded the sensory support service overall winners of the Team/ Service of the Year Award 2010 and one rehabilitation worker received the National Macular Disease Society Award.

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. This included the provision of information in alternative formats, improved access and signage at trust facilities and the increase of awareness raising and training.

Staff within the sensory support team stated that they had received training in human rights awareness, visual awareness, equality training and disability 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 for visually impaired people. Information did not seem to be as available in accessible formats for people who are deaf and hard of hearing. A number of service users at the consultation events complained they could not understand written information.

The trust clearly represented their view to the review team that the sign language interpreting service was under-funded. The trust has also formally represented this gap in service by expressing to the HSC Board that sign language interpreting services should be funded as well as other foreign language interpreting services.

In addressing the cultural and community needs the trust evidenced they had in place numerous 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.

Managers stated that sensory awareness training is provided by sensory staff to nursing home and day care staff and to other colleagues throughout the trust's area. The trust reported that all training provided by sensory teams is evaluated and acted upon to improve training where applicable.

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 South Eastern 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. However, in its self-assessment and during the validation meetings, the trust advised that it utilises the personal and public involvement (PPI) strategy to facilitate service user influence in the planning, operation and review of services.

After examination of the PPI strategy and the associated information, it was clear that the trust had developed the PPI strategy as an active mechanism for service user involvement. Evidence of the PPI monitoring arrangements were provided, which clearly shows that service user involvement was undertaken across a number of areas. The trust actively records the consultation undertaken, its impact on service and identifies the proposed future action, in order to fulfil the aims laid out in the PPI strategy.

The review team identified a number of areas of good practice in relation to consultation and involvement of service users, which resulted in improvement. The examples were:

- The production of a signed DVD to address issues of stress management.
- The establishment of a tinnitus focus group for newly diagnosed service users.
- The establishment of low vision therapy groups.
- Amendments to the format of new service user information leaflets.

Further evidence was provided by the trust outlining areas where service user consultation resulted in the establishment of user groups; such as the walking groups and Boccia leagues which focused on health and well-being; and a support group for parents with deaf children which also produced an associated newsletter.

One notable area in relation to consultation was the decision not to establish a particular support group, as service user feedback indicated that it was not required at that time and individual support was sufficient.

An area of consideration for the review team was the contrast of opinion provided by the service users in relation to their involvement. The majority of the service users, who had a visual impairment or were hard of hearing, spoke of varying levels of involvement. Whereas all the Deaf services users stated they had never been involved nor knew of anyone who had been involved in the planning of services.

Given the evidence of consultation and the conversations with staff, the review team determined that the possible lack of involvement from these service users could be attributable to the communication channels currently in place. It was possible that a different set of service users might have advised of being involved. The review team considered this was an area that the trust should address to assure itself that consultations are promoted and publicised as widely as possible, to allow all service users the opportunity to be involved.

Although considerable consultation was evident, there was no indication of service users being provided with support and information to assist their involvement. However, this might be a result of the types of consultations undertaken, which were focused around group consultation. The review team considered the trust should reflect on the types of consultation used and whether there was a need to provide support and information to assist service users' involvement.

Even in the absence of a specific strategy for involvement, the trust's current mechanisms have ensured there is comprehensive service user involvement.

Recommendation

1. The South Eastern Trust should continue to work to improve their information networks with service users.

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 South Eastern Trust made available copies of some of the information provided to service users. It was information that would enable service users to remain informed about services available and particular conditions.

There were two distinct types of information provided by the trust's sensory support team.

- Information produced by the trust; this included the information about sensory support services available through the trust, information for carers and supporting documentation used by staff. Including feedback and complaint information, signpost information to other services and miscellaneous information about hearing and sight conditions.
- Information produced by other organisations such as RNID, RNIB given out by the trust; this included advice leaflets for service users and carers, information about other services and information about different hearing and sight conditions.

The information produced by the trust was up-to-date and was available in alternative formats, such as CD, audio, large print and Braille. With the exception of the stress DVD, the review team identified there was no information available in a format that accommodated sign language users, such as signed video or DVD's. The trust also had information available in alternative formats, which were developed through service user involvement, such as the Newsletter and talking newspaper.

The overall feedback from the consultation was that the majority of the service users stated they were happy with the information provided and the format it was provided in, however, there were a few instances when the format remained inaccessible.

From the evidence obtained, it is the opinion of the review team that although many areas of information provision were based on service user needs, there was a range of information produced, that was not informed by the specific needs of service users. Service users did not generally identify this as an issue and expressed general satisfaction with the information they received.

Based on the information provided, with the exception of specific cases, it was unclear whether there was any regular review or quality assurance processes in place for the provision or delivery of information. It was also unclear as to the level of involvement of service users in any information review or quality assurance process. The trust stated in their self-assessment that information was audited regularly; no specific information was reviewed to support this.

The trust website was assessed by the review team as not fully accessible for people with sensory support needs. Although there was a browse aloud

facility, there was no audio information and no signed video information. The structure and format of the website was not consistent and only provided information on sensory services for one region within the trust. The review team considered this should be addressed to ensure equality for services users throughout the Trust. While the management of the website does not fall within the remit of the sensory support service, they could initiate the discussions with the relevant department to make the website more accessible.

The standard being assessed states that suitable information should be available at the point of diagnosis, such as audiology, ophthalmology, low vision clinics and even GP's. The trust advised the review team that information was provided at the point of diagnosis and a multidisciplinary team had been established with the aim of improving information services at the point of diagnosis.

Through the service user meetings, several service users stated they had received assistance from sensory staff on how to access information for themselves. While others stated they were negotiating with the trust for the reinstatement of the computer classes. The review team considered the trust should accommodate such requests as it would increase 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 South Eastern Trust should conduct a baseline review of information to determine whether the current information meets the needs of service users.

3. The South Eastern 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 South Eastern Trust should make available and deliver further information in a suitable format for sign language users, such as signed videos.

5. The South Eastern 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 South Eastern Trust provided both the Trust Service Delivery Plan and the Adult Disability Services Plan, the directorate within which the sensory support service operates. These plans highlighted the overall trust priorities and the specific objectives for adult disability services, with specific objectives for the delivery of sensory support services. Given the level of detail contained within these plans, it was apparent the trust was meeting a significant range of the requirements of the criterion within the standard.

At strategic level, senior management demonstrated an understanding of the disability issues and of the sensory support service. They stated that services had been identified as a result of unmet need, however, they also spoke of potential financial constraints in the future and difficult decisions would have to be made in relation to the provision of services.

The review team considered that if a reduction of services was proposed, it should be carried out through collaboration with service users and key partners in the statutory, voluntary and community sectors, as outlined in Standard 4 of the quality standards.

Based on the information obtained during the review, the review team considered the trust was proactive in leading and contributing to the Regional Sensory Impairment Group (RSIG) and the regional strategic direction for the sensory support services. Management from the sensory team are key participants in the RSIG, which is developing policies and strategies for sensory support services. It was clear the South Eastern Trust are not as reliant on the RSIG for service delivery and development as some of the other trusts.

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 voluntary sector organisations provided additional advice and support services.

The review team did however have a concern about the use of key staff in delivering awareness training to other departments and other care providers. Although this is an important area, it was considered that this responsibility should fall within the trust training unit in order 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 the staff and services provided by the trust and externally for the commissioned services provided by voluntary organisations and reporting to the Health and Social Care (HSC) Board.

Within the sensory team there are regular team and supervision meetings and bi-monthly practice development 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.

At the time of the review, the governance structure for the commissioned services provided by voluntary organisations included contracts and service level agreements, risk management, monthly monitoring returns, regular meetings and joint supervision. The trust also used service user feedback and audit results to monitor the quality of the services being provided.

There are good liaison arrangements between the sensory support team and other programmes of care, in particular the regional mental health and deafness services, the peripatetic teaching service, low vision clinics, ophthalmology, audiology services and other health development departments. Regular meetings are held with these departments to offer consultation and advice on case management, as well as collaborative working on project to improve service delivery.

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, only limited evidence of formal procedures was identified by the review team. One example of guidance noted was the guidance for referral and co-working between the sensory support service and paediatric audiology. Similar guidance was not available for other programmes of care.

The review team noted that good working relationships with voluntary sector organisations had been developed and continued to be developed. This resulted in the pilot of an eye care liaison officer service in conjunction with RNIB. The trust also submitted evidence of the procedure for working with voluntary organisations.

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

The sensory support team worked with the other relevant programmes of care and actively promoted the service at GP surgeries and in other care facilities.

The trust provides specific services through the Low Vision Clinic and the Specialist Visual Clinic to promote the identification of visual loss and provide early intervention support to meet individual needs. While the trust has no strategy for identifying undetected hearing loss, the sensory support service is reviewing the interface with trust audiology services to promote a clear pathway between hospital and community services, for people who are deaf or hard of hearing.

Recommendation

6. The South Eastern Trust should further develop a specific strategy for identifying undetected sensory loss which includes a strategy for the promotion of the sensory support services.

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 South Eastern Trust provided no evidence of a specific workforce strategy specific for the sensory support service. However, throughout the review the trust demonstrated how they were meeting the requirements outlined in the Standard 5, Criterion 1. They provided evidence of the team's organisational structure, clarity of roles and function, training and development plans and the employment of people with sensory support needs. Though the requirements of the criterion were being met, the review team considered that a documented strategy would be beneficial for the team.

The sensory support team does not have a complex organisational structure. The service manager has overall responsibility and is supported by two team leaders, one covering the Down and Lisburn area of the trust and the other covering the North Down and Ards area of the trust. The staff compliment includes social workers, rehabilitation workers, environmental technical officers, administrative staff and community co-ordinators and support workers.

Although the team was formed from an amalgamation of two legacy trust areas, they offer the same services and operate under the same policies and procedures. The cohesiveness of the team was a result of the approach and time taken during the merger to integrate staff and build relationships. Staff were aware of their own and other team members roles and functions and demonstrated how these arrangements facilitated good support networks.

The sensory support team have a very stable workforce, with long serving staff and very limited 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.

In relation to the number of staff within the team, the current compliment was lower than in other trusts and they were managing the service with minimal waiting lists. Staff indicated that after receipt of a referral, initial contact could usually be made within one week. This was reflected in the views of service users, who commented positively on the responsiveness from the service. However, staff indicated that some follow up services for rehabilitation were experiencing delays. It was highlighted that some visually impaired service users experienced delays of up to six weeks to access rehabilitation services and up to four weeks delay in accessing the Low Vision Clinic. Similarly, some hearing impaired service users experienced delays of up to six weeks to access aids through the environmental technical officers. 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.

While the staff were responsive to service users, a number of service users attending the consultation events advised they did not always receive the same level of service if their named worker was off. They further advised of having to repeat their problems or concerns when they meet a new member of staff.

During the meetings, staff spoke openly of the impending restructuring within the team and the fact that one of the team leaders was being reassigned to another role outside of sensory support services. The review team were concerned whether the same benefits in respect of the level of management and support could still be provided to staff.

Within the sensory support service the employment of people with sensory support needs was promoted and there were several people with sensory support needs employed within the team. The review team considered this was a positive approach as it increased the understanding of issues faced by the service users.

The trust has overall governance arrangements in place for staff training, supervision and support. This is facilitated through monthly staff meetings, quarterly business meetings and regular governance meetings. Staff spoke very positively of management and considered assured that issues were appropriately escalated up through the organisation.

The trust reported no issues in relation to the recruitment and retention of staff, but highlighted issues in relation to recruiting qualified rehabilitation workers. This was attributed to the lack of qualified rehabilitation workers in Northern Ireland. Further evidence of an issue in this area was confirmed through the reducing numbers of requests for student rehabilitation placements.

The review team saw evidence of the annual Knowledge Skills Framework appraisal and monthly supervision arrangements in place. Supervision was used to discuss issues, caseloads, training and developments within the team. Staff informed the review team that supervision was never missed and meetings were rescheduled rather than cancelled.

The trust had arrangements in place for both professional and personal development through annual reviews with staff. This process identified the training and support requirements for staff and established their training and development plans. Outside of the annual review, staff could discuss their personal development plans as part of supervision arrangements.

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

requirement 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 trust's provision of training was excellent in relation to human rights, equality, disability and awareness training. While staff were trained in their own area of expertise and had no issues with obtaining general training or being permitted time to attend training, staff highlighted the development of their specialist training needs could not be met within Northern Ireland. Given the potential trust wide financial constraints indicated by senior management, the review team were concerned about any impact on the provision of specialist sensory training. The review team considered the trust should monitor any future impact on training and to ensure staff remained competent to deliver high quality services.

The deaf workers within the team stated they had found it difficult to access some training courses because of the lack of interpreters. The review team considered this issue needed to be addressed, especially in relation to the equality of training provision.

Only one member of the sensory support staff was trained as a counsellor, however, staff 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 advised that for Deaf people with mental health needs, specialist counselling was accessible via the trust's mental health service. However, staff indicated that a similar mental health service for people with a visual impairment was an identified un met need within the service.

There were no issues with the availability of social work training, however 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 majority of practitioners have received sign language training, most of which is at British Sign Language Level 1, with several staff trained to BSL Level 2 and 3. Two community support workers use BSL as their first language and also use Irish Sign Language (ISL). Although the trust had provided training for staff in this area, the review team considered the current profile was not sufficient for effective communication with deaf service users. All staff expressed a willingness to further their training in sign language; however, the limited availability of sign language courses prohibited their development in this area. In an attempt to overcome this, the trust utilised the deaf members of staff to provided regular sign language training to other staff.

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 this would reduce the need for interpreting services in some cases.

The review team were concerned at the low numbers of sensory support staff who had received training in deafblind communication. Staff stated that it had been several years since the last deafblind training had been provided. The review team hoped this could be addressed as part of the development of a deafblind strategy.

During the service user consultation, the majority of service users confirmed they had not been involved in sharing their experiences to help train staff. They considered the low staff turnover of the team provided little opportunity to be involved in this; however, they all expressed an interest in participating in future staff training. The review team considered this opportunity was not limited to training the sensory support team, but the use of service users could be utilised in providing awareness training to staff in other programmes of care or to other care providers.

The trust has good arrangements in place for supervised placements of social work and rehabilitation students. This is facilitated through qualified practice supervisors being employed within the team and having student placement opportunities available. Over the previous year the team has facilitated two student social work placements and although available, there was no demand for rehabilitation placements.

Recommendations

7. The South Eastern Trust should formalise a workforce strategy specific to sensory support services.

8. The South Eastern Trust should put arrangements in place that ensure equality of training opportunities for all staff.

9. The South Eastern Trust should formally identify the service gap in respect of mental health services for people with a visual impairment and if required, escalate to the HSC Board.

10. The South Eastern 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 South Eastern 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.

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 involvement in the care planning process. While several service users gave feedback on the benefits of having a care plan, the review team was concerned that many of the others indicated they did not have a care plan and were not involved in the planning of their care, particularly the Deaf service users.

This area was explored further with the service users during the meetings and it was determined that the majority of service users were involved in the care planning process. The service user consultation highlighted divergent cases where people either did not understand the concept of the care plans, felt they were not beneficial or just simply did not want them. The main issue appeared to be their understanding of the terminology used and a lack of recognition that the discussions 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. Staff also stated they had previously identified problems with the use of professional terminology during assessments and care planning and had already ceased using of some of the professional terminology.

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.

The South Eastern Trust was able to articulate its ability to meet regional targets and response times as outlined in the regional sensory support pathway. Staff made reference to initial referrals being seen within one week, which was a view reflected by service users who made no reference of delays in response times. At the time of the review visit the trust had no waiting list for referrals; however, as outlined in Standard 5, follow up services for rehabilitation were sometimes experiencing delays.

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 Sensory Support Service Plan (Reference DIS/SSS/SP1) which the review team 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.

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 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 it should be. 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.

Of the care documents reviewed, it was noted that during the referral and assessment process only limited views from service users had been taken on board and recorded by the social worker or rehabilitation worker. 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 small 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 Sensory Support Service 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.

Both managers and staff stated there were arrangements in place for service users to receive a copy of their care plan and provided evidence of the associated procedure.

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 they support both children and adults within the team, so individuals remain within the same service and are known to the team during the transition period. The team also works in partnership with the Education and Library Board's transition services team and are also represented on the Regional Disability Transition Group which ensures 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 that there were robust procedures in place to manage the system. The trust further reported that case files are audited monthly and also during the supervision process, with team leaders maintaining a record of case files audited. Annual file audits are carried out by senior managers from other departments and external ISO audits are undertaken every two years.

Recommendations

12. The South Eastern 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

13. The South Eastern 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.

Through utilising the existing resources, the trust is also able to make provision for people who have developed a dual sensory loss. However, in relation to Deafblindness which is a unique condition that could not be categorised alongside dual sensory loss, the Trust does not have anyone specifically trained to meet their needs.

The trust did not have a specific strategy for people who were deafblind and acknowledged there was a specific service gap for this client group.

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, through contracts with RNIB, RNID and CAB and liaison with other organisations such as SENSE.

It was 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. Staff advised of discussions with individual service users to identify their goals and objectives of the rehabilitation. The main method of delivery was facilitated through individual and group rehabilitation sessions which took place in various locations, including the individual's home.

The benefits of the rehabilitation programmes was reflected in comments by the service users at the consultation events, however, a number of service users commented that there was limited involvement of their carers or families in the programmes, which would have been beneficial.

Since only one member of staff is a trained counsellor and other staff members are only able to provide a basic level of counselling as part of their role, arrangements are in place for alternative professional counselling services to service users who require it.

The support workers within the team undertake a lot of advocacy work on behalf of service users and in other cases staff undertook an advocacy role.

The trust have also commissioned the CAB to provide advocacy for service users, however, when the issue dictates, service users are referred on to other independent voluntary sector advocacy services.

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. Staff also advised of alerting the out-of-hours team in advance, when they knew of specific cases that may require out-of-hours support.

The provision of an emergency out-of-hours service fell within the trusts generic out-of-hours social work service. Staff highlighted they had provided awareness training to the out-of-hours team and provided them with information on contacting communication support, such as interpreters. The interpreting HSC Board contract with RNIB covered out-of-hours, but it was stated that interpreters were not always available during these times.

From the meetings with service users, it was clear that the majority of them 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 staff in other programmes of care, other departments throughout the trust and other providers of care, such as nursing homes and day centres. The frequency and number of awareness sessions was not established during the review. Staff confirmed working arrangements with other programmes of care and regular meetings with audiology and optometry departments. With the exception of a paediatric audiology referral map, there were no details of how the sensory support service linked in with other programmes of care.

The working relationships that have developed between the team and audiology, optometry 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. Most staff within the team are trained to a minimum of level 1 BSL, with some staff having achieved BSL level 2 and 3. Although the administrative staff had received BSL level 1 training, Deaf service users commented that it was sometimes problematic when they attended the offices, as some staff found it difficult to communicate with them.

In spite of the current levels of sign language competency, staff still rely on independent interpreting for meetings with service users, which is facilitated through the HSC Board contract with RNID for the provision of independent interpreting services. However, even with the contract in place there is a lack of available independent interpreting services. This results in some meetings with deaf service users being cancelled or taking place in the absence of an interpreter. 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, given the potential numbers of people with sensory loss and undetected sensory loss that were not in contact with the service the effectiveness of the registers was questioned by the review team.

Recommendations

14. The South Eastern 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 South Eastern 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.

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. However, service users stated they were provided with a minimal choice of basic aids and equipment, such as hearing aids, magnifying glasses and canes.

While service user need was the primary factor in providing aids and equipment, management indicated this was likely to change due to resource constraints. In the future, it was likely that aids and equipment would be provided on the basis of safety and risk.

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 developed of a suitable policy. In the absence of an approved regional policy it was not possible to determine the rationale and criteria for the provision of aids and equipment and whether it reduced inequality or provided improved value for money. 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 did not have an individual policy for the provision of aids and equipment but had already started using the draft regional policy as a guide and developed procedures for the management of equipment.

The majority of service users attending the consultation event advised they were aware of the types of aids and equipment the trust were supposed to

supply and that staff had made them aware of the eligibility criteria for receiving aids and equipment. The exceptions to this were the Deaf service users who stated they were unaware of the range of aids and equipment supplied or the criteria for receiving them. However, they all felt this information would be beneficial for them to receive.

Staff advised that they signposted service users to other providers and voluntary organisations in cases where the trust was unable to provide certain items of equipment. This practice was confirmed by service users during the consultation event. Staff also informed the review team that they frequently researched information on new equipment on behalf of service users.

The trust had procedures in place for assessing, procuring and providing equipment to service users, which was contained within the Control and Management of Sensory Support Equipment Guidance. Staff advised this guidance outlined: who was responsible for providing the equipment; the installation and commissioning arrangements and the maintenance and replacement arrangements. The guidance document was not made available during the review and was not appraised by the review team.

Service users advised the 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 and have readily available 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 Control and Management 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 and that all assessments for equipment are jointly carried out with service users. 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 did not indicate they had any issues in this area and indicated 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. Where the service users lived in Housing Executive accommodation, the social workers engaged with the Housing Executive in relation to equipment and making reasonable adjustments for service users. For service users with private landlords, following any assessment the staff would write to the landlord to advise of any requirements that were identified.

Recommendations

15. The South Eastern 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.

16. The South Eastern Trust should ensure that all service users are provided with and understand the 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 South Eastern Trust on the day of the review, the review team reflected its observations of a highly enthusiastic and competent sensory support services team who were highly motivated and 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 service user involvement to identify service gaps; establishment of the service user groups and newsletter; and the collaborative working with other departments and voluntary organisations.

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 is a good strategy for the engagement of service users, achieved through the development of the PPI strategy.

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 to information needs analysis, on-going review and quality assurance of information materials, accessibility through the trust's web site and more 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 to develop more formal arrangements internally with other programmes of care to ensure the effective and safe delivery of services.

When assessing the on-going workforce needs for staff, in line with the standards for social work and rehabilitation in sensory support services, the review team considered there were a number of areas requiring further consideration in respect of staff training and development. These included: continued awareness training for trust staff delivering any service to those with sensory needs; specific work with other trusts and 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. It has also been recommended that the trust ensures the involvement of

service users with sensory support needs 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 recommend that a specific deafblind strategy is developed for this specific user group.

There was evidence of person centred planning in place and the trust should continue to deliver the same level of service as had been provided in past practice.

As a result of limited development in the provision of specialist equipment it is recommended 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 use of service user involvement to develop services in line with need; the flexible and creative approach to communication; the proactive approach to service delivery and a desire by practitioners to meet the needs of service users.

RQIA wishes to thank the South Eastern Trust management and staff and service users for their co-operation and invaluable contribution in this review.

3.2 Summary of Recommendations

1. The South Eastern Trust should continue to work to improve their information networks with service users.

2. The South Eastern Trust should conduct a baseline review of information to determine whether the current information meets the needs of service users. This review should involve service users and be repeated on an annual basis.

3. The South Eastern 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 South Eastern Trust should make available and deliver further information in a suitable format for sign language users, such as signed videos.

5. The South Eastern 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 South Eastern Trust should further develop a specific strategy for identifying undetected sensory loss which includes a strategy for the promotion of the sensory support services.

7. The South Eastern Trust should formalise a workforce strategy specific to sensory support services.

8. The South Eastern Trust should put arrangements in place that ensure equality of training opportunities for all staff.

9. The South Eastern Trust should formally identify the service gap in respect of mental health services for people with a visual impairment and if required, escalate to the HSC Board.

10. The South Eastern 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 South Eastern 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 South Eastern 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

13. The South Eastern 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.

14. The South Eastern Trust should develop a specific strategy for the provision of care for people who are deafblind.

15. The South Eastern 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.

16. The South Eastern Trust should ensure that all service users are provided with and understand the information on:

a. what aids and equipment the trust supply
b. what aids and equipment are 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
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
ISL	- Irish Sign Language
ISO	- International Organisation for Standardisation
PPI	- Personal and Public Involvement
PQ	- Post Qualifying
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
South Eastern Trust	- South Eastern Health and Social Care Trust
SSI	- Social Services Inspectorate
SST	- Sensory Support Team
UNCRPD	- United Nations Convention on the Rights of Persons with Disabilities

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