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and Public Safety**

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***INSPECTION OF SOCIAL CARE SUPPORT
SERVICES FOR CARERS OF OLDER PEOPLE***

***DOWN LISBURN
HEALTH AND SOCIAL SERVICES TRUST
EASTERN HEALTH AND SOCIAL SERVICES BOARD***

Fieldwork inspection: 31st May 2005-10th June 2005

FINAL REPORT APRIL 2006

***INSPECTION OF SOCIAL CARE SUPPORT SERVICES FOR
CARERS OF OLDER PEOPLE***

***DOWN LISBURN
HEALTH AND SOCIAL SERVICES TRUST
EASTERN HEALTH AND SOCIAL SERVICES BOARD***

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INSPECTION OF SOCIAL CARE SUPPORT SERVICES FOR CARERS OF OLDER PEOPLE

PREFACE

This report on the inspection of social care support services for carers of older people in Down Lisburn Health and Social Services Trust (the Trust) is one of four separate inspection reports on the inspection fieldwork to be conducted in one Trust in each of the four Health and Social Services Board areas.

The field work inspection took place from 31 May 2005 to 10 June 2005 inclusive. This Report has been checked for factual accuracy and agreed by the Trust and the Eastern Health and Social Services Board (EHSSB).

In addition to the individual Trust reports, an Overview Report will be produced, covering key features emerging during the course of the inspection and outlining the recommendations, which will have common application to all Trusts.

Copies of the publications referred to above can be accessed on the Social Services Inspectorate website <http://www.dhsspsni.gov.uk/hss/ssi/pubs.asp>. Printed copies can be obtained by contacting the Social Services Inspectorate.

This document can be made available in Irish, Chinese, audio cassette, Braille and in large type. The Department will also consider requests for translations in other ethnic minority languages. If needed, please contact the Social Services Inspectorate, telephone no. (028) 9052 0729.

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GLOSSARY OF TERMS

Assessment	a process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated.
Care management	a process whereby an individual's needs are assessed and evaluated, eligibility for service is determined, care plans are drafted and implemented, and needs are monitored and reassessed.
Care manager	a practitioner who, as part of their role, undertakes care management.
Care package	a combination of services combined to meet a person's assessed needs.
Care plan	the outcome of an assessment. A description of what an individual needs and how these needs will be met.
Care planning	a process based on an assessment of an individual's assessed need that involves determining the level and type of support to meet those needs, and the objectives and potential outcomes that can be achieved.
Care worker	is a person who is paid to deliver care to an individual.
Carers	<p>carers are people who, without payment, provide help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability.</p> <p>Carers can be adults caring for other adults, parents caring for ill or disabled children or young people under 18 who care for another family member. It excludes paid care workers and volunteers from voluntary organisations.</p>
Main carer	the individual who takes primary responsibility for looking after a person who may not be able to manage at home because of frailty, illness or disability.
Case worker	is usually the individual identified by the Trust to co-ordinate the assessment of need and delivery of services.
Direct Payments	money paid by Trusts that allows individuals to arrange for themselves the social care services that they have been assessed as needing.
Domiciliary/home care	the range of services put in place to support a person in their own home.
Hospital discharge	the process of leaving hospital after admission as an in-patient.

Normal hours	services provided during office hours or the normal working day, usually 9:00am to 5:00pm – Monday to Friday.
Out-of-hours	services provided outside of the normal working day, but not including night sitting services, live-in or 24-hour services.
Person-centred assessment	an assessment, which places the individual at the centre of the process and which responds flexibly and sensitively to his/her needs.
Respite care	temporary residential, nursing or social accommodation provided to an ill or disabled person to allow a carer a break from caring. Respite care may also be delivered in the cared for person's own home.
Review	a planned procedure to determine whether or not the services supplied meet the needs of the individual.
Screening	examining a referral to determine the level of assessment that is required.
Sitting service	a service, which provides someone to sit with a person to allow the carer to take a break.
Specialist assessment	an assessment undertaken by a clinician or other professional who specialises in a branch of medicine or care e.g. stroke, cardiac care, bereavement counselling.

1. INTRODUCTION

1.1 The Social Services Inspectorate's (SSI) roll-forward inspection programme for 2002/2005 identified an inspection of the social care support services for carers of older people as an area for the development of draft standards and consequent inspection. It was considered that an inspection would be timely, given:

- the publication of *Valuing Carers*¹ and subsequent developments in support services for carers;
- the introduction of the Carers and Direct Payments Act,² which extends the provision of Direct Payments to include, among others, carers and came into effect in April 2004; and
- the ongoing work in developing a Strategy for Carers under the auspices of the Programme for Social Inclusion.

1.2 The aim of the inspection was to inspect social care support services for carers of older people. Full details of the background to the inspection will be found in the Inspection Brief (Appendix 1).

1.3 The aim of the inspection was achieved by:

- convening a Reference Group with representatives from carer groups, including carers, the 4 Health and Social Services (HSS) Boards, 4 HSS Trusts providing social care services, voluntary organisations and academic interests;
- developing and agreeing a set of draft standards (Appendix 2) in consultation with the Reference Group and a subsequent wider consultation with a number of key organisations in the voluntary, statutory, private and education sectors. Consultation covered the needs of the carers in general and of minority ethnic carers in particular;
- conducting an inspection of carers' services against the agreed draft standards;
- meeting with carers and cared for persons;
- meeting with key partnership agencies and service user representative groups;
- interviewing a range of staff in the health and social services and other agencies regarding the provision of social care to carers of older people;
- developing and distributing a questionnaire to all 11 HSS Trusts providing social care services, which was designed to collect data on organisational structures, staffing levels, workloads and services to carers;
- developing and distributing a questionnaire (Appendix 3) to carers; and

¹ Valuing Carers – Proposals for a Strategy for Carers in Northern Ireland, DHSSPS April 2002

² The Carers and Direct Payments Act (Northern Ireland) 2002

- analysing data received from questionnaires.

1.4 The fieldwork Inspection of Social Care Support Services for Carers of Older People in Down Lisburn Health and Social Services Trust (the Trust) was undertaken from 31 May 2005 to 10 June 2005 inclusive. The Trust is located within the area of the Eastern Health and Social Services Board (EHSSB).

DEMOGRAPHY

1.5 The EHSSB serves a population of 660,000 people encompassing the Council areas of Newtownards, Belfast, Castlereagh, Down, Lisburn and North Down. The EHSSB has responsibility for assessing need, planning, commissioning, monitoring and the development of new services in order to meet the health and social care needs of the population within its geographical area. The EHSSB commissions services on behalf of its population through service agreements for care services from HSS Trusts, voluntary organisations and organisations in the private sector. The major providers of care are HSS Trusts.

1.6 The Trust covers an area to the west and south of Belfast and serves a population of 172,522 people³. It's geographical area covers from Glenavy in the north to Newcastle in the south and from Moira in the west to Strangford Lough in the east (Figure 1). There is considerable diversity in population characteristics as there are areas of relative wealth and prosperity as well as pockets of deprivation. The Trust also covers areas of high population such as the City of Lisburn, Newcastle, Downpatrick, and parts of the greater Belfast conurbation (Poleglass, Twinbrook, and Dunmurry) as well as sparsely populated rural areas in Counties Antrim and Down.

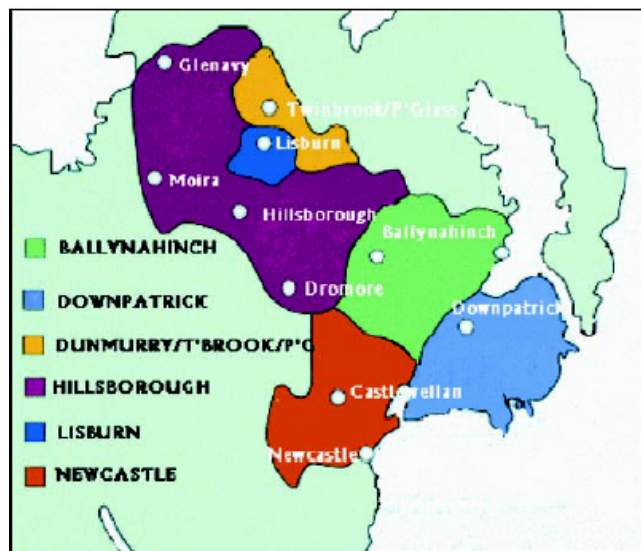


Figure 1

³ Census 2001

MANAGEMENT OF THE TRUST

1.7 The Trust is managed by a Trust Board and Senior Management Team, which has 11 members. The Trust Board comprises a Chairman, 5 non-executive directors and 5 executive directors, who are also members of the Trust's Senior Management Team. The 5 executive directors of the Trust Board are the Chief Executive, the Director of Finance and Information Management & Technology, the Medical Director, the Director of Acute Services and Nursing and the Director of Social Work and Primary Care Services. The Trust Board is responsible for the overall strategic direction and corporate governance of the Trust. The Chief Executive, who is answerable to the Trust Board, has overall day-to-day responsibility for the management of all the Trust's activities.

1.8 The Trust is structured into 7 directorates, 3 of which are responsible for providing direct health and social care services and 4 providing support for the organisation, as follows:

Service Delivery Directorates	Support Directorates
Acute Hospitals	Human Resources
Primary Care	Corporate Affairs
Disability, Mental Health and Support Services	Finance
	Planning and Performance

1.9 Each Directorate is managed by a director and a team of managers. All of the directors meet to form the Senior Management Team with the Chief Executive. The management structure for the Trust is set out in Figure 2.

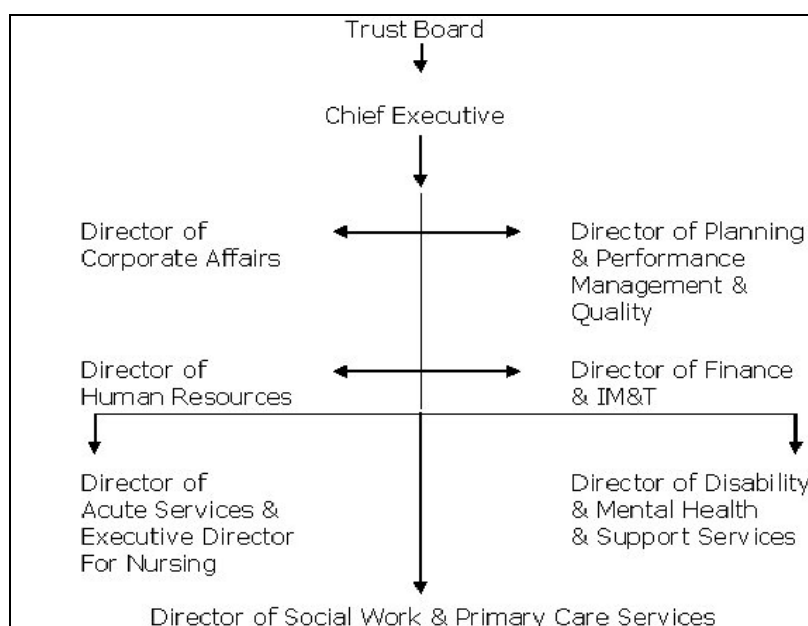


Figure 2

LINE MANAGEMENT ARRANGEMENTS

1.10 The Director of Social Work and Primary Care carries management responsibility for social care services for older people and their carers within the primary care

programme. The Director is supported in this role by a Programme Manager, a general management-designated post currently occupied by a manager with a social work qualification. The Programme Manager also manages the Trust's Social Care teams.

- 1.11 The main social care services are based in 6 patches throughout the Trust and a Community Services Team serves each patch. These are based in Ballynahinch, Downpatrick, Dunmurry, Hillsborough, Lisburn and Newcastle. Each of the 6 teams has a Community Services Manager and deputy manager, designated as a Primary Care Manager. The Trust is in the process of reviewing the number of community patches, with the result that 2 Community Services Managers currently cover 2 teams each. Teams vary in size depending on the population of the area which they cover. Within the Trust, a model of GP attached integrated team working was introduced in 1992. This model of integrated working was further developed in Saintfield as a pilot in 2002 with the inclusion of specialist professionals in the team. This was further rolled out across all patches in September 2004. Teams are organised on a care management basis. They comprise care managers, who are qualified social workers or nurses and assistant care managers who come from a health or social care background. Care managers deal with assessment of need and complex cases, while assistant care managers deal with non-complex cases and assist with monitoring service provision. Each Community Services Manager provides professional supervision, on a uni-professional basis, with additional support from other professionals as needed.
- 1.12 The Trust has sought to ensure that the managers and teams are a balanced mix of practitioners who are social workers, social care workers or nurses. For example, where a Community Services Manager is a social worker, the Primary Care Manager is a nurse and vice versa. However, the pressure to fill posts combined with the experiential requirement for social workers as care managers (i.e. a minimum of two years post qualifying experience) and differences in remuneration between nurse qualified and social work qualified care managers means that the social work presence on teams is in danger of being eroded. However, within the programme there is currently a care manager whose post is 50% dedicated as a social worker to take forward social work issues and a full time senior social worker in the Down sector.
- 1.13 Similarly, career progression for social workers within the programme is limited. It is expected that social workers aspiring to be Primary Care Managers should have a three years experience as a senior social worker. There are no senior social work posts within the programme, which means that social workers have to leave the programme to gain the requisite experience and having left may not return. Hence, the professional balance between Primary Care Managers and Community Service Managers is also under pressure. The Trust acknowledged the difficulty and is reviewing current management arrangements across the patches. In addition, under the modernisation and efficiency reform agenda, the Trust is undertaking a review of care management.
- 1.14 "People First Community Care in Northern Ireland for the 1990s" supports the role of social work. In Great Britain, local authority social services departments have specific responsibility for the organisation of comprehensive assessments. This is in keeping with the Griffiths principle that responsibilities should be clearly assigned.

In Northern Ireland, Boards' Area General Managers (now Chief Executives) will be expected to ensure that efficient and effective assessment procedures are in place throughout their areas. In line with the approach adopted in Great Britain, "the Department expects that social services will usually have the lead responsibility at unit level for the co-ordination of assessments".⁴

PROFILE OF CARERS IN THE TRUST AREA

1.15 The most recent Census (2001) indicates that there are 19,428 people (just over 11% of the Trust's population) who identified themselves as providing unpaid care. Almost 60% are female; some 78% are aged between 25 and 64 years of age; and, significantly, just over 11% of carers are aged 65 years and over. Less than half of 1% reported themselves as coming from a mixed or ethnic minority group. Just over 24% reported themselves as providing 50 or more hours of care each week and some 20% reported that they, themselves, have a limiting long-term illness (Table 1).

The Trust area	All persons	Carers	Provides care		
			1 – 19 hrs.	20 – 49 hrs.	50+ hours
All persons	172,522	19,428	11,963	2,755	4,710
Sex					
Males	84,601	7,852	5,073	1,043	1,736
Females	87,921	11,576	6,890	1,712	2,974
Age					
0 to 15	42,519	585	463	66	56
16 to 24	20,873	1,437	997	274	166
25 to 44	50,708	7,202	4,503	1,084	1,615
45 to 64	37,418	8,034	5,011	1,067	1,956
65 and over	21,004	2,170	989	264	917
Ethnic Group					
White	171,397	19,357	11,925	2,741	4,691
Mixed	337	22	15	4	3
Asian	161	9	3	-	6
Black	126	13	5	3	5
Chinese or other	498	24	14	7	3
Has a limiting long-term illness	31,942	3,945	1,872	606	1,467

Table 1⁵

⁴ People First: Community Care in Northern Ireland for the 1990s (DHSS) Page 27 Section 4.11

⁵ www.nisra.gov.uk/census/excel/theme_tables/t56

CARERS DEVELOPMENT OFFICER

- 1.16 The Trust has appointed a Carers Development Officer (CDO) who is located in the Ballynahinch office but has responsibility for the development of carers' support throughout the Trust area. The CDO is responsible to a Carers Steering Group which consists of senior personnel from a range of professions across the Trust representing all programmes of care. These include the Community Services Manager, the Social Services Training Team Manager, and the Senior Managers from Mental Health, Children's and Disability Services. There is also a carer on the Group.
- 1.17 The CDO is a key post and the Trust is to be commended on its emphasis on the importance of support for carers. This is reflected in the membership of the Carers Steering Group which ensures support for the CDO at an appropriately senior level and ownership of the Trust's Draft Carers' Strategy across key areas of its Directorates.
- 1.18 The CDO has been in post since August 2003 and is involved in a number of initiatives relating to all carers in the Trust area. These include:
- promoting carer assessments;
 - promoting direct payments;
 - developing carers' groups;
 - training for Trust staff on carers' needs; and
 - developing partnerships to meet needs.

INSPECTION METHODOLOGY

Standards

- 1.19 The Inspection was undertaken against an explicit set of draft standards and criteria, which were drawn up prior to the Inspection. The Standards were derived from legislation, policy and practice guidance, relevant literature and other appropriate standards developed by the SSI or adapted from similar work elsewhere in the United Kingdom. The Standards were based on current best practice and they were developed and refined in collaboration with the Reference Group and in consultation with the HSS Boards, HSS Trusts and other key agencies. This Report outlines the Trust's performance against the criteria for each of the 6 standards:
1. Planning, Commissioning, Delivery and Review of Social Care Services;
 2. Assessment, Care Planning and Review;
 3. Support Services;
 4. Information for Service Users;
 5. Workforce Planning, Workforce Management, Training, Supervision and Support; and
 6. Human Rights and Equality.
- 1.20 Following the completion of the inspection in the 4 HSS Board and 4 HSS Trust areas, the draft standards will be reviewed and refined in the light of the inspection findings. These will then be issued by SSI as an agreed set of standards for the provision of social care support services to carers. The Standards will set out what

carers can reasonably expect from services and provide a benchmark against which providers of social care services can undertake self-audit. The Standards will be subject to continuous review in the light of best practice emerging.

FIELDWORK

The Trust

1.21 During the inspection period, the Inspection Team analysed the Trust questionnaire and carers' questionnaires and examined a range of Trust policy documents. A number of carers were identified from 36 randomly selected case files, 6 of these files were followed through in detail including, interviews with carers and, where possible, cared for people. In addition, a series of interviews and meetings was conducted with cared for people, carers, managers, professionals and representatives of key organisations in contact with carers including:

- the Chief Executive;
- the Director of Social Work and Primary Care;
- Carers' Steering Group;
- individual carers; 6
- cared for people; 6
- carers' groups; 2
- senior Trust managers from all 7 directorates; 11
- social workers; 7
- GPs and occupational therapists; 5
- voluntary agencies; 8
- care managers and assistant care managers; 8
- representative of a Local Health and Social Care Group; 1
- community psychiatric nurse; 1
- health visitor; and 1
- staff at Trust care facilities. 4

1.22 Visits were made to a number of Trust and voluntary sector service provision sites including:

- All 6 main area offices;
- Drumlough Elderly Persons Resource Centre (residential and day care provision), Lisburn;
- St Paul's Housing Scheme, Lisburn;
- Age Concern Dementia Day Centre, Newcastle;
- Trust Headquarters; and
- Laganside House (Trust Support Services), Lisburn.

1.23 The Trust also provided an extensive range of written materials on all aspects of their services and practice, which are referred to throughout the report where appropriate.

EHSSB

- 1.24 Three meetings took place with representatives of the EHSSB. This included a preliminary meeting with key personnel to outline the Inspection Brief and allow the EHSSB to present their key commissioning, planning and monitoring roles with particular regard to carers of older people. This was followed up by a meeting to explore these areas more fully and finally by a general feedback meeting on the key themes emerging from the fieldwork element of the Inspection in the Trust.
- 1.25 The EHSSB also provided a number of written documents. These included details on:
- Quality Standards;
 - Assessment and Care Management Implementation;
 - Dementia Review 1997-1998;
 - Draft Older People's Health and Well Being Strategy 2005-2015;
 - Priorities for Action 2003-2004 Monitoring;
 - Corporate Plan 2004-2005;
 - Equality and Human Rights Screening; and
 - SSI Inspection of Social Care Support Services for Older People response document

QUESTIONNAIRES (TRUST AND CARERS)

- 1.26 In addition prior to the inspection period, the Trust completed a pre-inspection questionnaire. The completed questionnaire provided details of services (including their location), management arrangements, staff levels, training, quality assurance activities, complaints procedures and information and communications technology arrangements. The Trust also disseminated 50 questionnaires directly to carers of older people with whom the Trust was in contact.
- 1.27 Further questionnaires were distributed through Advice NI, a local welfare rights network agency who sought to access further carers in the Trust area who are not in receipt of services. These questionnaires will be analysed by the Inspection Team and form part of the evidence for the Overview Report.

2. PLANNING, COMMISSIONING, DELIVERY AND REVIEW OF SOCIAL CARE SERVICES

Standard for planning, commissioning, delivery and review of social care services

Carers and/or carers' representative organisations are actively involved in the planning, commissioning and review of social care services

EHSSB

- 2.1 EHSSB has a number of initiatives in place, which help ensure that user voices are heard. These include:
- the older people's advisory group; and
 - the mental health commissioning team.
- 2.2 These initiatives reflect a cross-section of users, some of whom may be carers, but do not specifically target carers of older people.

Recommendation

The EHSSB should specifically target carers of older people to ensure that their voice is heard across its established user fora.

- 2.3 The Director of Social Services meets with key voluntary agencies, including carers' organisations, on a three monthly basis to inform the planning and commissioning process and as a two-way exchange on the impact of service delivery.
- 2.4 Carers have been involved directly in the development of the Older People's Health and Well Being Strategy through the EHSSB's Commissioning of two Voluntary Organisations, Carers Northern Ireland and the Belfast Carers' Centre, to run a workshop to discuss carers' specific needs.
- 2.5 It was not evident that times and venues for meetings were organised to suit carers' needs or whether carers used their own "free time" to attend meetings. There was no evidence that active support was sought by carers, to free them up for consultation processes nor was there evidence of the EHSSB offering this.

Recommendation

The EHSSB should monitor the times, locations and possible support needs of carers to ensure that participation in consultation does not put additional pressure on them.

COMMISSIONING ARRANGEMENTS

- 2.6 Responsibility for commissioning services for older people was devolved to Local Health and Social Care Groups (LHSCGs) on the 1 December 2004. EHSSB reported 2004/2005 as being "a transition year". At the time of inspection the Board

reported that the transition had taken place with LHSCGs taking a central role in working closely with local communities to identify the needs of, among others, carers and to seek locally sensitive ways to address these.

- 2.7 Services to carers are monitored through Service and Budget Agreements, which are formal documents between the EHSSB and Trust. The EHSSB has quarterly formal performance management meetings with each Trust. The EHSSB maintains collaborative contact with the Trusts to develop and action new Priorities for Action (PfA) targets.

SERVICES TO CARERS

- 2.8 The EHSSB works with Trusts to identify unmet need and to develop strategies to deal with needs identified. Trust managers report unmet need on a standard information pro forma to the specified officer in the Trust's Business and Information Department. A report is subsequently generated and checked for accuracy before being forwarded to EHSSB. This helps to inform the planning and commissioning of services.
- 2.9 The Department allocated funding specifically for carer support on a three-year basis 2002/2003 – 2005/2006. This money was identified primarily for specific posts to support initiatives with carers. In the Trust the funding has been used to support the appointment of the CDO and associated support costs.
- 2.10 EHSSB indicated that where funding for carers' initiatives is not PfA specific, the EHSSB identifies areas for development and encourages Trusts to submit proposals.
- 2.11 In general, the EHSSB operates a planning process for Services across the HSS Trusts based on the Regional Capitation Formula. The Board's policy is to address inequities between localities, taking account of all programmes of care rather than to attempt to address inequities within individual programmes of care.
- 2.12 The major driver of the Regional Capitation Formula, which the Board applies to its localities is population size, but the overall formula is made up programme of care formulae that have both population size and needs weighting components. The increases in the older population in Down Lisburn locality (and in the North Down and Ards locality) are therefore fully reflected in the Board's equity considerations, but, when considering how to allocate new resources, the Board looks at the overall locality equity position rather than the individual programme of care.

THE TRUST

- 2.13 The Trust has demonstrated a strong commitment to public and user, including carers, consultation and has encouraged involvement across the planning and review of all services. This commitment is identified within one of the consultation principles underpinning the Trust's work, namely "to design services in partnership with people and the local community".
- 2.14 At a strategic level this includes ongoing meetings with MPs and public representatives, formal meetings with local council representatives and the Local Strategic Partnerships (LSPs). The Chief Executive also meets with local

newspapers at least three times per annum to update the local press with regard to Trust activity.

- 2.15 Carers' views on the planning and commissioning, delivery and review of services is through a number of different fora. Some of which are general while others are care specific. In addition, the CDO has facilitated meetings with both individuals and formal groups of carers within the Trust. There are 2 constituted carers' support groups in the Trust based in Lisburn and Ballynahinch respectively and both of these are involved in ongoing dialogue through the CDO and the Local Community Teams.
- 2.16 At a Trust wide level the Quality Support Unit (QSU) has overall responsibility for user involvement and community consultation. The QSU has developed a Consumer Consultation Panel (Consumer Panel). In order to create this, 4,500 names were chosen at random from the electoral role within the Trust's geographic area. These individuals were written to and asked to take part in an ongoing process of consultation with the Trust. From the 4,500 approached a Consumer Panel of 350 people wishing to participate was established.
- 2.17 Consumer Panel members are volunteers who are grouped according to their expressed field of interest. The QSU recognises that there are limits to the inclusive nature of the Consumer Panel. For example, as the electoral role was used as the basis of contact then those not registered and those under 18 years of age are not represented on the Consumer Panel. The QSU has further identified that those least likely to be registered to vote are young people between 18 and 25 years of age.

Recommendation

The Trust should further develop its Consumer Panel approach to include those individuals not represented on the electoral register.

- 2.18 The Consumer Panel has highlighted particular areas of work in which they have a special interest and 144 members identified carers and caring issues as a special area of interest.
- 2.19 It is commendable that these 144 individuals have been involved in specific consultation on the development of the Trust's support for carers. Their feedback has been co-ordinated by the QSU and used extensively by the CDO to both inform policy development, the Trust's Draft Carers' Strategy and the quality of information about services provided or being developed by the Trust.
- 2.20 Carers and the wider public were further engaged in the development of the Trust's Draft Carers' Strategy through a public consultation process. This consisted of an eight page booklet "Working in Partnership with Carers – your chance to have your say".
- 2.21 The booklet was distributed throughout all of the Trust's offices, the local press, the Trust's internet website and in other areas such as libraries and post offices. Feedback was co-ordinated by the CDO. While direct feedback was limited, the publication had the effect of putting carers' issues on the wider public's agenda. It

also created publicity for the Trust on the development of its Draft Carers' Strategy and on the provision of direct services to support carers.

2.22 The Trust's Draft Carers' Strategy was formally launched in March 2004 with 81 people including 50 local carers in attendance. The launch was also attended by Trust personnel and representatives from a wide range of voluntary sector organisations including:

- Carers NI;
- Belfast Carers' Centre;
- Chest, Heart and Stroke Association;
- Age Concern; and
- Rethink.

Media coverage of the event included articles in the Mourne Observer, Lisburn Star and the Down Recorder.

2.23 The launch of the Trust's Draft Carers' Strategy was very successful in engaging more widely with the general public and carers and marked the start of a wide scale consultation which included:

- all GPs in the Down Lisburn Trust area;
- political representatives;
- carers from voluntary organisations' support groups;
- individual carers;
- allied health professionals; and
- voluntary organisations.

2.24 While statistics are not available for all of the individuals and organisations consulted, the Trust received in excess of 200 responses to its Draft Carers' Strategy. Carers formed a considerable part of this response with 71 responses received from individual carers through the local carers networks. In addition, there were 62 replies from Trust staff, 2 from GPs and 2 from representatives of political parties.

2.25 The summary of information from the responses highlighted a number of areas for further development including:

- improving communication with carers;
- identifying hidden, unknown carers;
- recognising and reviewing unmet need;
- listening to carers;
- identifying and implementing training needs of carers;
- identifying the needs of rural carers; and
- clarifying carer assessment.

2.26 At the time of Inspection, the Draft Carers' Strategy was being revised in the light of this consultation exercise.

- 2.27 The Consumer Panel has and continues to be used for further elements of consultation including the development of:
- information on direct payments;
 - carer assessment forms;
 - publicity leaflets on services; and
 - publicity leaflets on carers' groups.
- 2.28 The Trust is to be commended for the development of its Draft Carers' Strategy and for the wide and varied range of consultation undertaken.

UNMET NEED

- 2.29 The Trust has a process for identifying unmet need on an individual level for carers and the cared for person. Individual carer assessments enable staff to identify unmet need and gaps in services.
- 2.30 Identified unmet need is discussed at weekly team meetings, which are chaired by the Community Services Manager. Each member of the team highlights newly identified need, clarifies what resources have been identified and the unmet need is then prioritised against available resources.
- 2.31 When resources are not available, unmet needs are recorded and revisited in the following week. While the emphasis is on remaining within the budget, staff are adamant that if there is an emergency need, this will be met even if it means going over the budget available for the week in question.
- 2.32 Some Community Services Managers and staff indicated, in discussion, that, on occasions, areas of unmet need were not necessarily identified if the individual caseworker felt that it was unlikely that the needs would be met because of budgetary constraints. This unreported unmet need may have an adverse effect on the planning, commissioning, and delivery of services if not properly addressed. Senior managers indicated that this action on the part of staff was contrary to management expectation.
- 2.33 Information on unmet need which cannot be responded to by Community Teams is gathered and assessed at Senior Management level by the Commissioning Officer within the Trust and subsequently collated to the EHSSB to inform future planning and commissioning.
- 2.34 Trust and Board staff reported that, over a period of time, the detail around unmet need has been eroded so that in effect it now consisted largely of numbers of people awaiting services rather than the complexity of the needs identified. It is of some concern that a whole and accurate picture is not being represented.

Recommendation

The Trust should ensure that staff identify and fully record all unmet need and that this level of detail informs the planning, commissioning and delivery of services for

carers between the Trust and the EHSSB. This information needs to address both the extent and complexity of need.

CARERS ORGANISATIONS

- 2.35 Apart from the 2 constituted carers' support groups located in Lisburn and Ballynahinch respectively, there are a number of carer support groups operating within the Trust area. Some groups offer support to carers of older people with dementia and two welcome carers from a range of caring situations. Trust personnel support these groups and in some circumstances limited finance is made available. For example the Lisburn Carers' group receives £300 per annum towards costs such as publicity. Carers' groups meet in Trust buildings and many of the guest speakers are Trust professional staff.
- 2.36 Feedback from members of the two carers' groups interviewed indicate that they feel well supported by Trust personnel and that they are encouraged to develop and operate their own self-help system. Carers felt that this was useful as it provided mutual support and a mechanism for consultation with the Trust. One group highlighted concern over changes in venues for its meetings but this has been resolved.
- 2.37 As well as providing support to general carers' groups the Trust also provides support to specific interest groups, which operate in its area. For example, one of the Trust's Community Services Managers is also the chairperson of the local Alzheimer's Society. A number of organisations including Alzheimer's Society, Chest Heart and Stroke Association and Age Concern receive funding from the Trust to provide support services.
- 2.38 Discussion with carers and reviews of files indicate that provision is made to allow carers to attend consultations and carers' group meetings. This support includes:
- providing respite care in the home;
 - extending day care provision;
 - meeting carers in their own homes; and
 - having meetings at times and locations which are sensitive to carers' needs.
- 2.39 There was little evidence at the time of the inspection that carers received training and information aimed at further supporting their involvement in planning, commissioning, delivery and review of services. The Trust is aware of the limited work that has been carried out in this area and the Inspection Team were advised this is a priority area for development in the revised Draft Carers' Strategy.

Recommendation

The Trust should continue to prioritise and develop partnerships with carers to ensure their further input into planning, commissioning, delivery and review of services.

WIDER PUBLIC CONSULTATION

- 2.40 The high priority given to wider public consultation on carers' needs and in particular efforts to engage "hidden carers", that is carers not yet identified by the Trust, was evident through the wide range of consultation materials which have been developed. These were widely distributed through Trust premises, GP practices, dental surgeries, public libraries and other public offices such as Council buildings.
- 2.41 GPs, in particular, have been asked to distribute information and to become more closely involved in the identification of carers in the community. GPs are also seen as important in the effort to encourage carers to be part of the consultation process, and to access wider support.
- 2.42 The level of public consultation about and publicity in relation to carers' issues has increased since the Trust recruited the CDO two years ago. This has been confirmed through the interviews with carers, GPs and carer groups. There is also a wide range of recent publications, which have been made widely available to carers and this promotes awareness on services available from the Trust.

SUMMARY OF RECOMMENDATIONS

- The EHSSB should specifically target carers of older people to ensure that their voice is heard across its established user fora. (Para 2.2)
- The EHSSB should monitor the times, locations and possible support needs of carers to ensure that participation in consultation does not put additional pressure on them. (Para 2.5)
- The Trust should further develop its Consumer Panel approach to include those individuals not represented on the electoral register. (Para 2.17)
- The Trust should ensure that staff identify and fully record all unmet need and that this level of detail informs the planning, commissioning and delivery of services for carers between the Trust and the EHSSB. This information needs to address both the extent and complexity of need. (Para 2.34)
- The Trust should continue to prioritise and develop partnerships with carers to ensure their further input into planning, commissioning, delivery and review of services. (Para 2.39)

3. ASSESSMENT, CARE PLANNING AND REVIEW

Standard for assessment, care planning and review

Carers benefit from convenient, easy to use services through effective person-centred assessment, care planning and review arrangements

- 3.1 There was evidence from the files selected of a consistent system which produced an assessment, a care plan and review for the cared for person. There were no separate files for carers. All of the information regarding carers of older people was contained in the file relating to the older person normally in a delineated section of the file.
- 3.2 Most of the files examined did contain a carer's assessment some of which had been completed some time ago while a considerable number appeared to have been completed in the weeks prior to the inspection.
- 3.3 There is limited evidence from the files examined of the carer contribution to the assessment of the cared for person or that such a contribution could be made in a positive way. Rather, there was a section in the assessment pro forma, which could be completed if the carer had any difficulties with the care plan. The Inspectors were advised that forms are currently being updated and will now contain sections which will better indicate carer involvement in assessment and planning. The new form indicates that carers will be central to the planning and review process of both their own needs and that of the cared for person.
- 3.4 In general, it was often difficult to ascertain from the case files which services were for carers and which were for the cared for person. Discussions with carers did indicate that they were happy with services and support provided generally reporting that if there were adequate services for the cared for person that this was also perceived as a service to them. A quote from one carer reflects the general consensus of carers, "as long as he is happy then I am happy".
- 3.5 During interviews with the Inspection Team, carers reported that they believed Trust staff were aware of their needs, and did, as far as resources allowed, try to provide support. However it was clear that in most cases the support was reactive rather than proactive. For example, a carer identified as being under stress might be given increased respite time but there was little evidence of carers being supported to use this time to pursue or create proactive support for themselves. In some cases carer 'free time' provided through respite was used to carry out other tasks, which could be viewed as being related to the caring role.
- 3.6 The Trust reported that they are beginning to address this issue. There were some good examples where the level of support provided reflected the needs of the carer. One file noted the Care Manager had not only agreed a week-long residential placement to give a carer the opportunity to go on holiday but had also added two days on either side of the week so that the carer could prepare for the holiday and have some time to prepare, after the break, before re-engaging in the caring role. In another case the carer was receiving support to deal with her own mental health needs which had occurred as a direct consequence of the stresses of the caring role

she was undertaking.

- 3.7 A further complex case identified where a carer had been supporting her partner who had severe mental health problems. This carer indicated that when previously living in another Trust area she had received no support for her caring role. When she moved to the Trust in 2004 with her partner she received a separate carer assessment and has begun receiving support and services to alleviate the stress and resultant ill health she was experiencing as a direct consequence of her caring role.
- 3.8 The carer is now a service user in her own right. This is also a clear example of a carer being offered a range of supports to help her to continue to manage in her caring role. In addition, the Trust, through its Health Development Team has the potential to offer services such as complementary therapies to carers. However, the approach, to date is largely dictated by the initiative of individual workers.

Recommendation

The Trust should give further consideration to providing proactive support for carers beyond respite services which support them not only in their caring role but also support them in looking after their own well being.

- 3.9 Overall, the files gave an indication of staff working hard to find constructive solutions to carers' and cared for persons' needs. A range of practical supports was complemented by providing access to other organisations such as the Chest Heart and Stroke Association and Rethink.
- 3.10 Discussions with Trust staff indicated that while they accepted the importance of working with and supporting carers through assessing individual need, they were concerned that they might raise expectations, which they could not deliver on. This reflects some of the thinking that was identified in relation to recording unmet need in Section Two. (Para 2.32-2.34)
- 3.11 Files generally did not always indicate that carers were directed towards carers groups in their areas. While discussions with carers would indicate that they are given information on groups this is not always recorded.

CARER'S ASSESSMENT FORMS/DIRECT PAYMENTS

- 3.12 Case records were standardised across the Trust and while there were some gaps such as sections of the assessment pro forma not being completed and some inaccuracies, which largely related to date errors, the overall standard of recording was high. The various parts of the files were generally indexed, structured and easy to follow.
- 3.13 In most instances, the carer had signed the carer's assessment form but there was no evidence from the files that they had actually received copies of the assessment or care plan. Additionally, while the assessment pro forma had a prompt in relation to information about direct payments, a considerable number of the files examined had no indication that this information had been given to the carers. Discussions with carers and Trust staff indicated that this information is shared. It is unfortunate that the files do not reflect this good practice.

- 3.14 This may, in part, be a consequence of the way in which this part of the pro forma is laid out. The section covering information on Direct Payments is in the middle of a sentence and it is a different format to the rest of assessment form. As such it is easy to miss ticking this particular box. Further information on Direct Payments is located in Paras 4.21-4.25.

Recommendation

The Trust should take steps to ensure that case files reflect all work undertaken, are accurately dated and that incomplete assessment pro formas are addressed. Consideration should also be given to ensuring that files clearly indicate that carers have received a copy of their assessment, care plan and information on Direct Payments.

CASELOAD MANAGEMENT /CASE PLANS/CASE REVIEWS

- 3.15 Caseloads are high ranging from 60 to 80 cases per caseworker. Although staff indicated that “5-10 percent” of these were “low maintenance and low priority” their presence still leave practitioners with high numbers of cases. There is a caseload management system in the Trust and all cases are reviewed formally at least once per year but more often if this is seen as necessary. There are policies for opening, reviewing and closing of cases. Workload levels are reviewed at formal supervision, which is required under ISO Procedures to be carried out on a monthly basis. This system of monthly supervision is adhered to in most instances.
- 3.16 There are clear indications of person centred planning and that carers are partners in the development of their own care plans. However it was not clear from the file inspection that carers had been engaged in the plans developed for cared for people. The evidence of such involvement is suggested in file recordings but there is no explicit identification of this partnership. The assessment pro forma is structured in such a way that evidence of carer involvement seems to be elicited but only, if the carer disagrees with the cared for person’s assessment. Discussions with carers, cared for persons and Trust staff clearly indicate that carers are fully engaged in planning and review processes.

Recommendation

The Trust should restructure the assessment pro forma and files to identify and promote the good practice in relation to planning in partnership with carers and cared for persons, which is already in place but not always recorded appropriately.

- 3.17 The Trust carries out annual client record audits as parts of its internal monitoring and quality control arrangements. This process is part of the Trust’s commitment to ISO 9001:2000. The Trust’s Development Manager carries out the audit. The most recent audit of client records available issued in June 2003 identified a number of key issues that required attention, namely:
- variations in the standard of care plans;
 - some care plans were out of date;

- unmet need not being recorded; and
- legibility of entries.

3.18 These findings and other comments have formed the basis of an Action Plan which clearly identifies the changes that need to take place and the individuals responsible for ensuring that change happens.

EFFECTIVE COMMUNICATION BETWEEN CARERS AND CARE WORKERS

3.19 The Trust is currently developing an information booklet which will be left in the cared for person's home. This will allow workers delivering the package of care or otherwise visiting the home to record information and observations, thereby ensuring effective day-to-day communication between care workers, the carer and others as appropriate. This initiative has taken a considerable amount of time to progress as there were issues concerning confidentiality and the level of detail that should be included. This booklet when finalised and implemented will provide a model of good practice.

ASSESSMENT

- 3.20 All assessments are carried out by professional staff, from either a social work, nursing or other professional background. There was clear evidence in the case files of further referral to GPs, Psychiatric Nurses and allied health professionals such as Occupational Therapists.
- 3.21 Budget limitations, high case loads and the complex nature of many of the cases tended to move the focus quickly to practical interventions, which did not necessarily identify support and develop responses to the emotional and "social" needs of the carer. There was a sense of the wider "social work component" of the job becoming less evident and the provision of more practical arrangements being the main priority.
- 3.22 Ensuring that practical arrangements are in place took precedence over areas such as listening, counselling and promotion of self-help. This type of support has increasingly become the responsibility of the CDO and is often managed by onward referral to generic carer groups or specialist support groups.
- 3.23 The Trust acknowledges that a substantial portion of care management time is spent co-ordinating care arrangements. However, the Trust feels strongly that staff are sensitive to the emotional needs and concerns of both carers and those who are cared for. In addition, the CDO is able to support staff in identifying appropriate networks for carers which offer support by onward referral to generic support groups or specialised support groups such as Alzheimer Society.
- 3.24 This move towards practical support was recognised by Trust staff interviewed during the inspection. Senior staff indicated that they were keen to ensure social work intervention remained an integral part of assessment and care delivery. There was recognition that social work brought specific counselling skills including, a holistic approach to assessment, review, and care planning and identification of need/support, which was central to the well being of the carer.

Recommendation

The Trust should continue to monitor programmes and delivery of care to ensure that appropriate balance is maintained between the holistic needs of the carer and the focus on providing practical services when undertaking care planning, review and delivery of services.

SUMMARY OF RECOMMENDATIONS

- The Trust should give further consideration to providing proactive support for carers beyond respite services which support them not only in their caring role but also support them in looking after their own well being. (Para 3.8)
- The Trust take steps to ensure that case files reflect all work undertaken, are accurately dated and that incomplete assessment pro formas are addressed. Consideration should also be given to ensuring that files clearly indicate that carers have received a copy of their assessment, care plan and information on Direct Payments. (Para 3.11 & Para 3.14)
- The Trust should restructure the assessment pro forma and files to identify and promote the good practice in relation to planning in partnership with carers and cared for persons, which is already in place but not always recorded appropriately (Para 3.8 & Para 3.16)
- The Trust should continue to monitor programmes and delivery of care to ensure that appropriate balance is maintained between the holistic needs of the carer and the focus on providing practical services when undertaking care planning, review and delivery of services. (Para 3.24)

4. SUPPORT SERVICES

Standard for support services

Carers have access to a range of quality services that meet their identified need.

4.1 The Trust has a range of services which help to meet the assessed needs of carers and the cared for person. These include:

- day care;
- respite care;
- domiciliary care, including night care;
- carers support groups;
- emergency help lines;
- counselling; and
- complementary therapies.

DAY CARE

4.2 Day care services are provided at a number of Trust locations including Laurelhill Day Centre, Drumlough House, which has day care and residential facilities and The Rowan Centre. During the inspection, the Inspection Team visited two centres which provided day care. In each Centre a care plan for the individual is clear and person-centred. For example, files indicate that work with individuals focuses on areas such as reminiscence, speech therapy and diet needs.

4.3 The Trust day centre facility at Laurelhill is located beside the residential facility, which allows for a high level of support and communication between the 2 resources. There were a number of good practice examples, which reflects the Trust's commitment to meeting carers' needs in a flexible supportive manner. For example, if the carer is unable to collect the cared for person when the day care facility closes, the individual will transfer to the adjoining residential unit where they will be given their evening meal and cared for until they can be collected. This allows for an element of flexibility and also meets the needs of carers who are in employment or have other commitments. This approach demonstrates a carer-centred approach, which is commendable.

4.4 A further example of support for both the carer and the cared for person is highlighted in the partnership between the Trust and Age Concern NI, which has enabled the Trust to draw on the skills and innovative work being promoted by Age Concern NI. As part of day care support for older people with Dementia, Age Concern NI has introduced a music focus programme, which aids communication through music and promotes active listening and 'mirroring' as empowering techniques. This is a joint initiative between Age Concern UK and the Dementia Services Development Centre at the University of Stirling. As well as using the approach as a way to enhance staff and client interaction, the opportunity to learn these skills is being offered to carers.

RESIDENTIAL AND RESPITE CARE

- 4.5 Respite care is provided in a range of residential homes and residential resource centres across the Trust's area including, Drumlough House, Lisburn, Ardview House, Ardglass and St John's House, Downpatrick. The residential resource centres also provide a contact point for out of hours domiciliary care emergencies (see Paras 4.26-4.29). In addition, the Trust purchases respite care places from a number of private residential and nursing providers across the area. Respite care tends to be at pre-agreed times and the regularity reflects both the needs of the carer and cared for person. This is indicated in care plans and in case records where regular breaks for carers are built into the planning process and where respite responds to a range of other commitments for carers such as holidays, their own health needs and family social occasions. Carers indicated, in interviews, that they found the process responsive and flexible to meet their needs. Respite can be for an overnight or a number of weeks to respond to a variety of situations such as holidays, other social occasions or simply to give carers a break.
- 4.6 Examination of files and interviews with carers and staff also indicates the Trust's willingness to respond to changing need and to provide respite when emergencies occur or carers' personal circumstances change, either for "one off" occasions or as part of an ongoing support package. This is good practice and service availability is commendable.

DOMICILIARY CARE

- 4.7 Care in the home is provided by both the Trust's own home care service and by a range of private and voluntary providers. Examination of files and interviews with carers indicates satisfaction with the level of support provided. Services provided reflect the needs of the individuals involved and can range from a short visit each week to multiple support interventions meeting a range of complex needs throughout the day and evening, including wake up, dressing, food preparation, sitting and putting to bed services.

NIGHT SITTING

- 4.8 The night sitting service includes support with tasks such as helping prepare people for bed and night sitting service for people who need help to go to the bathroom, thereby allowing carers the opportunity for uninterrupted rest.
- 4.9 Care in the home services provided by the Trust are closely monitored by the Service Manager, Homecare Department (Homecare Co-ordinator). All services are monitored on a quarterly basis by way of questionnaire, which is given to both the service user and the carer. The questionnaire sets out the key elements of service provision followed by a series of questions ranging from whether or not the person is treated with dignity and respect to time keeping. In addition, a number of monitoring visits are made to peoples' homes in each of the Trust's 6 patches to sample the services. All of the information is collated and, where needed, responses in relation to issues or concerns raised are expected from the relevant care provider. The Trust is to be commended on the level and method of monitoring the quality of service provision.

- 4.10 Services are provided after discussion with the carer and cared for person, in response to the complexity of need and in the context of available resources. Carers interviewed during the inspection expressed satisfaction with the professionalism of the services and felt that care staff were in general, helpful and considerate.
- 4.11 Carers interviewed felt that they received a considerable range of services and were “grateful” for this support. They, would however, have liked more resources to help them in their caring role. Some indicated that more hours for respite would have been welcomed but they recognised the budget pressures in providing services. It was reported, by Trust managers, that no one was waiting for an assessment of need but that there were waiting lists for provision of some key community services. These waiting lists have a bearing on the identification of unmet need as previously discussed in paragraphs 2.31-2.34.
- 4.12 One area of concern reported to the Inspectors by staff and carers was the withdrawal of shopping and laundry services. The Inspection Team was informed that this decision was made by the Trust as a way of prioritising limited resources to be able to respond to those most in need. This caused great concern for a number of carers and put staff under pressure to explain why services were being reduced.
- 4.13 There are reported examples of staff working positively with the carer to respond to the withdrawal of particular services by creating new supports. For example, onward referrals are being made to organisations such as St Vincent de Paul and local Volunteer Bureaux who can undertake or support some of these roles.

PARTNERSHIP APPROACHES

- 4.14 The Trust has in place a range of partnership and arrangements for service delivery. One such example is the partnership with Praxis and Choice Housing Association. The St. Paul’s Housing scheme, which is supported by the Northern Ireland Housing Executive, enables frail and elderly persons and, where appropriate, their carers to remain in supported housing in the community. The accommodation is designed to meet the needs of older frail people and to provide accommodation for their carers. There are 15 two-bedroom bungalows in the complex. The scheme is supported by a project manager, a senior project worker, 7 project workers and an administrative assistant, all employed by Praxis. Each service user has a key worker and staff are available 24 hours a day.

CARER FOCUSED SERVICES

- 4.15 The Trust has a number of services and supports, which more directly focus on the needs of carers. These include access to carers’ support groups, access to complementary medicine and counselling/individual support.
- 4.16 The Trust has given commitment to supporting and facilitating carers’ support groups. There are two constituted carers’ support groups located in Lisburn and Ballynahinch respectively. While numbers fluctuated these have a membership of approximately thirty people each. The Trust provides use of their building for meetings, small grants and the support of the CDO to facilitate these self-help groups. The 2 groups meet on a monthly basis and provide both companionship and

practical support through information sharing and training and education on specific topics from guest speakers.

4.17 In addition to generic carers support groups, the Trust also supports carers to belong to, participate in or to seek advice and help from a number of support workers employed by organisations, which are partly funded by the Trust. These organisations include:

- Age Concern NI;
- Alzheimer's Society; and
- Chest Heart and Stroke Association.

4.18 Carers stated that the Trust provides respite care for those carers who wish to attend groups and evidence from some case files indicates that carers are made aware of this support. Carers saw the groups as valuable and an important part of their ongoing support. However, some carers did suggest that they found it difficult to join the groups in the first instance and some groups tend to have a static population. Difficulty in joining groups was largely identified as arising out of anxiety about meeting new people and about fitting in. Some carers who were in the groups had also indicated that they were initially unsure of the purpose of the groups, and therefore reluctant to attend.

Recommendation

The Trust should consider ways in which individual carers can be supported through their anxieties about joining carers' support groups and how these can be made more comfortable and acceptable to them.

TRAINING FOR CARERS

4.19 The Trust runs a number of training programmes for carers, which have been developed by the Trust's Training Department in conjunction with other professionals. The training includes areas such as moving and handling and the administration of medicine.

4.20 The training programme is informed by information collated by the CDO from discussions with carers and from needs identified through carer assessments. At this time there is no training available to carers on how to ensure their effective participation in the planning and review of services.

Recommendation

The Trust should examine ways to provide training to carers to enable them to participate in the planning and review of services.

DIRECT PAYMENTS

4.21 While not always evident from the examination of files (Para 3.13-3.14), discussion with carers and staff did indicate that information about Direct Payments is provided to carers. To further facilitate this, the Trust is currently rolling-out training about

Direct Payments to key staff in all programmes of care. Training is delivered by the Training Department Team and over 50 staff had undertaken training by the time of the Inspection. These staff included care managers, social workers, nurses and allied health professionals. In addition separate carer assessment training has been carried out by the CDO in partnership with Carers NI and the Trust Training Department. This has included awareness raising on Direct Payments. To date 125 staff have been trained and further sessions are planned for Spring 2006.

4.22 Trust managers believe that when the roll out of training is complete, staff will be more confident about promoting Direct Payments and as a consequence uptake will increase. At the end of June 2005, 40 individuals were receiving Direct Payments in the Trust area out of a total of 280 across Northern Ireland.

4.23 The Trust has set up a Direct Payments Project Board (Project Board) to monitor and review the initiative. The Project Board includes the following personnel:

- Director of Social Work and Primary Care Services;
- Manager of Adult and Children's Disability Teams; and
- Director of Finance and Information Management & Technology.

A senior manager from within the Trust was seconded to DHSSPS for a year to progress Direct Payments on a regional basis. She continues to be seconded one day per week in a consultative role. In addition, a member of staff from the Older People's Programme is one of three members of Trust staff who have taken part in the regional training programme regarding Direct Payments.

4.24 The Project Board is supported by a Project Team which includes other key personnel with links to direct services to carers including the CDO, Community Services Managers and representatives from the Mental Health team, the Disability team and the Training department.

4.25 The Project Team has responsibility for developing promotional materials and overseeing the day-to-day implementation of policy. Minutes of meeting provided to the Inspection team indicate that the Project Board develops forward plans for the promotion of Direct Payments, while the Project Team ensures that these are carried through.

OUT OF HOURS

4.26 The Trust provides a full emergency contact service, which is widely publicised and on which all carers in contact with the Trust are given information. This is provided through the Trust's Residential Resource Centres, which provide 24 hour cover and will seek to respond immediately to problems referred.

4.27 This service, in the main, deals with practical issues such as the non-attendance of home care staff. The Residential Resource Centres have a list of emergency cover personnel who they contact to provide an immediate response and to ensure that service users and carers are supported. Many difficulties are solved over the telephone by giving advice to individuals. Where domiciliary care cover cannot be

located residential resource staff will, in emergencies, go out to individuals homes to provide this support themselves.

- 4.28 Residential Resource Centre staff have direct access to the Duty Social Work Service within the Trust when there are more complex needs to be met.
- 4.29 The Trust is to be commended for the emergency contact service which provides a very positive support for carers as it ensures that appropriate back up will be made available to meet their needs and the needs of the individuals they care for. In addition to the practical help it provides it also provides carers' easement and peace of mind. As one carer commented, "half the battle is knowing it's there".

CHARGING POLICY

- 4.30 Information is available to carers on the Trust's charging policy. This sets out how costs for services, where applicable, are calculated. However, information provided is difficult to follow and, for example, does not indicate the asset threshold where charges are introduced.

Recommendation

The Trust should review its information on charging policy to ensure that the information it provides is clear and, in particular, it indicates when individuals will be expected to contribute towards the cost of services.

COMMENTS/COMPLAINTS

- 4.31 There are both detailed comments and complaints procedures, which are given to all carers in contact with the Trust. If appropriate, the CDO meets with carers to help resolve issues and complaints. Carers may be referred by teams, carers themselves or carer organisations such as Carers NI. The Trust also expects that comments and complaints in relation to Homecare will be picked up through processes such as case file review and the service monitoring carried out by the Homecare Co-ordinator.
- 4.32 Staff interviewed assured the Inspection Team that carers are encouraged to make comments on services whether positive or negative and this was a key way of improving services. The information collected is also a key part of discussion for the Carers' Steering Group. (Para 1.16)
- 4.33 Interviews with carers confirmed that carers are encouraged and, if necessary enabled by Trust staff, to comment on or make suggestions or complaints about services.
- 4.34 Further focus for comments and complaints is through the Trust's web site. Information about the Trust's complaints procedures are also clearly available in all Trust facilities visited.

SUPPORT AT THE END OF THE CARING ROLE

- 4.35 There was little evidence of support being provided at the end of the caring role and the one file inspected which had a "closed" case designation did not indicate any support provided by the Trust beyond the cessation of the caring role.

4.36 Discussion with managers, social work and community care staff indicated that while some support in the post-caring role is provided, through the carers' groups, such provision is generally underdeveloped. There was recognition that carers would need continued and possibly additional support in the short term at the end of the caring role and possibly at key transition points in the caring journey. The Trust has undertaken to ensure that this issue is kept on its agenda through the Carers' Steering Group.

Recommendation

The Trust should consider ways in which carers can be supported beyond the caring role.

SUMMARY OF RECOMMENDATIONS

- The Trust should consider ways in which individual carers can be supported through their anxieties about joining carers' support group and how these can be made more comfortable and acceptable to them. (Para 4.18)
- The Trust should examine ways to provide training to carers to enable them to participate in the planning and review of services. (Para 4.20).
- The Trust should review its information on charging policy to ensure that the information it provides is clear and, in particular, it indicates when individuals will be expected to contribute towards the cost of services. (Para 4.30)
- The Trust should consider ways in which carers can be supported beyond the caring role. (Para 4.36)

5. INFORMATION FOR SERVICE USERS

Standard for Information for Service Users

Carers receive up to date comprehensive published information about social care services and other relevant information from the Trust

GENERAL INFORMATION FOR SERVICE USERS

- 5.1 The Trust provides a wide range of information on all of its services. Information about services is provided in hard copy and is also available on the Trust's website. While most information is provided in standard format English, it is also available in a number of other formats, on request. This includes Braille, audio cassette, larger print and a range of languages. At Trust Headquarters in Lisburn Health Centre there are touch screens in the public area, which give information on the Trust and its services.
- 5.2 The Trust provides a range of information on other organisations, largely from the voluntary sector, which may be of benefit to carers. This includes information on services and support from organisations such as:
- Chest Heart and Stroke Association;
 - Alzheimer's Society;
 - Help the Aged;
 - Age Concern NI;
 - Rethink; and
 - Mencap.
- 5.3 Inspectors noted that information was available at all the offices and other Trust properties visited. This included general information on the Trust as well as more specific information on a range of topics including:
- comments and complaints procedures;
 - volunteering;
 - sight support;
 - charter of service standards;
 - financial assessments;
 - access to records; and
 - protecting and using patient and client information.

This is just a small sample of the wide range of information, which is available to the general public in the Trust's area. It is evident that the Trust puts an emphasis on ensuring that information is readily available and staff are to be commended for ensuring that this was up-to-date and comprehensive at all the locations visited as part of the inspection.

- 5.4 From the inspection of files and interviews with carers, it appeared to be routine practice for Trust staff to offer written information about Trust and voluntary sector

services. Carers also gave examples of having been appropriately referred to other agencies by Trust staff.

INFORMATION FOR CARERS

- 5.5 There is a wide range of information for carers. This includes:
- carer assessment – how to get help;
 - benefits for carers;
 - useful contacts for carers;
 - Direct Payments; and
 - carer support groups in the Trust’s area.
- 5.6 The information will form the basis of a Carer’s Information Pack (the CIP), which is currently being compiled by the CDO in the Trust. The CIP will also include information on new developments such as the carers’ database and consent forms for carers who agree to be included on this database. Information on other services, which will be of value to carers will also be added as and when identified.
- 5.7 All of the materials currently being developed by the Trust as part of the CIP are being “proofed” by carers. There is ongoing consultation with carers’ groups and individual carers who have expressed an interest in the process and this is led by the CDO.
- 5.8 As with all other information materials developed by the Trust the CIP will be available in a range of different formats and languages, as appropriate.

CARERS DATABASE

- 5.9 The CDO is currently setting up a carers’ database in the Trust’s area and this will, with individual carer’s consent, include contact details for the dissemination of information and for consultation purposes. The database will be largely compiled through existing contacts such as carers’ groups and other voluntary support groups, GPs and the Trust’s own staff.
- 5.10 As part of this process the Trust was concerned to contact as many carers as possible – especially those who had no previous contact with social care services. To facilitate this a specific GP initiative led by the CDO has been developed. This initiative includes giving talks to GPs to further outline the Trust’s Draft Carer’s Strategy and to seek their support in identifying carers. A number of GPs were involved in the initial consultation process about what should be included in the CIP. GPs were given posters to display in surgeries and a sample CIP to give to patients who may also be carers.
- 5.11 A consent form for inclusion on the carers’ database was also enclosed. This process is ongoing and it is hoped that it will increase the numbers of carers who can benefit from support from the Trust. The proposal was discussed with the local medical committee in the Trust’s area and was approved by the EHSSB as fulfilling all the requirements for GP contract under the Quality and Outcomes Framework. This initiative is highly commended by the Inspection Team.

INTEGRATED TEAM

- 5.12 The Trust has a model of integrated team working (Para 1.11) which includes the following professionals in the team:
- GPs;
 - nursing staff;
 - social work staff;
 - community psychiatric nurses;
 - occupational therapists; and
 - physiotherapists and podiatrists.
- 5.13 This is an extension of the Trust's Community Teams and includes all key personnel under one roof and working to a shared agenda.
- 5.14 The focus of the integrated approach is to ensure a continuity of service, which identifies and responds more quickly to individual's needs. This increases service delivery response times as well as making sure that services complement each other and that team members can support each other's functions.
- 5.15 Discussions with the team indicated that they believed this approach had a positive benefit for all service users and that carers, in particular, benefited from an increased focus and awareness across the team of their specific needs. One of the GPs involved in the initiative felt that the approach was a positive development for carers as GPs gained increased awareness of their need and the support services that could be provided.

CHANGES IN CIRCUMSTANCES

- 5.16 Discussions with carers and reviews of case files, demonstrate that carers are engaged when circumstances change either for the cared for person or themselves. For example, in one case it was clear that the carer had been involved in a case conference over a discharge from hospital and that the carer's needs and anxieties had been taken into consideration when the care package for the cared for person was being put in place. In this instance, the hospital discharge was delayed to allow the carer more time to prepare for additional caring responsibilities and for support to be put in place.

6. WORKFORCE PLANNING, WORKFORCE MANAGEMENT, TRAINING, SUPERVISION AND SUPPORT

Standard for workforce planning, workforce management, training, supervision and support

The Trust 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 services to carers

WORKFORCE PLANNING

6.1 The Trust has a workforce strategy, which is incorporated in the Human Resources Strategy and published by the Trust every three years. The current strategy runs from 2002/3-2005/6 and is set out under the following headings:

- valuing and caring for staff;
- performance and quality;
- employee relations;
- education and training;
- workforce management; and
- equality.

PRE-EMPLOYMENT CHECKS

6.2 The Trust reports that all care staff, in line with current arrangements for protection of children and vulnerable adults, have had pre-employment checks carried out.

VALUING AND CARING FOR STAFF

6.3 The Trust has highlighted its commitment to staff and this is reflected in the development of a staff charter in partnership with the Trade Unions. A number of direct services are available to support staff including access to:

- complementary therapy;
- staff physiotherapy services; and
- a staff counselling scheme.

There is also a published list of Advisors in relation to the Trust's "Dignity at Work Policy" who assist in resolving difficulties experienced by individual members of staff. There is a health-screening programme, which supports staff to undertake regular and appropriate health screening.

PERFORMANCE AND QUALITY

6.4 The Trust's Performance and Quality Standards address controls assurance and clinical and social care governance and recognises that priorities established by the Department and government will play an important part in determining the performance and quality standards to be addressed by the Trust. A key element of

this is to ensure staff have sufficient awareness of clinical and social care governance issues.

6.5 The Trust has a number of Quality Assurance Standards in place. A Framework for EFQM, Northern Ireland Quality Award has been developed which the Trust reviews, monitors and develops practice across all its functions. This approach has led to external recognition through the awards of:

- ISO 9001;
- ISO 14001;
- Health Quality Service Accreditation;
- Investors in People; and
- Charter Mark Award

In 2003, the Office of the First Minister and Deputy First Minister selected the Trust as one of 6 Beacons under the new Northern Ireland Beacon Scheme designed to assist improvement across the public sector. The Trust was chosen due to its commitment to quality assurance and the creation of structures which allowed this approach to be embedded in their work.

EMPLOYEE RELATIONS

6.6 The Trust has a joint management/staff council, which has created a partnership between staff and management to address developments of workforce planning. The key roles of this group are to review existing policies and practices, contribute to regional Human Resource policies and to Agenda for Change.

EDUCATION, TRAINING AND DEVELOPMENT

6.7 The Trust has a Training and Development Strategy. This is developed from staff appraisal, feedback from staff based on assessment of service users' needs, from the Trust's own priorities for training based on wide consultation by the Training Department and from the need to respond to external changes or developments such as the Reform of Social Work Training and the Personal Social Services Training Strategy.

6.8 The training programme for October 2004-March 2005 contained a broad range of opportunities for staff on subjects including:

- assessments;
- care and responsibility;
- equality and human rights;
- fire safety;
- health and safety;
- HIV/Aids awareness;
- infection control;
- staff performance and appraisal;
- supervising students; and
- team effectiveness.

- 6.9 Training on key issues, for example, health and safety is compulsory for staff. Other subjects such as the carer assessment are focused on the staff whose responsibility it is to ensure that the work is undertaken. There was evidence from the training materials used that a small number of carers had been involved in the development and delivery of Trust staff training largely in relation to Direct Payments and carer assessment.

SUPERVISION

- 6.10 Organisational roles are clear within the Trust and there is a management structure throughout the organisation, which promotes accountability and supervision/support to staff. All staff interviewed were clear about their roles and responsibilities and that they felt well supported by the organisation. The Trust's expectation is that supervision of social work staff should take place on a monthly basis.
- 6.11 Managers were open in reflecting that this does not always happen, although they aspire to ensure regular structured support, through formal supervision as close to the four weekly cycle as possible. Each member of staff is asked to bring a sample of files to supervision. This process is evidenced as taking place within the EFQM annual report 2003 Section 3D, and in some instances, formal supervision was further evidenced by notes on case files examined. Particularly complex cases can also be discussed informally and, as appropriate, in the weekly meetings where unmet need issues are discussed and resources allocated.
- 6.12 Staff and management confirmed that annual appraisals take place for all staff.

SUPPORTING SOCIAL WORK PRACTICE

- 6.13 The Trust is to commended on the development of its publication "Spotlight on Social Work – a Strategy for modernising the profession 2004-2007". The over-arching goal of the Strategy is to "develop skilled, supported, professionals working effectively in integrated teams and with partners, to deliver effective client focused services". This focus on social work is to respond to changes in social work practice and also to ensure that social work values are central to the support provided to service users.
- 6.14 The strategy aims to put in place arrangements which will help to:
- modernise the profession to improve public confidence;
 - recruit and retain high calibre staff;
 - improve communication with other Trust staff;
 - raise standards and improve services; and
 - create partnerships with service users, communities and other professional colleagues.
- 6.15 Among the elements of the action plan outlined to achieve these aims are:
- ensuring that all social work staff are registered with the Northern Ireland Social Care Council;
 - developing systems to ensure continuous professional development;

- supporting current practice teachers and training and developing new ones;
- ensuring newly qualified staff have protected caseloads; and
- recruiting and supporting new social work staff.

6.16 The strategy is indicative of a strong commitment to social work development in the Trust although it is too soon to judge the effectiveness of this as it has only begun implementation in late 2004.

6.17 Significantly service users, some of whom are carers, were consulted as part of the development of the social work strategy. This was achieved through two public consultation exercises as well as through the Consumer Panel.

7. HUMAN RIGHTS AND EQUALITY

Standards for human rights and equality

Boards and Trusts are fulfilling their statutory duties in respect of the requirements of the human rights and equality legislation and these principles are integrated into practice within all aspects of social care services for carers

- 7.1 The EHSSB and the Trust have a shared commitment to promoting human rights and equality. Both organisations have clear policies, which reflect this commitment and they each have personnel who have responsibility for ongoing monitoring of the policies.
- 7.2 Both organisations carry out screening and, where indicated, impact assessments on all of their policies in relation to Section 75 of the Northern Ireland Act 1998. This is evidenced by their written Equality documentation which has gone through a public consultation process and been ratified by The Equality Commission. This documentation is also available on their respective websites.
- 7.3 The EHSSB and the Trust are part of a co-ordinated team with all of the Trusts within the EHSSB area who work together through their respective equality officers to create user-friendly information, which reflect the changing needs of the increasingly diverse communities in the EHSSB area.
- 7.4 A recent example of material published is “A Guide to Cultural and Religious Diversity” for Trust staff, which identifies the customs of a range of minority ethnic groups. As well as practical information the guide includes a section entitled “Culturally sensitive health and social care checklist” which indicates how information should be gathered in an appropriate and sensitive manner.
- 7.5 As part of the development of this material, Trust personnel met with a number of minority ethnic group representatives so that the finished document accurately reflected cultural information. This is a clear example of sensitive development of materials, which in the Inspection Team’s view, are of a particularly high standard and are to be commended.
- 7.6 The Inspection Team’s view was reinforced by a representative of one of the minority group organisations engaged in this process who confirmed that the Trust was making positive moves towards inclusion and that minority ethnic groups were seen as equal partners in the development not only of written materials but through active involvement in wider diversity events.
- 7.7 Training on equality and human rights issues is mandatory for all Trust staff and is part of a rolling programme each year.
- 7.8 Discussions with staff indicated that they are clear about their responsibilities in relation to human rights and equality and confirmed that they receive adequate training and support to engage with a range of people in a culturally sensitive manner.

8. CONCLUSION

- 8.1 This Inspection has highlighted many areas of good practice within the Trust in planning, providing, and reviewing provision of social care support services for carers of older people.
- 8.2 The good practice highlighted throughout this report reflects the considerable initial planning, ongoing work and development of new approaches, within which the Trust has given a high priority to implementing its Draft Carers' Strategy.
- 8.3 The Inspection Team concluded that two key elements in the process were central to the positive outcome of the work to date.

The first of these was the development of a Cross Directorate Steering Group, comprising key senior staff, from all directorates in the Trust and the different programmes of care, to drive and support the carers' agenda. This ensured that the Draft Carers' Strategy was embedded across all the programmes of care and support systems of the organisation.

Secondly, the appointment of a dedicated staff member to focus entirely on carers' issues has accelerated the development of meaningful dialogue with and support services for carers. This is ensuring, among other things, that the Trust's Carers' Strategy is driven by and centred on the needs of carers.

- 8.4 These key elements coupled with the commitment and hard work of staff across the Trust have ensured that carers' needs are now increasingly a central part of Trust planning and provision and increasingly review.
- 8.5 Some recommendations have emerged from the Inspection and the EHSSB and the Trust should now address these to further develop and promote the good practice already evident in both organisations with regard to carers.

SUMMARY OF RECOMMENDATIONS

Planning, Commissioning, Delivery and Review of Social Care Services – Chapter 2

1. The EHSSB should specifically target carers of older people to ensure that their voice is heard across its established user fora. (Para 2.2)
2. The EHSSB should monitor the times, locations and possible support needs of carers to ensure that participation in consultation does not put additional pressure on them. (Para 2.5)
3. The Trust should further develop its Consumer Panel approach to include those individuals not represented on the electoral register. (Para 2.17)
4. The Trust should ensure that staff identify and fully record all unmet need and that this level of detail informs the planning, commissioning and delivery of services for carers between the Trust and the EHSSB. This information needs to address both the extent and complexity of need. (Para 2.34)
5. The Trust should continue to prioritise and develop partnerships with carers to ensure their further input into planning, commissioning, delivery and review of services. (Para 2.39)

Assessment, Care Planning and Review – Chapter 3

6. The Trust should give further consideration to providing proactive support for carers beyond respite services which support them not only in their caring role but also support them in looking after their own well being . (Para 3.8)
7. The Trust should take steps to ensure that case files reflect all work undertaken, are accurately dated and that incomplete assessment pro formas are addressed. Consideration should also be given to ensuring that files clearly indicate that carers have received a copy of their assessment, care plan and information on Direct Payments. (Para 3.11 & Para 3.14)
8. The Trust should restructure the assessment pro forma and files to identify and promote the good practice in relation to planning in partnership with carers and cared for persons, which is already in place but not always recorded appropriately (Para 3.8 & Para 3.16)
9. The Trust should continue to monitor programmes and delivery of care to ensure that appropriate balance is maintained between the holistic needs of the carer and the focus on providing practical services when undertaking care planning, review and delivery of services. (Para 3.24)

Support Services – Chapter 4

10. The Trust should consider ways in which individual carers can be supported through their anxieties about joining carers' support groups and how these can be made more comfortable and acceptable to them. (Para 4.18)

11. The Trust should examine ways to provide training to carers to enable them to participate in the planning and review of services. (Para 4.20)
12. The Trust should review its information on charging policy to ensure that the information it provides is clear and, in particular, it indicates when individuals will be expected to contribute towards the cost of services. (Para 4.30)
13. The trust should consider ways in which the carers can be supported beyond the caring role. (Para 4.36).

APPENDIX 1

INSPECTION BRIEF

INSPECTION BRIEF

1. Background to the Inspection

- 1.1 The need for an inspection of social care support services for carers of older people was identified during the consultation on the Social Services Inspectorate's roll-forward inspection programme for 2002-2005. The inspection was considered timely given the work that is underway by the Promoting Social Inclusion Working Group on Carers in relation to progressing the recommendations of the Department of Health, Social Services and Public Safety report *Valuing Carers – Proposals for a Strategy for Carers in Northern Ireland*¹. This paper sets out the aim and objectives and purpose of the inspection, the inspection focus, the policy context, the timescale for the inspection, the scope and the locations to be inspected, the Inspection Team, co-ordinator brief, an outline of the Draft Standards developed, methodology, feedback arrangements and how the findings of the Inspection will be used. A separate literature review in relation to carers' issues will also be published.

2. Aim and objectives of the Inspection

- 2.1 The aim of the inspection is to assess the extent to which social care services for carers of older people meet their needs and comply with the policy objectives of *People First: Community Care in Northern Ireland in the 1990s*,² the recommendations of *Valuing Carers* and the requirements of the Carers and Direct Payments Act (Northern Ireland) 2002³ in relation to a carer's right to a separate assessment of his/her needs.

- 2.2 The main objectives of the inspection are to:

- establish the type, range and volume of current social care support services for carers of older people;
- consider the structure, organisation and management of social care support services for carers of older people in relation to assuring quality and managing the performance of these services;
- determine the extent to which Boards and Trusts are complying with the requirements of People First, the Carers and Direct Payments Act 2002 in relation to the carer's right to a separate assessment of his/her need, and the recommendations of Valuing Carers in respect of social care support services for carers of older people in relation to:
 - identification, assessment of need, care planning and review;
 - provision of information and training;
 - provision of services that actively promote independence, respond to carers' identified needs outcomes, which listen to and respect carers as partners in care giving and which are reliable, timely, flexible,

¹ Valuing Carers – Proposals for a Strategy for Carers in Northern Ireland, DHSSPS, April 2002

² People First - Community Care in Northern Ireland in the 1990s, DHSS, 1991.

³ Carers and Direct Payments Act (Northern Ireland) 2002.

- accessible, supportive and adaptable to changing need and circumstances; and
- promotion of choice, equality, social and life opportunities.

- consider how carers of older people are involved in decisions about the provision of services, individually and collectively and examining how services are organised and delivered;
- consider the resources currently allocated to this area of work and identify any areas of unmet need;
- identify and promote good practice; and
- provide a report and make recommendations as necessary.

2.3 This inspection will establish the nature, range and quality of social care support services for the carers of older people commissioned and provided by Boards and Trusts on a direct or partnership basis. This will be achieved by completing a review of the available literature, developing and agreeing a set of standards, establishing the type, range and volume of current service provision for carers of older people, conducting an audit of current service provision for carers of older people, to include the way in which carers of older people are involved in the provision of services, individually and collectively and examining how services are organised and delivered.

3. Inspection Purpose

3.1 The inspection will help refine issues for further examination, highlight good practice and provide the basis for self-audit by organisations providing social care services to the carers of older people. It will also make recommendations, which will guide commissioners and providers of social care support services in respect of areas requiring further development or change as well as informing Government policy. Finally, it will set out what carers can and should reasonably expect from social care support services and from the organisations commissioning and providing them.

4. Inspection Focus

4.1 The focus of the inspection is social care support services for carers of older people with a particular emphasis on the impact of these services on carers and the caring role. This includes reviews of the services and role – that is recognising the carer as a partner in the development and review of services. The Draft Standards developed will apply to any social care services that set out to support carers. Such services will include:

- information, advice and counselling;
- domiciliary care, including help with personal care and domestic tasks;
- respite/breaks in the home and in an appropriate residential setting;
- help with disablement equipment and home adaptations;
- meals;
- laundry;
- day care;
- help with transport;
- carer support groups and emotional support;

- rehabilitation;
- out-of-hours social work service response;
- help lines; and
- residential care.

4.2 There are three dimensions of social services interaction with carers. These are:

- as a person in receipt of services designed to support them in their caring role;
- as a key person to be consulted in relation to the needs of the cared for person and how services are designed and delivered to meet these needs; and
- as a recipient of social services in his/her own right as a client.

The inspection will focus on the first two of these dimensions.

While these standards focus on carers of older people, they will be relevant to other carers who use services.

5. Policy Context

5.1 *People First* continues to provide the policy focus for actions designed to ensure that all users of community care services, including carers, have access to high quality and responsive care in the setting most appropriate to their needs. These services should optimise choice, promote independence and ensure fairness and equity. A central objective of the Department's community care policy is "to ensure that service providers make practical support for carers a high priority".

A very large number of those people who receive community care services to help them to manage their own lives are dependent on the care and support of a carer. Government policies for community care depend in large part upon the continuing contribution of carers; indeed carers are increasingly seen as forming the backbone of caring for people in the community.

5.2 *Valuing Carers*, considered that "the most important and far-reaching improvements in the lives of carers will be brought about by changes in the way statutory agencies and other bodies view and treat carers". The most fundamental conclusion was that carers "should be recognised as key partners in the provision of care". Whilst many of the Report's recommendations were considered possible without incurring significant costs, it was nevertheless considered "that it is vital to invest in improving services to support carers".

5.3 The Carers (Recognition and Services) Act 1995, which came into force on 1 April 1996, gave carers in Great Britain a right on request (at the time the person they care for is assessed for community care services) to an assessment of their ability to care and to continue caring. Although that Act did not extend to Northern Ireland, Health and Social Services Boards and Trusts were required by the Department from 1 April 1996 to assess the needs of carers here, if so requested.

- 5.4 Subsequently, the Carers and Direct Payments Act (Northern Ireland) 2002 gave carers the right to a separate assessment of their needs and placed an obligation on the Trusts to identify and to provide information to carers. The Act also makes it possible for carers to receive services in their own right and allows them to be considered for receipt of Direct Payments as an alternative to direct service provision.
- 5.5 From April 2003 the Act imposed a duty on Trusts to identify carers, to provide them with information on services available and to offer assessment of their need for services. The aim is to promote an approach, which improves practice, not increasing bureaucracy but providing the opportunity for an assessment of carer need without an elaborate or bureaucratic procedure.

Early intervention individually tailored to the needs of the carer and the person being cared for can be crucial in avoiding breakdown in the caring situation and good assessment processes are key in developing appropriate and quality services for carers. The carer's assessment should be focused on identifying what information, training or services is required to support the carer.

All carers providing or intending to provide care on a regular and substantial basis have a legal right to have their needs assessed and the results of the assessment should be recorded separately from that of the person being cared for.

6. Timescales for the Inspection

6.1 The following timescales have been established:

- formal consultation on draft standards with Boards/Trusts, the Voluntary Sector, Private Sector, Education and Training Sector and Community Organisations July 2004 – Feb 2005;
- development of methodology and initial planning for inspection November 2004 – May 2005;
- distribution, collection and analysis of questionnaires for carers of older people March/April 2005;
- distribution, collection and analysis of questionnaires to all eleven Health and Social Services Trusts April/May 2005;
- fieldwork/analysis of finding in each Trust selected for Inspection June 2005 – May 2006;
- collation of overview inspection report on the 4 sites and launch of the report October 2006; and
- dissemination of findings November 2006.

7. Scope of the Inspection and locations to be inspected

- 7.1 The fieldwork elements of the inspection will take place in one Trust each HSS Board areas and will focus on the nature, range and quality of social care support services for the carers of older people.
- 7.2 Inspectors will examine cases relating directly to carers and where appropriate cared for people to consider the work undertaken with carers for older people at each stage of their involvement with social services from initial referral through to closure.
- 7.3 The Trusts to be inspected, with proposed timescales, are:
- Down Lisburn Trust, 31 May – 10 June 2005;
 - Sperrin Lakeland Trust, 12 September – 23 September 2005;
 - Craigavon & Banbridge Trust, 14 November - 25 November 2005; and
 - Homefirst Trust, 3 March – 16 March 2006.
- 7.4 While the fieldwork component of the inspection is focused on these four Trusts, all eleven Community Trusts will participate in the completion of questionnaires regarding their own services and facilitating access to carer's to encourage them to complete a 'carers questionnaire'. It is hoped to have 50 completed questionnaires from each Trust area. This will provide a regional background to the fieldwork inspection.

In addition to this, Advice NI are facilitating access to advice workers across the region who will help to identify carers who have little or no contact with Trusts so that their views can be sought. In excess of 400 questionnaires are being circulated through this process.

8. Inspection Team

- 8.1 A multidisciplinary team has been established to take forward the Inspection. The team consists of

Maire McMahon	-	Inspection Manager
Pat Newe	-	Lead Inspector
Joe Blake	-	Project Manager
John Park	-	Sessional Inspector
Ronnie Carser	-	Lay Assessor
Dr Patricia McDowell	-	Statistical Support

The Inspection team may also from time to time include other full or sessional staff from within SSI.

9. Co-ordinator in each Trust

- 9.1 The Trust undertaking the fieldwork element of the Inspection will be expected to have identified a Co-ordinator to facilitate the Inspection process. This Co-ordination process will include:

- collation of statistical information;
- completion of pre-inspection questionnaires;
- organisation of visits and meetings;
- temporary transfer of case files;
- facilitating access to staff, service users and other agencies/individuals; and
- generally facilitate contact between the Trust and the Inspection team.

9.2 The Project Manager will work with the Co-ordinator to draw up a programme for the Inspection and outline the methodology of the fieldwork.

9.3 To facilitate the Inspection an office will be required in each Trusts area as a base for the Inspection team. Inspectors will also require access to a desk, secure filing cabinet and a meeting room.

10. Draft Standards Social Care Support Services for Carers of Older People

10.1 The Inspection will consider practice against the agreed draft standards, which have already been issued, in relation to:

- planning, commissioning, delivery and review of social care services;
- assessment, care planning and review;
- support services;
- information to service users;
- workforce planning, workforce management, training, supervision and support; and
- human rights and equality.

11. Methodology

Inspection methods will include:

- the collation of specific data from all Health and Social Services Trusts;
- the collation of specific data from each of the four Trusts to be inspected;
- examination of relevant HSS Board and Trust information;
- a written survey of carers; and

- a written Survey of Trust Services, planning and processes.

11.1 Fieldwork will include:

- an examination of a random sample of referrals;
- an examination of carers' own files;
- an examination of cared for persons files where this refers to carers' needs;
- appropriate Trust policies and procedures; and
- an examination of literature/information available to carers.

11.2 The fieldwork will also include interviews with:

- carers;
- carers support groups;
- cared for people;
- Trust frontline staff;
- senior Board and Trust staff;
- key personnel from other involved disciplines; and
- key personnel from other involved agencies.

11.3 Samples will take account of Trust size and Trust population as well as reflecting key categories contained in section 75 of the Northern Ireland Act 1998.

12. Feedback

12.1 At the completion of the fieldwork, verbal headline feedback will be presented to senior managers in the Board and the Trust. A draft report will be issued for a factual accuracy check at the completion of the Inspection in keeping with Circular No. HSS(EC) 1/94. At the completion of the fieldwork in all four sites an overview report will be prepared and its findings widely disseminated.

13. Findings of the Inspection

13.1 The findings of the Inspection will be used to:

- improve support for carers of older people in the community;
- contribute to the development of social care services for carers of older people;

- contribute to enhancing professional practice, management and monitoring arrangements; and
- inform policy development.

APPENDIX 2

FINAL DRAFT STANDARDS FOR INSPECTION OF SOCIAL CARE SUPPORT SERVICES FOR CARERS OF OLDER PEOPLE

Key Standards, Criteria and Examples of Evidence

DRAFT STANDARDS

1. Planning, commissioning, delivery and review of social care services

Standard Carers and/or carers' representative organisations are actively involved in the planning, commissioning and review of social care services.

Criteria

1. Boards and Trusts have a clear written policy for promoting carer involvement and there is a commitment, and evidence of same, at every level in the organisation to ensure that carers are fully involved.
2. Carers are actively made aware of mechanisms in planning, commissioning and delivery of services and they and/or their representative organisations are actively involved in planning, and commissioning, decisions with regard to the range and type of services that would meet their needs.
3. Information collected by Trusts to identify and monitor unmet needs is informed by collating information from individual assessments, care plans and reviews. There is a mechanism to ensure that this information informs planning, service delivery and policy development at Trust, Board and Departmental level.
4. Carers are involved in identifying and assessing local needs.
5. Carers' needs, views and aspirations are reflected in service standards and service activity.
6. Carers are encouraged and facilitated to develop and operate their own self-help services.
7. Carers and/or their representative organisations are actively involved in promoting service effectiveness and continuous improvement in all aspects of social care service provision.
8. Carers and/or their representative organisations are actively involved in reviews and evaluations of services in the Boards and Trusts areas.
9. Carers and/or their representative organisations receive appropriate support, training and information to assist their involvement in planning, commissioning, delivery and review of services.
10. The Boards and Trusts service planning processes promote an equitable pattern of community social care support services.
11. Boards and Trusts monitor and evaluate carer involvement and the outcomes of this involvement.
12. Public consultation is promoted and publicised widely to ensure the full participation of carers who have not yet been identified by the Board/Trust.

Examples of evidence

- Boards' and Trusts' policy statements.
- Boards' monitoring of care services and uptake.
- Consultation planning meetings.
- Published information/media coverage.
- Boards' and Trusts' service planning process.
- Questionnaires/evaluation studies/audits.
- Records/minutes of meetings.
- Public consultation.
- Standards.
- Needs assessment/unmet need policy/procedures.
- Interviews with carers, staff and agencies.

2. Assessment, Care Planning and Review

Standard Carers benefit from convenient, easy to use services through effective person-centred assessment, care planning and review arrangements.

Criteria

1. The Trust has policies and procedures in place, which support best practice in relation to:
 - receiving, screening and opening cases;
 - assessment, care planning, review, and case closure;
 - establishing the main carer and dealing with the resolution of potential conflict between different carer interests;
 - record keeping and the management of records; and
 - the effective management of staff workloads.
2. Carers' independence and choice are promoted through person-centred assessment, care planning and review arrangements that:
 - are carried out by appropriately qualified staff;
 - are timely, understandable and needs-led;
 - involve carers as active participants and contributors, and provide access to independent advocacy where appropriate;
 - effectively combine health and social care issues involving all relevant professionals;
 - minimise the need for carers to repeat basic information;
 - recognise the diversity of carers;
 - promote social inclusion;
 - screen for possible entitlement to social security benefits; and
 - are carried out in a time and place suited to the need of the carer.
3. Assessment, care planning and review procedures take account of carers needs including risk assessment and identification of unmet need.
4. Assessment and care planning records cover main areas, such as carer's role, breaks and social life, physical well being and personal safety, relationships and mental well being, accommodation, finances (including benefits maximisation), work, education and training, practical and emotional support, wider responsibilities, future caring role,

emergencies/alternative arrangements, access to information, agreed outcomes, complaints and challenges, review and charging.

5. Care plans for carers are:
 - comprehensive and build on carers strengths, identify needs as well as addressing and clarifying eligibility for services;
 - clear about what is of value to carers in their lifestyle;
 - acknowledge and deal with tensions that may arise between the needs of the carer and the needs of the person cared for;
 - identify the elements of service required to support the carer and make clear the intended outcomes of each element; and
 - include service contact arrangements in and out-of-hours.
6. Trusts have explored ways (e.g. a care plan/information sheet/diary retained in the person's home) having regard to confidentiality, which ensure effective day-to-day communication between different care workers, the carer and others as appropriate. This information should include:
 - who the care workers are;
 - what they are assigned to do and when, including levels of discretion if any; and
 - how they can be contacted.
7. Case records demonstrate carers' involvement in their own assessment, planning and review of care e.g. care plans and reviews signed by carer and case worker, record of attendance at reviews, copies of care plans and reviews given to carer.
8. There is agreement with the carer about the involvement and contribution of other agencies and professionals to the process and about the sharing of personal information.
9. The carer is provided with a copy of the care plan and the agreed plan is implemented with review dates identified and the responsibilities of other agencies agreed and clearly assigned and the carer is provided with a copy of the plan and any review or update.
10. Monitoring and review arrangements are in place, which:
 - re-assess whether the type and volume of services are still maximising independence and providing the best outcomes for the carer; and
 - lead to revision/confirmation of the plan with carers and all appropriate agencies/staff/professionals.

11. There is a clear process whereby information from individual assessments, care plans and reviews, including unmet need, is collated, analysed and used to plan the delivery of services and policy at Trust, Board and Departmental level.

Examples of evidence

- Policies, procedures and guidance for staff, for example in relation to assessment, care planning and review, recording and workload management.
- Case records including care plans.
- Review records.
- Cared for person's care plan takes account of carers needs.
- Advocacy arrangements.
- Systems in relation to unmet need.
- Interviews with carers, staff and agencies.
- Training on communication regarding record keeping and day-to-day communication.

3. Support Services

Standard Carers have access to a range of quality services that meet their identified need.

Criteria

1. The Trust works in partnership with carers to provide responsive and accessible support systems to meet their individual needs and ensure continuity of support.
2. Carers have the opportunity to choose from a range of services.
3. Carers have access to a range of approaches and range of services to be used by social care staff including individual support, counselling, community development and group work. This is based on person-centred approaches, which develop new opportunities and support for carers.
4. Appropriately skilled and competent staff deliver services and pre-employment checks are carried out.
5. Training for carers on areas such as hygiene, moving and handling, medical conditions and administration of medication is provided. Support to facilitate participation in training is given.
6. Direct Payments are used innovatively and up-to-date procedures and information for carers/service users are in place. Carers are provided with appropriate information and supported to enable them to make use of direct payments.
7. Carers have access to support services at times that best meet their needs including access to interpreters, facilitators and signers.
8. Carers have access to emergency support in and out of office hours.
9. Carers are made aware of any charge for care services in a timely fashion.
10. The system of charging for care services is transparent, fair and consistent and it avoids discrimination.
11. When carers want to comment about their service, there is an effective mechanism for listening to them and they know how to access it.
12. The complaints and comments systems work well for carers and are linked to mechanisms to support continuous service improvement.
13. Carers are provided with support at the end of the caring role or where caring responsibilities change (aftercare) including referrals to other agencies where appropriate.

Examples of evidence

- Information leaflets.

- Services available and provided.
- Charging policy.
- Direct Payment documentation and uptake.
- Case records.
- Training programme.
- Trust participation and research/audit/publications and quality awards.
- Access to counselling.
- Out-of-hours arrangements.
- Comments/feedback system.
- Complaints register.
- Interviews with carers, staff and agencies.
- Carer co-ordinator/advocate/care liaison services.

4. Information for service users

Standard Carers receive up to date comprehensive published information about social care services and other relevant information from the Trust.

Criteria

1. Information is produced and distributed in consultation with carers and based on needs identified.
2. Information published covers the nature, range and types of services provided, including services commissioned from other providers, how to access them and includes, for example:
 - eligibility and prioritisation criteria;
 - response times and service standards;
 - charging policy, if any;
 - contact arrangements in and out-of-hours;
 - confidentiality and data protection; and
 - comments and compliments process.
3. The Trust has published and distributed information about the carer's right to a separate assessment and the process involved.
4. Carers are provided with information in relation to the person cared for at appropriate stages e.g. at times of change in care needs, admission to and discharge from residential, nursing or hospital care.
5. Key information is produced, as necessary, in a range of user-friendly formats and languages to ensure equal access for carers.
6. A named member of staff is responsible for ensuring that information is accessible to carers. This includes:
 - developing a database of carers in the Trust area;
 - developing a profile of their preferred information formats, ensuring that information is produced in these preferred formats; and
 - distribution to appropriate outlets.
7. Published information about services and information delivery methods are regularly reviewed and updated as necessary to take account of new and flexible methods of communication.

8. Responsibility for review of information provided is clearly assigned and the process includes representation from carers.
9. Carers have access to information about complementary or alternative sources of help.

Examples of evidence

- Policies and procedures, for example in relation to access criteria, charging, confidentiality and data protection.
- Organisational service standards.
- Collaborative working/consultation arrangements with carers.
- Published information.
- Database of carers.
- Circulation lists and distribution points.
- Review/monitoring procedures/updating procedures.
- Audits/carer feedback arrangements.
- Interviews with carers, staff and agencies.
- Carers' induction pack.

5. Workforce planning, workforce management, training, supervision and support

Standard The Trust 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 services to carers.

Criteria

1. There is a Workforce Strategy in place that ensures that:
 - there is a clear organisational structure and clarity of role and function of staff at all levels;
 - there are a sufficient number of staff employed to meet current and future service needs including sufficient administration staff to provide adequate back up; and
 - there is a defined career structure and opportunity for continued career development.
2. There is an effective workload management system and staff are regularly supervised in their work. This will include supervision of:
 - caseloads, including the application of case opening and closure policies;
 - casework intervention including line management agreeing interventions and signing of records; and
 - staff appraisal including identification of training needs, continuing professional development, promotion of evidence based practice and audit.
3. The Trust monitors the implementation of the Workforce Strategy and workload management policy and ensures that relevant information such as staffing levels and workloads inform planning and are acted upon.
4. There is an overarching training and development plan that ensures appropriate competence in the workforce including training provided on human rights and equality.
5. The Trust complies with the Northern Ireland Social Care Council employers code of conduct and support staff to comply with these.
6. All staff working with and making decisions about services for carers complete basic awareness training in the needs of carers.
7. The Trust ensures that social care workers are informed about government policy and guidance related to services for carers in the Trust's area.
8. Carers are facilitated to contribute their experience of the caring role and of services to help train staff.

9. Boards and Trusts have an overall strategy for effective organisational audit, which involves the workforce, service planners and services deliverers.

Examples of evidence

- Organisational structure.
- Carer grade/senior practitioner.
- Workforce strategy, including recruitment and retention policy.
- Monitoring of staff who leave.
- Workload/caseload management policy and systems.
- Training development programme.
- Supervision policy/records and staff appraisal policy/records.
- Audit Reports.
- Interviews with carers, staff and agencies.

6. Human Rights and Equality

Standard Boards and Trusts are fulfilling their statutory duties in respect of the requirements of the human rights and equality legislation and these principles are integrated into practice within all aspects of social care services for carers.

Criteria

1. Boards and Trusts promote a culture, which respects and promotes the principles of human rights and equality.
2. The carer's right to privacy and confidentiality is reflected in Trusts' policies, procedures and practices in keeping with the Codes of Practice, The Department's guidance on the Protection and Use of Patient and Client Information and the Human Rights Act 1998.
3. The dignity of the carer is respected and valued in accordance with the Codes of Practice for social care workers and employers of social care workers and the requirements of the Human Rights Act 1998.
4. All relevant policies have been screened and subject to appropriate consultation in accordance with Section 75 of the Northern Ireland Act 1998.
5. Awareness training on human rights, equality and appropriate legislation is provided to staff.

Examples of evidence

- Policy and procedures.
- Screening, impact assessment and publication schemes.
- Staff training records.
- Records and Audit Reports.
- Consultation arrangements and interviews with carers, staff and agencies.

APPENDIX 3

INDIVIDUAL TRUST PRE-INSPECTION QUESTIONNAIRE

INSPECTION OF SOCIAL SERVICES TO CARERS OF OLDER PEOPLE

A. PLANNING, COMMISSIONING AND REVIEW OF SERVICES.

1. Does your Trust have a written policy for promoting carer involvement in planning, commissioning and review of services? Yes ¹
No ²

If yes, please attach

If no, please describe the key ways in which carers participate in the planning, commissioning and review of services:

2. Are there any carer organisations operating in your area? Yes ¹
No ²

2a) If yes, please list the key carer organisations operating in your area:

Organisation	Contact telephone number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. How do you keep in contact with carer organisations regarding planning commissioning and review of services?
(please tick all that apply)

Formal meetings	<input type="checkbox"/>	1
Informal meetings	<input type="checkbox"/>	2
Written communication	<input type="checkbox"/>	3
Telephone conversations	<input type="checkbox"/>	4
No communication	<input type="checkbox"/>	5
Other (please specify below)	<input type="checkbox"/>	6

4. How frequently, on average, would your Trust be in touch with carer organisations regarding planning, commissioning and review of services?

At least once a week	<input type="checkbox"/>	1
At least once a month	<input type="checkbox"/>	2
At least once every three months	<input type="checkbox"/>	3
At least once every six months	<input type="checkbox"/>	4
Less often than this	<input type="checkbox"/>	5
Never	<input type="checkbox"/>	6

5. Does your Trust support these carer organisations in providing services for carers through...
(please tick all that apply)

		Yes 1	No 2
funding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
support worker(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use of premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information and advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other ways ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Are individual carers involved in ...

		Yes 1	No 2
identifying need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
monitoring services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helping to meet need, through e.g., training, advice and counselling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other roles or services? (please describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **If yes**, are individual carers trained ...
 to identify need?
 to monitor services?
 to meet need, through e.g., training, advice, counselling?
 in other roles in which they are involved? (please describe below)

Yes 1	No 2	N/A 3

8. Is carer input to these processes monitored?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

9. **If yes**, which post-holder(s) have responsibility for monitoring carer input to these processes?

B. ASSESSMENT, CARE PLANNING AND REVIEW

10. Does your Trust have a written policy which supports screening and opening of cases?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

If yes, please attach

11. Does your Trust have a written policy which supports assessment, review and closure of cases?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

If yes, please attach

12. Does your Trust have a written policy which supports establishing the primary carer?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

If yes, please attach

13. Does your Trust have a written policy which supports dealing with conflict between carers? Yes ¹
No ²

If yes, please attach

14. Does your Trust have a written policy which supports record keeping and management of records? Yes ¹
No ²

If yes, please attach

15. Does your Trust have a written policy which supports management of staff workloads? Yes ¹
No ²

If yes, please attach

16. Do all carers known to the Trust receive their own assessment? Yes ¹
No ²

17. Which post-holder(s) have responsibility for carrying out individual carer assessments?

18. Are other professionals involved in the assessment? Yes ¹
No ²

19. **If yes**, which other professional(s) are most likely to be involved?

(Please rank in order with those most likely to be involved ranked as 1 and so on)

1) _____

2) _____

3) _____

4) _____

5) _____

20. Is the carer's assessment linked with other assessments, such as that of the cared for person?

Yes
No

	1
	2

21. Please give some key examples of how consideration is given to carers' individual circumstances in terms of age, gender, religion, ethnicity, marital status, dependants, disability, income level and other issues.

--

22. Is information from individual cases collated to identify unmet need and inform future services?

Yes
No

	1
	2

23. If yes, which post-holder(s) have responsibility for collating this information?

24. Does the assessment (and care planning process) include giving information to the carer on ...

rights?
complaints?
emergencies?
other issues? (please specify below)

Yes 1	No 2

25. Do care plans (either for the carer or cared for person) ...	Yes 1	No 2
acknowledge confidentiality?		
look at information sharing?		
demonstrate the carer's involvement in the care planning process?		
build on strengths?		
cover needs?		
acknowledge tensions between carers?		
identify key workers?		
identify contacts?		
identify emergency cover?		

26. Does the primary carer receive a copy of care plans?	Yes	1
No		2

27. What is the maximum period between reviews of care plans?	1
One month	
Three months	
Six months	
A year	
Longer than this	
Only at request of carer	
Care plans are not reviewed	
	7

C. ACCESS TO A RANGE OF SERVICES

28. Where appropriate, are carers offered ...	Yes 1	No 2
counselling?		
respite?		
group support?		
community support?		
interpretation services?		
facilitation?		
signing?		
training in moving and handling?		
training in medicine management?		
training in hygiene?		
other training or services?		
(if yes, please specify below)		

29. Do all carers receive information on the availability of direct payments?

Yes	1
No	2

30. What proportion of carers known to the Trust take up direct payments?

All	1
More than half	2
About half	3
Less than half	4
None	5
Don't Know	6

31. Does your Trust charge for any services to carers?

Yes	1
No	2

If yes,

31a) which services does the Trust charge for?

and

31b). Do all carers receive written information on charging?

Yes	1
No	2

If yes, please include a copy of this information with your return.

32. Does your Trust have a register of carers? Yes

¹
No

--

²

If yes,

32a) How many carers are on the register?

--

33. If your Trust does not have a register, does it intend to establish one? Yes

¹
No

--

²

If yes,

33a) When is this register likely to be compiled? _____

General comments and complaints procedures:

34. Are there procedures for ...

complaints?
comments?

35. **If yes,** are these monitored? Yes

¹
No

--

²

36. **If yes,** which post-holder(s) have responsibility for monitoring?

37. Are services or supports offered to the carer when their caring role ends? Yes

¹
No

--

²

D. INFORMATION

38. Is information for carers made available in a range of formats and languages? Yes

¹
No

--

²

If yes, please attach

39. Is written information supplied on ...
- | Yes ₁ | No ₂ |
|------------------|-----------------|
| | |
| | |
| | |
| | |
| | |
- eligibility for services?
response time from referral to assessment?
likely time from assessment to provision of services?
contact arrangements?
other aspects of services? (please specify below)
-
-

If yes, please attach

40. Is written information supplied to all carers who present on their rights to separate assessments? Yes

¹
No

--

²

If yes, please attach

41. Is there a designated person who develops, collates and reviews carer information? Yes

¹
No

--

²

42. **If yes**, which post-holder(s) have this responsibility?
-
-

E. WORKFORCE PLANNING

43. Is there a written workforce strategy? Yes

¹
No

--

²

If yes, please include a copy of this strategy with your return.

44. Is there regular supervision of all social care staff involved with carers? Yes 1
 No 2

If yes,

44a) How often is this carried out? At least once a month 1
 At least once every three months 2
 At least once every six months 3
 Less often than this 4

44b) Does supervision include a formal staff appraisal component? Yes
 No

44c) Does this inform the Trust's training plan? Yes
 No

Please provide a copy of the Trust's training plan with your return

45. Is there regular monitoring of secondary providers, i.e. voluntary and private organisations? Yes 1
 No 2

If no, please go to Q46

If yes

45a) Which post-holders have responsibility for this?

and

45b) How often is monitoring carried out? At least once a month 1
 At least once every three months 2
 At least once every six months 3
 Less often than this 4

45c) What does this monitoring entail?

45d). Are carers involved in this monitoring?

Yes	
No	

Please include monitoring documentation with your return.

46. Are carers involved in staff training?

Yes		1
No		2

EQUALITY

47. Does the Trust have written policies on equality?

Yes		1
No		2

If yes, please include a copy of these with your return.

48. Is training provided on equality and human rights to all staff involved with carers?

Yes		1
No		2

49. Are trust policies and procedures equality proofed?

Yes		1
No		2

If no, please go to Q50

If yes

49a) Which post-holder(s) have responsibility for this proofing?

49b) How often is proofing carried out?

- At least once a month
- At least once every three months
- At least once every six months
- Less often than this

	1
	2
	3
	4

49c) Are carers involved in the proofing?

Yes ¹
No ²

50. Does your Trust monitor uptake of services for carers on an equality basis?

Yes ¹
No ²

If yes, please include documentation relating to this with your return

**This is the end of the questionnaire.
Thank you for your cooperation.**

APPENDIX 4

Board's Response to the Inspection Report

EHSSB Eastern Health and Social Services Board

25 January 2006

Champion House
12-22 Linenhall Street
BELFAST, BT2 8BS
Textphone(028)90 32 4980
(for people who are deaf)
E-mail:Enquiry@ehssb.n-i.nhs.uk
Web site: www.ehssb.n-i.nhs.uk

Our ref:
Your ref:

Mr Patrick Newe
Assistant Chief Inspector
Social Services Inspectorate
Department of Health, Social Services & Public Safety
Castle Buildings
Stormont
BELFAST
BT4 3SQ

Dear Mr Newe

SSI INSPECTION OF SOCIAL CARE SERVICES FOR CARE OF OLDER PEOPLE

I write in reply to your letter of 11th January 2006 with which you enclosed the final report of the inspection of Down Lisburn Trust and EHSSB.

I would like to thank you for amending the final report in the light of the Board's response to the draft report.

The draft standards, which were developed for the inspection, provide a sound basis against which services for carers can be measured on a routine basis, subsequent to the completion of the regional inspection.

I will be important for both commissioners and providers to bear them in mind when new structures and arrangements are being put in place over the next few years.

The Board will be asking Down Lisburn Trust to let us know how they propose to address those recommendations that are relevant to the Trust.

Two of the report's recommendations are addressed to the Board:

'The EHSSB should specifically target carers of older people to ensure that their voice is heard across its established user fora. The EHSSB should monitor the times, locations and possible support needs of carers to ensure participation in consultation does not put extra pressure on them'.

In 2004, at the request of the Board, Help the Aged established an Older Person's and Carer's Reference Group that assisted with the development of the Board's Strategy for Older People. The Board wishes to retain the expertise and interest of this group and we have invited Help the Aged to develop a proposal which would see the group having a continued existence.

It is anticipated that two members of the group will be nominated to serve on the Board's Commissioning Team for Older People, which meets every two weeks. These individuals would act as a conduit to and from the Reference Group, which would meet regularly. Help the Aged staff would provide support to both the Reference Group and the individuals on the Commissioning Team. The Board will want to ensure that the Reference Group meetings are held at times and locations that are convenient for the participants and that the carers involved will be given support to enable them to participate fully.

We believe this initiative can provide learning about how older people and carers can contribute to the commissioning process – learning that can influence their involvement in the new structures.

The Board also intends discussing with Down Lisburn Trust, the organisation of a workshop involving the other Trusts, in the Boards area, to disseminate the learning and good practice within this inspection.

I look forward to the final overview report when the inspection is completed.

Yours sincerely

DR M PAULA J KILBANE
Chief Executive

