INSPECTION OF SOCIAL CARE SUPPORT SERVICES FOR CARERS OF OLDER PEOPLE

SPERRIN LAKELAND
HEALTH AND SOCIAL CARE TRUST
WESTERN HEALTH AND SOCIAL SERVICES BOARD

Fieldwork Inspection: 12 September 2005 – 23 September 2005

FINAL REPORT JULY 2006
INSPECTION OF SOCIAL CARE SUPPORT SERVICES FOR CARERS OF OLDER PEOPLE

SPERRIN LAKE LAND
HEALTH AND SOCIAL CARE TRUST
WESTERN 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 Sperrin Lakeland Health and Social Care 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 12 September 2005 to 23 September 2005 inclusive. This Report has been checked for factual accuracy and agreed by the Trust and Western Health and Social Services Board (WHSSB).

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 as they become available 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.

The Department can make this document 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**

<table>
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<th>Definition</th>
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<tr>
<td>Assessment</td>
<td>a process by which the needs of an individual are identified and their impact on daily living and quality of life is evaluated.</td>
</tr>
<tr>
<td>Care management</td>
<td>a process by which 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.</td>
</tr>
<tr>
<td>Care manager</td>
<td>a practitioner who, as part of their role, undertakes care management.</td>
</tr>
<tr>
<td>Care package</td>
<td>a combination of services combined to meet a person’s assessed needs.</td>
</tr>
<tr>
<td>Care plan</td>
<td>the outcome of an assessment. A description of what an individual needs and how these needs will be met.</td>
</tr>
<tr>
<td>Care planning</td>
<td>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.</td>
</tr>
<tr>
<td>Care worker</td>
<td>is a person who is paid to deliver care to an individual.</td>
</tr>
<tr>
<td>Carers</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Main carer</td>
<td>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.</td>
</tr>
<tr>
<td>Case worker</td>
<td>is usually the individual identified by the Trust to co-ordinate the assessment of need and delivery of services.</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>money paid by Trusts that allows individuals to arrange for themselves the social care services that they have been assessed as needing.</td>
</tr>
<tr>
<td>Domiciliary/home care</td>
<td>the range of services put in place to support a person in their own home.</td>
</tr>
<tr>
<td><strong>Hospital discharge</strong></td>
<td>the process of leaving hospital after admission as an in-patient.</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Normal hours</strong></td>
<td>services provided during office hours or the normal working</td>
</tr>
<tr>
<td></td>
<td>day, usually 9:00am to 5:00pm – Monday to Friday.</td>
</tr>
<tr>
<td><strong>Out-of-hours</strong></td>
<td>services provided outside of the normal working day, but not</td>
</tr>
<tr>
<td></td>
<td>including night sitting services, live-in or 24-hour services.</td>
</tr>
<tr>
<td><strong>Person-centred</strong></td>
<td>an assessment, which places the individual at the centre of the</td>
</tr>
<tr>
<td><strong>assessment</strong></td>
<td>process and which responds flexibly and sensitively to his/her</td>
</tr>
<tr>
<td></td>
<td>needs.</td>
</tr>
<tr>
<td><strong>Respite care</strong></td>
<td>temporary residential, nursing or social accommodation</td>
</tr>
<tr>
<td></td>
<td>provided to an ill or disabled person to allow a carer a break</td>
</tr>
<tr>
<td></td>
<td>from caring. Respite care may also be delivered in the cared</td>
</tr>
<tr>
<td></td>
<td>for person’s own home.</td>
</tr>
<tr>
<td><strong>Review</strong></td>
<td>a planned procedure to determine whether or not the services</td>
</tr>
<tr>
<td></td>
<td>supplied meet the needs of the individual.</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td>examining a referral to determine the level of assessment that</td>
</tr>
<tr>
<td></td>
<td>is required.</td>
</tr>
<tr>
<td><strong>Sitting service</strong></td>
<td>a service, which provides someone to sit with a person to allow</td>
</tr>
<tr>
<td></td>
<td>the carer to take a break.</td>
</tr>
<tr>
<td><strong>Specialist assessment</strong></td>
<td>an assessment undertaken by a clinician or other professional</td>
</tr>
<tr>
<td></td>
<td>who specialises in a branch of medicine or care e.g. stroke,</td>
</tr>
<tr>
<td></td>
<td>cardiac care, bereavement counselling.</td>
</tr>
</tbody>
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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 ethnic minority 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 (Appendix 3) 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;

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\(^1\) *Valuing Carers – Proposals for a Strategy for Carers in Northern Ireland, DHSSPS April 2002*

\(^2\) *The Carers and Direct Payments Act (Northern Ireland) 2002*
• developing and distributing a questionnaire to carers; and
• analysing data received from questionnaires.

1.4 The fieldwork inspection of social care support services for carers of older people in the Sperrin Lakeland Health and Social Care Trust (the Trust) was undertaken from 12 September 2005 to 23 September 2005 inclusive. The Trust is located within the area of the Western Health and Social Services Board (WHSSB).

DEMOGRAPHY

1.5 The WHSSB serves a population of over 284,000 in the District Council areas of Limavady, Derry, Fermanagh, Strabane and Omagh. The WHSSB has responsibility for assessing need, planning, commissioning, monitoring and development of new services to meet the health and social care needs of the population within its geographical area. The WHSSB 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 main providers of care are HSS Trusts.

1.6 The Trust delivers services to approximately 120,000 people spread across 1,000 square miles in counties Fermanagh and Tyrone. The area covers the District Council areas of Omagh and Fermanagh and about one third of Strabane District Council area. More than one-third of the population live in Enniskillen and Omagh and the rest live in small towns, villages and rural settings. Some of the rural areas are among the most remote and marginalised in Northern Ireland.

1.7 The Trust mission statement is “To enrich and enhance the quality of life for the whole community through the provision of relevant and efficient health and social care”.

1.8 The Trust is an integrated Trust providing both community health and social care services and acute hospital services. There are 2 acute hospitals at Enniskillen and Omagh.

MANAGEMENT OF THE TRUST

1.9 The Trust has advised the Inspection Team that there have been considerable changes in the last year. This has included changes in the Chief Executive postholder, the Trust Board members and proposed changes to acute hospital services in Enniskillen and Omagh. The Trust has found itself in considerable financial difficulties and at the time of Inspection was in ‘contingency’ to respond to increasing debt. This means that the Trust has had to demonstrate to the Department of Health, Social Services and Public Safety (DHSSPS) the actions it proposed to take to alleviate this debt whilst maintaining safe services.

1.10 During the period of the inspection, September 2005, the Trust was managed by a Trust Board with a chair, 5 executive and 5 non-executive directors. The non-executive directors have since stepped down and an interim process for Trust management was introduced in October 2005. The current Trust Board consists of:
• Acting Chairperson;
• Acting Chief Executive;
• Medical Director;
• Director of Mental Health and Elderly Services;
• Acting Director of Nursing;
• Acting Deputy Chief Executive/Head of Operations;
• Director of Finance
• Director of Community Care; and
• Director of Contracts and Planning Department

1.11 The acting Chairperson and the Acting Chief Executive were appointed by the Minister as an interim arrangement to manage and support the Trust during a time of considerable upheaval and change.

LINE MANAGEMENT ARRANGEMENTS

1.12 The Director of Mental Health and Elderly Services has management responsibility for Social Care Services for older people. The Director is supported in this role by a Community Services Manager (CSM) and a Deputy Community Services Manager (DCSM) who manage domiciliary, residential, day care and community care services across the Trust. There are 6 community-based fieldwork teams providing Elderly Care Services with 3 based in Omagh and 3 in Enniskillen.

Chief Executive

Director of Mental Health and Elderly Care

Community Services Manager (CSM)

6 Community-based fieldwork teams

- Community Mental Health Teams for older people
- Short-term Community Rehabilitation Team

Deputy Community Services Manager (DCSM)

- Residential Care
- Day Care
- Domiciliary Care
- Carer Support Worker

1.13 The CSM is based in Enniskillen and the ACSM in Omagh in an effort to provide a consistent level of support in each area. However this is an unwieldy process as, in the absence of the CSM, there is no direct social work line management of the fieldwork team leaders as the ACSM is from a nursing background. Social work staff in the residential and day care sector receive their social work support from the CSM.

1.14 All of the community-based fieldwork teams consist exclusively of qualified social work staff and social work assistants. The community fieldwork teams, on average, consist of 4 qualified social work staff and 4 social work assistants.
PROFILE OF CARERS IN THE TRUST AREA

1.15 The most recent Census (2001) indicated that there are 11,964 people (just over 10% of the Trust’s population at the time of the census) who identified themselves as providing unpaid care. Almost 60% were female; just over 78% were aged between 25 and 64 years of age; and, significantly, nearly 11% of carers were aged 65 years and over. Less than half of 1% reported themselves as coming from a mixed or ethnic minority group. Close to 25% reported themselves as providing 50 or more hours of care each week and just over 19% reported that they, themselves, have a limiting long-term illness (Table 1).

<table>
<thead>
<tr>
<th>All persons</th>
<th>All persons</th>
<th>Carers</th>
<th>Provides care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>118,956</td>
<td>11,964</td>
<td>7,044</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td>20 – 49 hrs</td>
</tr>
<tr>
<td>Males</td>
<td>59,751</td>
<td>4,827</td>
<td>2,998</td>
</tr>
<tr>
<td></td>
<td>59,205</td>
<td>7,137</td>
<td>4,046</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td>1,963</td>
</tr>
<tr>
<td></td>
<td>2,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>50+ hrs</td>
</tr>
<tr>
<td>0 to 15</td>
<td>29,613</td>
<td>383</td>
<td>329</td>
</tr>
<tr>
<td>16 to 24</td>
<td>14,976</td>
<td>936</td>
<td>712</td>
</tr>
<tr>
<td>25 to 44</td>
<td>33,487</td>
<td>4,759</td>
<td>2,880</td>
</tr>
<tr>
<td>45 to 64</td>
<td>25,596</td>
<td>4,617</td>
<td>2,625</td>
</tr>
<tr>
<td>65 and over</td>
<td>15,287</td>
<td>1,272</td>
<td>500</td>
</tr>
<tr>
<td>Ethnic Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>118,480</td>
<td>11,934</td>
<td>7,026</td>
</tr>
<tr>
<td>Mixed</td>
<td>167</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Asian</td>
<td>111</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Black</td>
<td>62</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Chinese or other</td>
<td>150</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Has a limiting long-term illness</td>
<td>24,187</td>
<td>2,306</td>
<td>1,076</td>
</tr>
<tr>
<td></td>
<td>413</td>
<td>817</td>
<td></td>
</tr>
</tbody>
</table>

Table 1

CARERS’ SUPPORT WORKER

1.16 The WHSSB allocated £15,000 per annum specifically for carer support. This money was identified primarily to create specific posts to support initiatives with carers. In the Trust, the funding has been used to support the appointment of a full-time Carers’ Support Worker (CSW) and associated costs.

1.17 The Trust’s CSW has responsibility for promoting and helping to facilitate support for carers throughout the Trust area. The current postholder has been in post since November 2004. This is the second postholder in the carers’ support role, the initial

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postholder left after 6 months at which stage the Trust re-advertised the post with enhanced terms, conditions and criteria for selection.

1.18 The re-advertised post, which was financially supported by additional funding by WHSSB, allowed the Trust to set a new more strategically focused job description and thus attract candidates with the appropriate skills and experience to undertake a more strategic role.

1.19 The CSW is line managed by the DCSM. Whilst the CSW provides support for carers across all Programmes of Care in the Trust, the postholder’s line management and development is provided by the Elderly and Community Services programme.

1.20 The CSW reports to the Carers and Direct Payments Steering Group for the overall programme for developing work with carers. This Steering Group consists of a number of key personnel in the Trust including:

- the Community Services Manager;
- the Assistant Community Services Manager;
- the Manager of Disability Services;
- the Finance Officer with responsibility for Direct Payments;
- two Senior Social Workers from the Disability and Elderly Care Programmes;
- a representative of the Trust’s commissioning team; and
- two carers.

The Steering Group reports to the Director of Mental Health and Elderly Services.

1.21 The Steering Group has, to date, primarily focused on the development of Direct Payments and has provided guidance and monitoring rather than a strategic planning role for work with carers.

1.22 At its meeting in September 2005, the Steering Group endorsed the development of a Carers’ Strategy within the Trust. The co-ordination of the development of the Strategy has been allocated to the CSW who was tasked to form a sub-group to begin the process. This sub-group was originally to be drawn from fieldwork staff directly involved in the Programmes of Care. It was also intended to involve carers. It is noted that there are no Directors or Programme Heads from the Trust on the sub group. This may result in the Strategy not being fully owned by Trust staff without this key leadership.

**Recommendation**

*The Trust should ensure that the development of its Carers’ Strategy is led by Trust staff with sufficient management authority to drive change and to ensure strategic leadership, direction and ownership so that all staff in the Trust are aware of the importance of this Strategy and give the appropriate level of commitment to it.*

1.23 The CSW is involved in a number of initiatives relating to carers. To date this has included:

- a Carer Assessment form for social work staff;
• information on Direct Payments for staff and service users;
• information leaflets for carers, staff and service users; and
• a paper on the strategic direction of the CSW role.

1.24 There has been consultation within the Trust on these publications and the CSW is to be commended for engaging Trust staff in this process. At the time of the Inspection this information was circulated throughout the Trust area to staff, carers and the wider public. The CSW has also developed a draft Carers’ Information Pack which includes a range of information on both Trust and Voluntary Sector Support Services available to carers.

1.25 Carers and their representative organisations have been engaged in the development and proofing of the assessment forms. However they have not been engaged in the development or proofing of information leaflets about services which may have an impact on their lives. This aspect is discussed further in Chapter 5.

**Recommendation**

The Trust should ensure that carers are proactively engaged in the development and proofing of written materials concerning aspects of the caring role including information about services and how to access them in and outside normal working hours.

1.26 The CSW has undertaken a considerable amount of consultation with carers’ groups in the Trust area in order to identify needs, concerns, gaps in provision and their aspirations for the future. This is carried out largely through existing carers’ fora in the Trust area and consists of both specialist carers’ groups and more general support groups. Consultation in particular around the needs of carers’ of older people, included meetings with groups such as:

• the Alzheimer’s Society;
• Chest Heart and Stroke Association;
• Age Concern NI; and
• SLSCC.

1.27 The consultation process also included the wider public through the posting of information in key locations such as:

• health centres;
• General Practitioners (GP) surgeries;
• hospitals;
• public Libraries; and
• shopping centres.

1.28 This initial consultation and information sharing highlighted both general and more specific needs. The general needs identified included more information on services and supports available to carers while more specific needs includes training on practical issues such as moving and handling, medication and dealing with stress. The need for increased respite care was a key recurring theme.
1.29 Longer term needs will be addressed as part of the Strategy that the Trust is
developing to support carers while the leaflets that have been developed have formed
part of the Trust’s immediate response to carers’ needs although as previously
identified carers were not consulted about the content of the leaflet. (Para 2.31)

1.30 In parallel to the consultation and information sharing processes with carers, the
CSW also attended the Social Work Practice Group as well as attending individual
team meetings with the social work teams across all Programmes of Care.

1.31 In addition, the CSW has also held information meetings and consultation with a
range of other key stakeholders within the Trust including:

- Allied Health Professionals;
- Community and Acute Nursing Staff;
- Acute Medical Staff (particularly in the area of elder care); and
- Hospital Social Work Staff.

INSPECTION METHODOLOGY

Standards

1.32 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

1.33 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 for 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

1.34 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 were conducted with carers’ groups, managers, professionals and representatives of key organisations in contact with carers including:

- the Chairman of the Trust Board;
- the Director of Mental Health and Elderly Care;
- the Director of Community Care;
- the Director of Planning;
- the Community Services Manager of Mental Health and Elderly Care;
- the Assistant Community Services Manager of Mental Health and Elderly Care;
- the Chair Alzheimer’s Society (Fermanagh);
- the Manager of Extra Care;
- the Manager Derg Valley Care;
- the Carers’ Support Worker;
- the Trust Home care agency manager;
- the Manager Clogher Care;
- the Manager Lowtherstown Day Centre;
- the Manager Gortmore Road Day Centre;
- the Manager Millcroft Private Nursing Home;
- the Manager Arc Healthy Living Centre;
- the Manager Westcare Quality Unit;
- the Manager Westcare Training Unit;
- Carers’ and Direct Payments Steering Group;
- individual carers; 6
- cared for people; 2
- carers’ groups (including 9 carers); 2
- social workers; 10
- GPs; 2
- voluntary agencies; 3
- representatives of a Local Health and Social Care Group; 2
- community psychiatric nurses; 2
- health visitor; and
- staff at Trust care facilities. 8

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

- the 2 area offices (Enniskillen and Omagh)
- Gortmore Road Day Care Centre (Omagh);
- Tempo Road Day Care Centre (Enniskillen);
- Trust Headquarters (Omagh);
• Paget Place Drop-In Centre (Enniskillen);
• Millcroft Private Nursing Home (Enniskillen);
• Teemore Community Resource Centre (Fermanagh); and
• Derg Valley Healthy Living Centre (Tyrone).

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

WHSSB

1.37 The Inspection Team held 3 meetings with representatives of the WHSSB. This included a preliminary meeting with key personnel to outline the Inspection Brief and allow the WHSSB to present their 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. The Inspection Team held discussions with the:

• Director of Social Work;
• Service Planner for Older People & Physical and Sensory Disability; and
• Strategic Commissioning Team lead (older people).

1.38 The WHSSB also provided a number of written documents. These included details on:

• Quality Standards;
• Corporate Plan 2004-2005;
• Service User involvement in Social Work Education and Training;
• Comprehensive Assessment and Care Management Standards, Policies and Procedures; and
• SSI Inspection of Social Care Support Services for Older People response document.

Questionnaires (Trust and Carers)

1.39 Prior to the inspection period, the Trust completed a pre-inspection questionnaire (Appendix 3). 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.

1.40 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.
SUMMARY OF RECOMMENDATIONS

• The Trust should ensure that the development of its Carers’ Strategy is led by Trust staff with sufficient management authority to drive change and to ensure strategic leadership, direction and ownership so that all staff in the Trust are aware of the importance of this Strategy and give the appropriate level of commitment to it. (Para 1.22)

• The Trust should ensure that carers are proactively engaged in the development and proofing of written materials concerning aspects of the caring role including information about services and how to access them in and outside normal working hours. (Para 1.25)
2. **PLANNING, COMMISSIONING, DELIVERY AND REVIEW OF SOCIAL CARE SERVICES**

<table>
<thead>
<tr>
<th>Standard for planning, commissioning, delivery and review of social care services</th>
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<tr>
<td><strong>Carers and/or carers’ representative organisations are actively involved in the planning, commissioning and review of social care services</strong></td>
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**WHSSB**

2.1 **The WHSSB** has a number of initiatives in place which form part of their consultation processes that include carers.

These include linking to existing support groups and networks for consultation on specific documents. For example, a number of organisations were consulted in relation to the Strategy for Older People. These included:

- The Sperrin Lakeland Senior Citizens Consortium (SLSCC);
- Foyle Trust Carers’ Forum;
- Chest, Heart and Stroke Association;
- Help the Aged; and
- Age Concern Northern Ireland.

2.2 **The WHSSB** has developed a guide to “Public Involvement and User Engagement” (September 2000) which forms the guideline for further engagement and consultation processes. It includes guidance on how to engage a range of individuals and organisations. Carers are not specifically mentioned in the document. However, it promotes the principle of wide, meaningful consultation as well as providing practical information on how to access specific groups, organisations, individuals and generic groups from the wider community.

2.3 **The Guide** has been widely circulated within the WHSSB area, to HSS Trusts and service user groups and fora. It was also sent to Local Health and Social Care groups (LHSCGs), Community Organisations and Westcare, which has a specific role for training within the WHSSB area. It is expected that all organisations working in partnership with WHSSB will promote this best practice.

2.4 **The Inspection Team** was given an example of the consultation processes in the development of the WHSSB’s Strategy for Older People. In order to ensure that there was widespread consultation, the University of Ulster was commissioned to carry out research with a range of stakeholders regarding the proposed strategy. As part of this, a number of focus groups were held in each of the 2 HSS Trust areas. These focus groups consisted of a range of organisations and individuals who had contact with the Trust or were known to the Trust as having an interest in this area of work. This was supported by public advertising, inviting individuals to comment and/or attend focus groups.
2.5 The findings of the consultation process were presented at 2 conferences in the WHSSB area and a wide range of service users were invited to these, many of whom attended.

2.6 Individual carers and carers groups were invited to be part of this consultation process and a number of local carers groups in the Sperrin Lakeland Trust area responded. These included:

- Erne Carers Association (Enniskillen);
- Community Care Association (Cleenish & Killenesh);
- Cashel Community Association (Cashel);
- The Welcome Club (Donagh);
- Age Concern Omagh; and
- SLSCC.

2.7 It is commendable that carers were offered support with their caring role in order to free them up to take part in this consultation. One carer took advantage of this offer to access domiciliary care cover to allow her to attend a focus group.

COMMISSIONING ARRANGEMENTS

2.8 The WHSSB is in the process of changing its commissioning arrangements and has set up 3 Strategic Commissioning Teams (SCTs) by age-related population as opposed to commissioning by Programme of Care. The 3 SCTs are based on the following groupings:

- Children/Young people;
- Adults; and
- Older people.

2.9 One of the challenges for the SCTs is to manage and enhance opportunities for participation by service users, carers and the public. WHSSB states that carers will be fully involved in and consulted about the development and evaluation of commissioning plans and review of service delivery. At present how this process will work is not fully clear. However, it is intended that there will be carer representation on the SCTs which should ensure that carers’ voices are heard. The SCT process includes representation from the Trust’s Mental Health and Elderly programmes on 2 of the 3 SCTs and the inclusion of a representative from the SLSCC. SLSCC represents approximately 50 local community organisations supporting older people in the Trust area.

2.10 The WHSSB, through its SCTs, report that they have developed a Strategy for Older People. However, it does not have a separate strategy for carers. WHSSB proposes that the needs of carers will be included and monitored as part of the overall work of the 3 SCTs.

2.11 During the Inspection process, the WHSSB indicated that they recognised that strategies to engage the wider public in the consultation process have not been overly successful. As there are a considerable number of carers in the community – both known and unknown to the WHSSB and the Trusts – it is important that processes
are in place to ensure that carers’ voices are heard, both as individuals and as part of carers’ fora and to promote and provide meaningful consultation.

**Recommendation**

The WHSSB should review their “Public Involvement and User Engagement Guide” and this should include arrangements which ensure that carers are central to the consultation process about areas of commissioning and service delivery which directly affect them and/or those for whom they provide care.

2.12 The Inspection Team were concerned that the lack of a Carers’ Strategy and the intention to commission and monitor services to carers solely through the SCT process may not give sufficient emphasises to carers’ needs.

**Recommendation**

The WHSSB should review their current position in relation to the development of a Carers’ Strategy and, in conjunction with the Trust and others in its area, consider ways in which carers’ needs can be identified and planned for and whereby carers’ strategies can be promoted within the Trust.

2.13 WHSSB and Trust staff indicate that currently there are 6 meetings per annum between key personnel in the 2 organisations to monitor and review commissioning arrangements for services. In addition, there are joint quarterly “Collaborating for Care” meetings which provide the opportunity for WHSSB service planners and key Trust personnel to consider issues such as:

- pressures on services;
- service changes;
- service redesign;
- activity levels; and
- professional governance issues.

Under the proposed new SCT arrangements there is a concern that this may considerably reduce the number of formal and informal meetings between WHSSB and the Trust. As well as reducing the number of meetings, the SCT arrangements will include a wider range of stakeholders from the voluntary and statutory sector which Trust staff are concerned will limit their opportunity for direct dialogue with WHSSB personnel.

2.14 This has resulted in a degree of uncertainty, in the Trust, about the role of the new SCTs and in particular about arrangements to replace the “Collaborating for Care” meetings which promoted both formal and informal levels of communication.

**Recommendation**

The WHSSB should ensure that regular contact arrangements are maintained with the Trust during this period of change in the WHSSB’s commissioning arrangements. This is especially important given the recent unsettled period that the Trust has been experiencing.
THE TRUST

2.15 The Trust has been engaged with service user and the wider public in consultation on the development and monitoring of services. This has been limited in scope. Most of the Trust’s energies, in particular in the last 2 years, have been taken up with the controversy and subsequent consultation on the future of the acute hospitals in Enniskillen and Omagh. This has included numerous meetings with:

• Public representatives;
• Local and regional political parties;
• Pressure groups;
• Key stakeholders; and
• Public meetings.

There has also been a considerable amount of communication with local, regional and national media. The Trust used the WHSSB “Public Involvement and Service User Involvement” Guide as the basis for this consultation.

2.16 This ongoing consultation process, has taken up a considerable amount of staff time and Trust resources. This has been a continuous and divisive issue within the Trust’s geographic area with various stakeholders and pressure groups supporting the location of key acute services at one of the existing hospital sites in either Enniskillen or Omagh.

2.17 The Trust also has an ongoing process for service user engagement within other areas of service delivery. Consultation tends to be largely with existing groups who have an interest in a particular area of work.

2.18 The consultation with representative groups, such as voluntary organisations and specific fora such as SLSCC, has meant there has been little input from the wider public. For example, consultation with service users on older people’s services includes organisations such as:

• Age Concern;
• SLSCC;
• Local Older Peoples’ Groups; and
• Community organisations.

2.19 The Trust has begun to engage carers in a number of wider activities within the Trust. At the time of the inspection, 2 carers sat on the “Carers and Direct Payments Steering Group”, a cross-programme steering group, which monitors and supports the introduction of Direct Payments and wider services for carers. Carers are also involved in providing advice on an individual basis to other carers about the Direct Payments scheme.

2.20 However, there is little wider engagement beyond identified key partners within the voluntary and community sector. There is little evidence of engagement with carers as a distinct group or with individual carers. Consultation is largely limited to those who belong to existing organisations, or campaigning organisations with which the
Trust has had previous engagement. Consultation directly with carers is largely limited to contact with the Carers’ Support Worker (CSW).

**Recommendation**

*The Trust should consider ways in which it can continue to develop its consultation processes to include a wider range of service users and in particular carers’ organisations and individual carers who are not represented by existing support groups and voluntary organisations.*

**UNMET NEED**

2.21 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.

2.22 Identified unmet need is discussed at team meetings, which are chaired by Team Leaders/Senior Social Workers. The CSM meets with all of the Senior Social Workers on a monthly to six weekly basis to monitor overall trends, identify issues and gaps in services.

2.23 When resources are not available, unmet needs are recorded and discussed at future team meetings where they will be again considered depending on resources. 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.

2.24 Information on unmet need which cannot be responded to by Teams is gathered and assessed at Senior Management level by the Director of Mental Health and Elderly Services. This information is collated with information from other programmes of care and forwarded to the WHSSB. This information forms part of the basis for the 6-monthly performance management reviews and helps to inform future planning and commissioning. However, there is no indication of any change in support services for carers as a result of this process.

2.25 Staff indicated, in discussion, that, on occasions, areas of unmet need were not necessarily identified if the individual social worker 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. The CSM indicated that this action on the part of staff was contrary to management expectation and will reinforce the need to ensure that all unmet need is recorded.

2.26 The detail around unmet need consisted largely of numbers of people awaiting services rather than the complexity of the needs identified. It is important that a whole and accurate picture is represented about the complexity of need.

**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 WHSSB. This information needs to address both the complexity and volume of need identified.

CARERS’ ORGANISATIONS

2.27 There are 2 locally constituted Carers’ Support Groups within the Trust’s area. These are located in Enniskillen and Omagh respectively. Trust personnel support these groups by attending meetings to provide information and some limited financial support is also made available. These 2 groups meet in Trust buildings, or have room hire paid by the Trust and many of the guest speakers are Trust professional staff.

2.28 Feedback from members of the Carers’ Groups interviewed indicated that they felt well supported by the CSW and that they were encouraged to develop links with the Trust. Carers felt that the CSW post was useful as it provided a mechanism for consultation with the Trust.

2.29 The Trust also provides support to specific interest groups, which operate within its area. For example, financial support has been given to organisations such as the Alzheimer’s Society to maintain a development worker in the Trust area and the Parkinson’s Disease Society have received funding to create a nursing post in the Enniskillen area. Both of these organisations provide information and individual support to carers.

2.30 Discussion with carers and reviews of files indicated that provision is made to allow the carers to attend Trust consultations and Carer Group meetings, both in relation to the 2 constituted groups and the other informal groups, such as those run by the Alzheimer’s Society.

2.31 While there is evidence of a range of carer-specific support initiatives, there was no evidence, at the time of the Inspection, that carers are supported to increase 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 regard.

Recommendation

The Trust should develop support to increase carer involvement in planning, commissioning, delivery and review of services at a strategic level. This should include further training on the commissioning and planning processes as well as practical support such as increased respite care.

IDENTIFICATION OF HIDDEN CARERS

2.32 GPs, in particular, are being asked by the Trust to become more closely involved in the identification of “hidden carers”, in the community not yet identified by the Trust. This links to the new GP contracts, which place a responsibility on them to promote support for otherwise hidden carers. GPs are also seen as important in the effort to encourage carers to be part of the consultation process, and to access wider support. The Trust anticipate that this will form the basis of a considerable amount of work over the next year for the CSW.
2.33 The CSW will provide this support to GPs by raising their awareness of the needs of otherwise hidden carers and by developing written materials which GPs can furnish to carers who they identify.

PUBLIC INFORMATION

2.34 Publicity in relation to carers’ issues has increased since the Trust recruited the CSW. This has been confirmed through the interviews with carers, GPs and carer groups. There was also a range of recent publications which had been developed by the CSW. However, these were not available at key points of contact within the Trust during the Inspection period. This issue is further explored in Chapter 5.

SUMMARY OF RECOMMENDATIONS

• The WHSSB should review their “Public Involvement and User Engagement Guide” and this should include arrangements which ensure that carers are central to the consultation process about areas of commissioning and service delivery which directly affect them and/or those for whom they provide care. (Para 2.11)

• The WHSSB should review their current position in relation to the development of a Carers’ Strategy and, in conjunction with the Trust and others in its area, consider ways in which carers’ needs can be identified and planned for and whereby carers’ strategies can be promoted within the Trust. (Para 2.12)

• The WHSSB should ensure that regular contact arrangements are maintained with the Trust during this period of change in the WHSSB’s commissioning arrangements. This is especially important given the recent unsettled period that the Trust has been experiencing. (Para 2.14)

• The Trust should consider ways in which it can continue to develop its consultation processes to include a wider range of service users and in particular carers’ organisations and individual carers who are not represented by existing support groups and voluntary organisations. (Para 2.20)

• 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 WHSSB. This information needs to address both the complexity and volume of need identified. (Para 2.26)

• The Trust should develop support to increase carer involvement in planning, commissioning, delivery and review of services at a strategic level. This should include further training on the commissioning and planning processes as well as practical support such as increased respite care. (Para 2.31)
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 is evidence from the files selected for inspection of a consistent system which produced an assessment, a care plan and review for the cared for person. There is evidence from the files of the carer’s contribution to the assessment of the cared for person. There are no separate files for carers. All of the information regarding carers of older people is contained in the file relating to the older person.

3.2 Assessment of carers’ needs had taken place but this was not always clear. In some instances there were separate carer assessment forms while in others the assessment was part of the cared for person’s assessment and so was difficult to differentiate. Some carers were not clear about why they were being assessed and particularly why there was a need for a separate assessment form. They saw this as a repeat of information that had already been gathered and were not always clear that this was to look specifically at their needs.

3.3 At the time of the Inspection 3 different pro-formas were being used throughout the Trust to record information on care planning, assessment and ongoing contact in casework files. This lack of uniformity in recording made it difficult to extract information from files in a consistent manner.

3.4 It was often difficult to ascertain from the case files which services are for carers and which are for the cared for person. Discussions with carers did indicate that they are generally happy with services and support provided reporting that there were generally adequate services for the cared for person. They would have liked further practical support but were keenly aware of financial issues in the Trust and so were accepting of what they received. They felt they were being supported as carers but would have welcomed more focus on their needs.

Recommendation

The Trust should review and revise the format for recording and:

- make immediate efforts to create a single recording process for casework files to ensure that information can be extracted and monitored in a consistent manner;

- consider ways in which information pertaining to the carer’s needs is differentiated so that this can be monitored separately to ensure carer’s own needs are being met; and

- ensure that staff clearly communicate the purpose of a separate assessment to carers.

3.5 During interviews with the Inspection Team, carers reported that they believed Trust staff were aware of their needs, and did, within existing resources try to provide
support. However, it was clear that, in many cases examined, the support was reactive to pressing circumstances rather than proactive to prevent or reduce the possibility of such circumstances arising. There is limited evidence of carers being supported to pursue or create proactive support for themselves. In some cases, carers’ ‘free time,’ provided through respite, is used to carry out other tasks such as shopping, which could be viewed as being related to the caring role.

3.6 There were some good examples where the level of support provided directly reflected the needs of the carer. One case file inspected showed that the social worker, the family and the care worker had reached an agreement where the care worker input could be flexible and responsive to the family’s needs, so long as it remained within the agreed allocated hours. In another case, there was provision for the care worker to go to the Day Centre with an older man who had dementia. The assessment indicated that his wife was concerned that he would be further confused and disorientated and it was agreed that he needed a familiar presence to ensure he settled and did not become further distressed at the Day Centre. By providing consistency through the care worker attending at the Day Centre with the cared for person, it enabled his wife to enjoy her respite time without worrying about how he was coping or how she would have to manage any distress on his return home.

3.7 These are but 2 examples of the good practice and the considerable time, commitment and flexibility identified from the files examined and the interviews conducted which suggest that Trust staff were seeking to appropriately respond to the needs of carers.

CARER’S ASSESSMENTS

3.8 There is limited identification of the use of separate carer assessment forms. Staff gave a number of reasons for this process not having taken place. Their reasons included that:

- assessment already takes place as part of wider assessment;
- the carer assessment form was too long and complicated;
- assessment might raise expectations among carers about the level of services they could receive;
- carers might feel they were being assessed on their ability to care rather than the support that they needed to carry out their caring role; and
- this was additional work which they were being expected to undertake without any additional resources and despite already having heavy workloads.

Inspectors’ dialogue with individual carers and carers’ support groups did not find these views reflected. Both individuals and groups indicated that they welcomed the opportunity for separate assessment.

3.9 While there may be some justification to certain aspects of the staff viewpoint, it remains a matter of concern that a systematic consistent approach to carer’s assessments is not in place throughout the Trust. Carers have a right to a separate assessment and the assessments will help to provide the support and services needed to enable the caring role to continue, reduce the need for crisis intervention, ensure
that resources are properly targeted and unmet need identified for future planning purposes.

3.10 The carer assessment in itself can be a support for carers, as with good professional input the process of identifying and recognising needs and carers’ concerns is of itself a support for individuals. During the Inspection, social work staff who had undertaken separate carer assessment recognised that this was a valuable support and outlet for carers. This was confirmed by carers themselves.

**Recommendation**

_The Trust should review its approach to carer assessments to ensure that any perceived barriers to the provision of a speedy, accurate and responsive assessment are removed._

**CASELOAD MANAGEMENT/CASE PLANS/CASE REVIEWS**

3.11 All caseloads are managed by either a Social Worker or a Social Work Assistant. Social work caseloads were high, ranging from 60 to 80 cases per worker. All of these are designated as complex cases. Social Work Assistants carry separate caseloads of between 100-120 less complex 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 was seen as necessary by the CSM in conjunction with Senior Social Work staff. There are policies for opening, reviewing and closing cases. Workload levels are reviewed at formal supervision, which normally take place on a 6-weekly cycle. There is clear evidence, through written notes, in the files of Senior Social Worker input into caseload management.

3.12 Staff interviewed felt that while caseloads were high that they were able to manage as they had very positive support from senior staff. However regardless of the high levels of support they still found the job stressful and demanding. There were no cases awaiting allocation but the demand for services outstripped the range of services available and so both carers and cared for people were often waiting for resources. Morale was, in general, low. Staff stated this was because of lack of resources and ongoing internal difficulties in the Trust’s management processes.

**EFFECTIVE COMMUNICATION BETWEEN CARERS AND CARE WORKERS**

3.13 There are some informal communication mechanisms between different care workers employed by the same agency in that they often left notes for each other about relevant information. However, there is no formal process for communication between care workers, family carers and relevant others. The Inspectors were advised that the Trust is considering developing an information “booklet” which would be left in the cared for person’s home. This would allow workers delivering the package of care or visiting the home to record relevant information and observations, thereby ensuring effective day-to-day communication between care workers, the carer, the family and others, as appropriate.
**Recommendation**

The Trust should develop and implement an information process which ensures effective day-to-day communication of relevant information between care workers and carers, family and others, as appropriate, as soon as possible. This should have due regard to issues of confidentiality.

**ASSESSMENT**

3.14 All assessments undertaken have been carried out by professional staff, from a social work background. There is clear evidence in the case files of referral to GPs, Psychiatric Nurses and Allied Health Professionals such as Occupational Therapists to inform the assessment process. The assessments were thorough and case files were in general clear about what future action was needed and what onward referral processes were identified.

3.15 High case loads and the complex nature of many of the cases were cited by social work staff as the reason why care planning moved very quickly to practical interventions. This restricts the opportunity to identify support and develop responses to the emotional and “social” needs of the carer, or the cared for person. The provision of practical support arrangements has a high priority.

3.16 Senior staff indicated that they were keen to ensure that 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 person-centred approach to assessment, review, care planning, identification of need/support and empowering carers, for example, to avail of services, which was central to maintaining the well-being of the carer. The need for intervention and support was evident in discussions with both carers and social workers. However, they were aware of the tensions between this good practice and the focus on the provision and maintenance of practical support.

3.17 Interviews with carers indicated good examples of staff ensuring that practical arrangements do not always take precedence over areas such as listening, counselling and promotion of self-help were part of the social work intervention.

**Recommendation**

The Trust should continue to monitor programmes and delivery of care to ensure that an appropriate balance is maintained in responding to the holistic needs of the carer, which includes supportive counselling services and providing practical support when undertaking care planning, review and delivery of services. These processes should be clearly identifiable in the file records.
SUMMARY OF RECOMMENDATIONS

- The Trust should review and revise the format for recording and:
  - make immediate efforts to create a single recording process for casework files to ensure that information can be extracted and monitored in a consistent manner;
  - consider ways in which information pertaining to the carer’s needs is differentiated so that this can be monitored separately to ensure carer’s own needs are being met; and
  - ensure that staff clearly communicate the purpose of a separate assessment to carers. (Para 3.4)

- The Trust should review its approach to carer assessments to ensure that any perceived barriers to the provision of a speedy, accurate and responsive assessment are removed. (Para 3.10)

- The Trust should develop and implement an information process which ensures effective day-to-day communication of relevant information between care workers and carers, family and others, as appropriate, as soon as possible. This should have due regard to issues of confidentiality. (Para 3.13)

- The Trust should continue to monitor programmes and delivery of care to ensure that an appropriate balance is maintained in responding to the holistic needs of the carer, which includes supportive counselling services and providing practical support when undertaking care planning, review and delivery of services. These processes should be clearly identifiable in the file records. (Para 3.17)
4. SUPPORT SERVICES

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<tr>
<td>Carers have access to a range of quality services that meet their identified need.</td>
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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; and
- residential care.

**DAY CARE**

4.2 Day care services are provided at a total of 19 locations, these include 9 Centres managed directly by the Trust with the remainder being provided by a range of voluntary and community providers such as Oaklee Housing Association and local community groups in Derg Valley, Garrison, Belcoo and Teemore. The Inspection Team visited 2 statutory Day Centres at Gortmore, Omagh and Tempo Road, Enniskillen. In both Centres, care plans for each individual were clear and person-centred. Different activities take place every day and, at the Tempo Road site, one day each week is specifically focused to meet the needs of dementia sufferers. Both Centres were aware of the CSW’s role in the Trust and have a considerable amount of contact with the postholder.

4.3 Most service users receive day care 1 day per week and the 2 Centres provide support to 100 people (Tempo Road) and 170 people (Gortmore) per week.

4.4 Each service user has an initial assessment carried out. For care managed cases this is reviewed on an annual basis or more regularly if this is warranted. This is initiated by the Social Worker and carried out in partnership with Day Centre staff. A care managed case is managed by social work staff and tend to have complex needs.

4.5 There is no formal review process for non-care managed cases. These service users are therefore attending a Day Centre for what can be a considerable period of time without having their needs, and consequently those of their carer, reviewed.

**Recommendation**

*The Trust should ensure that all Day Centre cases, whether care managed or non-care managed, should be subject to a regular formal review process to ensure that services are monitored, appropriately targeted and continue to meet the needs of carers and cared for people.*

4.6 There are rarely waiting lists for the main centres in Enniskillen and Omagh but start dates may be delayed because of lack of transport. There are often longer waiting
lists in some of the more isolated day care settings situated in rural areas. This is an area of concern for fieldwork staff who want further support for carers and service users. This is particularly worrying if non-care managed cases are not regularly reviewed or re-assessed.

**Recommendation**

*The Trust should continue to evaluate day care provision having regard to the particular needs of rural areas to ensure that it is meeting the priority needs of carers and cared for people.*

4.7 Inspectors were informed that the geographical distance that some attendees lived from the Centres meant that some individuals could spend up to 1½ hours on a bus, twice per day, if they happen to live in an isolated rural area. This is a concern. There has been some development of other approaches to provide day care, for example, attached to residential homes, so long as this was consistent with their statement of purpose.

**Recommendation**

*The Trust should examine other ways of providing transport (for example through an extension of the voluntary driver scheme) and consider ways in which day care provision might be provided on an outreach basis or attached to other existing statutory, private or voluntary resources such as residential and nursing homes so long as this is consistent with their statement of purpose.*

4.8 There are a number of local organisations providing a range of limited day care provision which complements the Trust’s own provision. These range in complexity from full day care facilities to luncheon clubs providing smaller more limited services and support.

4.9 There are grant aided Social Day Care Centres, to complement statutory provision, located across the Trust in key towns and locations such as Castlederg, Beragh, Strathroy, Gortin and Irvingstown. However these Centres cannot accommodate the more complex cases and so do not relieve the dependency on the 2 Centres in Enniskillen and Omagh for such cases. In addition, there are approximately 70 senior citizens groups and clubs across the Trust area. Two local Community Centres providing support, at Castlederg and Teemore, were visited as part of the inspection.

4.10 All voluntary Day Care providers, receive financial support from the Trust through service level agreements, however, often this, as reported, does not cover all of their costs. A number of local centres are involved in voluntary fundraising and/or seeking funding from other sources such as the Local Strategic Partnership and The Big Lottery in order to maintain services.

4.11 Discussions with voluntary and community sector providers indicated that funding from the Trust for many groups has been cut in the last financial year and they are struggling to survive. They were concerned not only about the lack of funding but about how funding decisions were made by the Trust. They are all agreed that they perceived there is a lack of clarity in this process.
Recommendation

The Trust should ensure that all funding applications are considered in a clear, consistent, transparent manner and that voluntary and community sector providers are informed of the process, outcomes and how the decisions are reached.

4.12 In order to facilitate, monitor and support the range of voluntary, community and statutory day care provision the Trust has appointed a Day Care Services Manager. This is a new post which will promote standardisation and monitoring of services across all sectors.

4.13 During the visits to the local community centres, Inspectors were concerned to learn that staff were not aware of the role of the CSW being developed by the Trust. As these local providers are a key contact between the Trust and carers this is an area of work which should be further developed.

Recommendation

The Trust should ensure that all voluntary and community sector partners who are likely to have ongoing contact with carers are kept up to date on policy and practice development in relation to carers’ needs.

RESPITE CARE

4.14 Residential respite care is provided in 2 Trust facilities, Gortmore House, Omagh and Drumhaw Residential Unit, Lisnaskea. In addition, the Trust purchases respite care places from a number of private residential home and nursing home providers across the area. Respite care tends to be at pre-agreed times and the regularity and frequency reflected both the needs of the carer and cared for person. This is indicated in care plans where regular breaks for carers are built into the planning process and where respite responded flexibly to a range of other commitments for carers such as holidays, carers’ own health needs and family social occasions. Carers indicated, in interviews, that they found the process responsive and flexible to meet their needs, albeit limited in scope. Respite could 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. There is a waiting list for respite services but the Trust reports that, with limited resources, this is inevitable. Regular meetings between the CSM and Social Work Team leaders discuss priorities and ensure that all needs are met as quickly as possible.

Recommendation

The Trust needs to consider ways in which respite services can be further expanded to ensure that carers receive as much support as possible.

4.15 Examination of files and interviews with carers and staff also indicated the Trust’s willingness to respond to changing need and to provide respite when emergencies occurred or carers’ personal circumstances changed, either for “one-off” occasions or as part of an ongoing support package and to use limited resources innovatively.
DOMICILIARY CARE

4.16 Care in the home is provided by both the Trust’s own Home Care Agency and by a range of private and voluntary providers. The latter include:

- Derg Valley Care;
- Extra Care; and
- Clogher Care.

4.17 Examination of files and interviews with carers indicated general satisfaction with the quality and level of support provided. Services provided reflected the needs of the individuals involved and range from one short visit every day 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.

4.18 Domiciliary care support is allocated to individuals according to their assessed needs. Domestic chores are not provided as part of domiciliary care support. Discussions with staff indicate that while there is no ceiling on the level of support that can be provided that there is a sense that domiciliary care services should where possible be kept to a minimum, again, it is reported largely due to ongoing financial pressures.

4.19 In total, the Trust provides or commissions a total of some 8,300 hours of domiciliary care per month based on assessed need. The vast majority of Trust home care is provided in the Fermanagh area of the Trust as it has been difficult to recruit private or voluntary sector providers in this sector. The extreme rurality of the area which leads to increased costs is cited as a reason. The Trust is currently looking at ways in which they can address these issues.

4.20 Providers tend to be geographically based with for example Derg Valley Care providing most of the services in the Castlederg and Strabane areas while Clogher Care provides services in the Irvinestown and Ballinamallard areas.

NIGHT RUNS

4.21 The Trust is to be commended on the innovative new support service introduced called the “night run”. This is a task rather than time-focused service. There are two night runs operating in Enniskillen and one in Newtownbutler. It provides a range of services including toileting, bed preparation and ‘checking’ services for a range of service users and their carers. Moving the focus from a time to task-focused model allows new tasks to be taken on if necessary and ensures that all tasks are completed without undue pressure to move on to the next service users within a particular time frame. The service begins at 8.00pm and can go on until the early hours of the morning according to presenting need.

4.22 At interview, carers and individuals who are supported by the “night run” recognise that it is a more flexible support even though it did mean that carers could only be provided with an approximate rather than a specific time when services would be available. This service is currently available only on the Enniskillen side of the Trust but Inspectors were advised it will be extended to other areas within the Trust in the
future. This task-focused approach is proving to be not only flexible but to cost less than the more traditional domiciliary care service.

4.23 A different initiative is being developed in Omagh. A number of teams are now providing a range of care are operating throughout the night. This is a time focused approach and replaces 1 team operating throughout the night. There are 4 types of social care services available:

- 2 “angel watch” services operating from 7pm-6am;
- 1 twilight service operating from 7pm-12 midnight;
- 2 twilight services operating from 8pm-12 midnight; and
- 5 twilight services operating from 8pm-11pm.

4.24 In addition Omagh Home Care Service provides help with personal care for clients who need assistance in the mornings and afternoons. This service covers between 350-400 users and provides in excess of 1,000 hours of support per month. According to Trust staff, this approach has ensured that service users have not been left without a service and that they have continuity of support from the same individuals.

**NIGHT SITTING**

4.25 The night sitting service is a limited service and includes support with tasks such as helping prepare people for bed and night sitting for people who need help to go to the bathroom, thereby allowing carers the opportunity for uninterrupted rest. This service is now largely incorporated into the “night run”.

**HOME CARE AGENCY**

4.26 The Trust’s Home Care Agency is the largest home care service and employs up to 500 home care staff. This service is supported by a Home Care Services Manager, 7 supervisors, 5 administration staff and a secretary.

4.27 It was reported that Home Care Agency staff are becoming increasingly difficult to recruit. The average age of current staff is 55 years old. There are a number of reasons suggested by Trust personnel as to why recruitment is difficult. These include:

- poor terms and conditions (£5 per hour, no mileage and no travel time);
- increasingly complex care cases;
- extended opportunities in less demanding jobs (e.g. retail jobs with large national stores); and
- anti-social hours.

4.28 Trust staff report that “Agenda for Change” is likely to make considerable changes to the terms and conditions for home care staff employed by either the Trust or the voluntary sector and ultimately to private sector providers if they are to remain in the market. This will increase pressure on independent and sector costs. While this will have considerable implications for resources it may help with recruitment and retention issues for both Trust and voluntary providers.
4.29 It is also becoming more difficult to engage home care staff to undertake difficult complex cases as due to the shortage of care workers they can to some extent “pick and choose”.

4.30 This volume and span of work, according to the Home Care Agency Manager, creates a fragmented service with limited supervision. Supervisors, in fact, spend a considerable amount of their time covering emergencies and holiday entitlement rather than supervising and monitoring the quality of services.

4.31 These issues highlighted by the statutory sector provider were mirrored by voluntary and private providers who also have difficulty in recruiting and retaining staff.

4.32 To address this issue the Trust has had to become more inventive with developing different types of care packages. A new initiative is being piloted in the Ballinamallard area which links 4 care workers to individuals with exceptionally complex needs. This ensures continuity of service when any of the care workers are absent while also ensuring that none of the care workers have all of the complex tasks to carry out on their own. This arrangement is proving to be a positive initiative and popular with carers and families. The Trust is to be commended on this innovative approach, which they intend to develop in other areas.

4.33 The Trust has made a number of changes to the way it provides home care and is to be commended on the development of flexible services which meets need, supports staff and remains within the Trust’s budget for home care services.

4.34 Carers interviewed stated that they received a 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. There are no plans to increase the hours of respite and support currently being provided by the Trust as previously stated Inspectors were not clear on how unmet need informed future planning and have made a recommendation in relation to this. (Paras 2.21-2.26).

**PARTNERSHIP APPROACHES**

4.35 The Trust has a considerable number of partnerships with organisations which directly support the caring role. Examples of these have already been identified as community groups and older peoples’ support groups across the Trust’s geographical area. (Para 2.18)

**CARER FOCUSED SERVICES**

4.36 The Trust has given commitment to supporting and facilitating Carer Support Groups. There are 2 constituted carers’ support groups one located in Enniskillen and the other in Omagh. Numbers attending the groups fluctuate. However there are normally 30 members attending each group meeting. The Trust provides use of their buildings for meetings, small grants and the support of the CSW to facilitate these self-help groups. They meet on a monthly basis and provide both companionship
and practical support through information sharing, training and education on specific topics from invited guest speakers.

4.37 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. These include the Alzheimer’s Society and Chest Heart and Stroke.

4.38 Carers stated that the Trust provides respite care for those carers who wished to attend group meetings and evidence from the case files indicated that carers were made aware of and take advantage of this support. Carers see the groups as valuable and an important part of their ongoing support.

DIRECT PAYMENTS

4.39 Examination of files and discussion with carers and staff indicated that limited information about Direct Payments is provided to carers. The Trust is currently rolling-out training about Direct Payments to all key staff so as to promote the further uptake of Direct Payments. This roll-out process is supported financially by the DHSSPS and facilitated by a training consortium drawn from the Boards, Trusts and Voluntary Sector.

4.40 The promotion of Direct Payments has been limited in the Trust but it is anticipated that this may improve as the training is rolled out. The CSW has also provided a guide to Direct Payment to support staff.

4.41 From interviews, there appears to be limited enthusiasm among some social work teams for Direct Payments which is in marked contrast to other social work teams which have successfully promoted them, for example, in one case a complex and confrontational situation was resolved by introducing Direct Payments. The Inspectors were concerned however that staff where unable to see where Direct Payments might be a positive intervention for carers.

Recommendation

*The Trust should ensure that the value of and need to promote Direct Payments is kept high on all social workers’ agenda. The development of Direct Payments should be monitored and gaps or issues addressed on an ongoing basis.*

LINKS WITH FURTHER EDUCATION

4.42 The Trust has entered into a partnership with Fermanagh College of Further and Higher Education to provide an Open College Network (OCN) accredited course on caring which is designed for carers. This course allows for both practical and emotional support. This allows the College to create a new adult focused course which target a group who would otherwise be unlikely to access life long learning. Carers receive a high level of practical skills and advise which might not be as consistently available in traditional support groups as well as having the opportunity to engage with other carers. At present, 15 people are undertaking this course. This is an unique initiative which is now being further developed with colleges in Omagh and Dungannon. The Trust is to be highly commended for this initiative.
COMMENTS AND COMPLAINTS PROCEDURES

4.43 There are comments and complaints procedures, information about which is issued to all new service users in the Trust and is contained in the Carers’ Information Pack given to all carers. Procedures for dealing with complaints are processed by the Complaints Team which is part of the Corporate Affairs Department. There are clear procedures for recording, monitoring and dealing with complaints. This includes a process from informal to formal resolution and appeals procedure if necessary. The emphasis, however is to respond to, and deal with complaints as quickly as possible through the informal complaints process.

4.44 All complaints are collated and the Chief Executive is kept informed of both individual complaints and of any patterns or trends that may be emerging. These are then discussed at Senior Management level and appropriate action taken.

OUT-OF-HOURS

4.45 There is limited support for families and carers in the case of emergencies outside normal working hours. The Trust expects its own care workers to make contact before 5.00pm if they are unable to carry out their duties. There is no one who can be directly contacted after 5.00pm if the Trust’s home care system breaks down. There is an expectation that the social work out-of-hours service can be contacted, however, both Trust staff and carers recognise that this is inappropriate for what are essentially breakdowns in service provision. The Trust is currently considering ways in which they can improve this process. The only exception to this is the “night run” service where the co-ordinator is contactable by mobile telephone. Again this is not a satisfactory process as it puts the onus for out-of-hours emergency response in the hands of one individual.

Recommendation

The Trust should as a matter of urgency consider ways in which emergency out-of-hours contact is developed so that carers and clients can get a satisfactory response to their needs when emergencies arise in relation to breakdown in domiciliary provision.

4.46 All of the voluntary and private sector providers of home care have an out-of-hours emergency number which is given to both clients and carers. This is to be commended.

SUPPORT AFTER THE CARING ROLE

4.47 Inspection of case files indicated that social work staff provided some continued informal support after the caring role ceased, through hospitalisation or the death of a family member. Staff felt that this was important and were committed to ensuring that cases were closed when it was sensitively appropriate to do so.

Recommendation

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

• The Trust should ensure that all Day Centre cases, whether care managed or non-care managed, should be subject to a regular formal review process to ensure that services are monitored, appropriately targeted and continue to meet the needs of carers and cared for people. (Para 4.5)

• The Trust should continue to evaluate day care provision having regard to the particular needs of rural areas to ensure that it is meeting the priority needs of carers and cared for people. (Para 4.6)

• The Trust should examine other ways of providing transport (for example through an extension of the voluntary driver scheme) and consider ways in which day care provision might be provided on an outreach basis or attached to other existing statutory, private or voluntary resources such as residential and nursing homes so long as this is consistent with their statement of purpose. (Para 4.7)

• The Trust should ensure that all funding applications are considered in a clear, consistent, transparent manner and that voluntary and community sector providers are informed of the process, outcomes and how the decisions are reached. (Para 4.11)

• The Trust should ensure that all voluntary and community sector partners who are likely to have ongoing contact with carers are kept up to date on policy and practice development in relation to carers’ needs. (Para 4.13)

• The Trust needs to consider ways in which respite services can be further expanded to ensure that carers receive as much support as possible. (Para 4.14)

• The Trust should ensure that the value of and need to promote Direct Payments is kept high on all social workers’ agenda. The development of Direct Payments should be monitored and gaps or issues addressed on an ongoing basis. (Para 4.41)

• The Trust should as a matter of urgency consider ways in which emergency out-of-hours contact is developed so that carers and clients can get a satisfactory response to their needs when emergencies arise in relation to breakdowns in domiciliary provision. (Para 4.45)

• The Trust should consider ways in which carers can be supported beyond the caring role. (Para 4.47)
5. INFORMATION FOR SERVICE USERS

<table>
<thead>
<tr>
<th>Standard for Information for Service Users</th>
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<tbody>
<tr>
<td>Carers receive up to date comprehensive published information about social care services and other relevant information from the Trust</td>
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</table>

GENERAL INFORMATION FOR SERVICE USERS

5.1 The Trust provides a range of information on all of its services. Information about services is provided in hard copy and information is also available on the Trust’s website. Information is provided in standard format English. It is also available in a number of other formats, on request. This includes Braille, audio cassette, and larger print.

5.2 The Trust also 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; and
- Age Concern NI.

5.3 Inspectors noted that availability of information was limited at all the offices and other Trust properties visited. There was some limited general information on the Trust as well as more specific information on a range of topics including:

- comments and complaints procedures;
- volunteering;
- sight support; and
- protecting and using patient and client information.

This was not consistent across Trust locations with some locations having little or none of the Trust information available on display. Little information on voluntary sector provision was available at Trust locations.

Recommendation

_The Trust should develop a dissemination strategy which will ensure that information about general services and other relevant information is readily available at key strategic points in the Trust’s own premises and on its website._

INFORMATION FOR CARERS

5.4 There is a range of information available for carers. This includes:

- carer assessment – how to get help;
- social security benefits for carers;
- useful contacts for carers;
- Direct Payments; and
• carer support groups in the Trust’s area.

At interview, social work staff indicated that they found this range of information useful and disseminated it widely to carers.

5.5 The Carer’s Information Pack (CIP) is a comprehensive and valuable resource which is widely used by social care staff across the Trust. Discussions with carers indicated that they found the information valuable and helpful.

5.6 The information is brought together in the CIP which has been compiled by the CSW in the Trust. The CIP will, in the future, include information on new developments such as the Carers’ Database (Paras 5.9 – 5.11) and consent forms for carers who agree to be added to the database. Information on other services, which will be of value to carers, will also be added as and when identified. The Trust is to be commended on the development of this carer focused information. However carers do need to be more involved in its production. (Para 1.25)

5.7 The CIP will be made available on request in a range of different formats and languages as appropriate.

5.8 The CIP is also available to other professionals within the Trust area such as hospital staff, allied health professionals, district nurses and health visitors. However, there was no focused strategy for the dissemination of this information. One GP interviewed by the Inspection Team had not seen the information but would have welcomed it as a valuable resource for both staff and carers at the GP Practice.

**Recommendation**

The Trust should consider developing a strategy for the dissemination and updating of information regarding carer support which ensures that this information is readily available, particularly at appropriate locations such as GP practices.

**CARERS DATABASE**

5.9 At the time of the Inspection, the CSW was setting up a Carers’ Database in the Trust’s area and this will, with carer’s consent, include contact details for the dissemination of information and for consultation purposes. The database is to be largely compiled through existing contacts such as carers’ groups, other voluntary support groups, GPs and the Trust’s own staff.

5.10 As part of this process the Trust is 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 CSW is being developed. This involves giving talks to GPs to further outline the Trust’s plans with regard to carers and seeking their support in identifying carers. This initiative is highly commended by the Inspection Team.

5.11 The focus of the initiative is to provide information on computer for GPs which they can then download for the patient at the point of contact. There is some concern from the Inspection Team that if information is not already available in hard copy
that GPs may not always have the time to download it from the computer because of other demands.

**Recommendation**

*The Trust should ensure that information provided is in hard copy as well as on the computer at GP surgeries so that it is displayed publicly and readily available to hand for GPs, Reception staff and other Primary Care Staff to give out to patients.*

**INTEGRATED TEAM**

5.12 The Trust has commenced an initiative which has integrated a number of the professionals working in one ‘patch’ as part of one team. The team includes practitioners from:

- Nursing;
- Social work;
- Physiotherapy;
- Occupational therapy;
- Health Visiting;
- Technical Instructor; and
- Secretarial support.

5.13 The focus of the integrated approach is to ensure a rapid response for people leaving hospital which identifies and responds more quickly to an individual’s needs. This increases service delivery response times and ensures that services complement each other and that team members support each other’s functions. The aim is to ensure appropriate individuals are supported to maintain or regain an independent lifestyle as soon as possible after a stay in hospital or to prevent an unnecessary admission to hospital or long term care. This is a new initiative on which the Trust is to be commended.

5.14 Discussions with the Team indicate that they believe this approach has a positive benefit for all cared for people and in particular for their carers who benefit from an increased focus and awareness.

5.15 Professional support is available to all members of the team. For example, while day-to-day line management of the Team is provided by a physiotherapist, the social worker attached to the Team has 6-weekly professional development supervision from a Senior Social Worker.

**CHANGES IN CIRCUMSTANCES**

5.16 Discussions with carers and reviews of case files, indicate that carers are engaged when circumstances change for the cared for person or themselves. For example families are always consulted by the hospital social worker when care packages for discharge are being considered.
SUMMARY OF RECOMMENDATIONS

- The Trust should develop a dissemination strategy which will ensure that information about general services and other relevant information is readily available at key strategic points in the Trust’s own premises and on its website. (Para 5.3)

- The Trust should consider developing a strategy for the dissemination and updating of information regarding carer support which ensures that this information is readily available particularly at appropriate locations such as GP practices. (Para 5.8)

- The Trust should ensure that information provided is in hard copy as well as on the computer at GP surgeries so that it is displayed publicly and readily available to hand for GPs, Reception staff and other Primary Care Staff to give out to patients. (Para 5.11)
6. WORKFORCE PLANNING, WORKFORCE MANAGEMENT, TRAINING, SUPERVISION AND SUPPORT

<table>
<thead>
<tr>
<th>Standard for workforce planning, workforce management, training, supervision and support</th>
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<tbody>
<tr>
<td>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</td>
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**WORKFORCE PLANNING**

6.1 The Trust has a Human Resources Department which has overall responsibility for:

- workforce management;
- recruitment;
- equality; and
- monitoring.

6.2 While the Trust has elements of a workforce strategy, for example, policies and procedures in relation to recruitment and retention of staff, an overall workforce strategy is not in evidence. Trust personnel recognise that considerable work still needs to continue in this area to create a comprehensive workforce strategy. At the time of inspection, the Trust has largely frozen the recruitment of proposed new posts and has on previous occasions delayed the recruitment of staff to existing posts.

**Recommendation**

_The Trust needs to review and enhance current workforce planning to ensure that a comprehensive workforce strategy is developed and that this is integrated with and informs training._

6.3 Training on workforce support is commissioned from Westcare. Westcare is a partnership of the WHSSB and the 3 Trusts in its area, namely:

- Sperrin Lakeland HSST;
- Foyle HSST; and
- Altnagelvin Hospital Trust.

Westcare provides support in a number of areas of training and development, through service level agreements, including:

- equality;
- finance;
- human resources;
- staff and organisation development;
- social services training; and
- facilities management.
6.4 Westcare’s input into the Trust’s Training Programme is clearly identified. The Trust identifies staff training needs through supervision, staff appraisal and the need to respond to changes in legislation or Government Policy, for example, in areas such as health and safety and Direct Payments. Some of these areas of training are compulsory for example health and safety training. Some of the training functions are carried out internally by the Trust’s own staff. Westcare’s training programme consists of ongoing development of staff as well as responses to new initiatives or issues as they arise. Some examples of training include:

- mediation and conflict resolution (social work staff); and
- child protection (Trust, voluntary and community sector staff).

PRE-EMPLOYMENT CHECKS

6.5 The Trust reported 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

6.6 The Trust has a number of policies in place which are aimed at supporting staff in the workplace. These include an induction programme which takes place over 2 days and contains a range of information on the Trust’s activities and functions. It also addresses a number of policies and processes which support and protect staff in their work. These include:

- terms and conditions of employment;
- equal opportunities;
- employee relations;
- equality and human rights; and
- health and safety.

6.7 The Trust also has a number of schemes within the Flexible Working Scheme policy which promotes a number of ways in which staff can vary their work patterns to reflect an appropriate work-life balance. These include:

- career breaks;
- job share;
- career break;
- special leave; and
- variable working arrangements.

The Trust was the winner of the ‘Large Employer Category’ for Business in the Community Workplace Awards 2001 for work/life balance.

6.8 Discussion with Human Resources staff indicate that there is a sense of low morale among staff because of ongoing internal issues around funding and the ongoing adverse publicity surrounding the Trust and in particular the acute hospitals issue. There has been difficulty in recruiting and retaining staff across the Trust’s areas of work and social care has not escaped from this. Discussions with a range of staff from different professions reflected this low morale. The main reasons cited were:
ongoing negative publicity about the Trust;
limited resources; and
financial cutbacks.

A reported example of a financial cutback was where the Mental Health and Elderly Directorate working within a specific budget had managed to “put aside” some money for projected winter pressures. However, this money was reallocated to meet overspends in other areas of Trust’s work and to address contingencies. The Directorate was then asked to make further savings.

6.9 The Trust has a staff care scheme which allows staff members to contact an independent support service contracted by the Trust to provide counselling and listening support for individuals. This is widely advertised in the Trust.

PERFORMANCE AND QUALITY

6.10 The Trust addresses performance and quality through clinical and social care governance and other quality standards and recognises that priorities established by the Department and Government 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.

6.11 Social care governance is the overall responsibility of the Director of Mental Health and Elderly Care. The Director is part of the Clinical and Social Care Governance Committee which has direct responsibility to the Trust Board to ensure governance responsibilities are maintained.

SUPPORTING SOCIAL WORK PRACTICE

6.12 To support the development of and maintenance of high quality social work the Trust has a regular professional social work forum. This encompasses social work staff and looks at areas including:

• training;
• good practice; and
• continued professional development.

6.13 It was reported to the Inspectors that there is a further sense within social care that the emphasis on clinical/acute services had meant that less importance is being paid to social care and social care governance. Staff at all levels within social care reflected this concern. This has led to low morale among social care staff and a perception that social care issues and governance are less important than clinical care.

Recommendation

The Trust should ensure that social care governance is given a high priority in the Trust’s agenda and that there is an equal commitment to governance issues across all areas of the Trust’s activities.
6.14 The Trust is currently developing standards, performance and practice which it is anticipated will lead to the awarding of ISO quality awards across a number of areas of work.

SUPERVISION

6.15 Organisational roles are clear within the Trust and there is a management structure within social care services for older people, which promotes accountability and supervision support to staff. All staff interviewed are clear about their roles and responsibilities. The Trust’s expectation is that supervision of social work staff should take place on a 6-week cycle.

6.16 Managers are open in reflecting that this did not always happen, although they aspire to ensure regular structured support, through formal supervision as close to the 6-week cycle as possible. Each member of staff is asked to bring a sample of files to supervision. This process was evidenced as taking place in the notes on the case files examined. Particularly complex cases could also be discussed informally outside supervision.

6.17 Staff and management confirmed that annual appraisals take place for all staff. This helps to inform individual training needs, support Continuous Professional Development and inform the Trust’s training provision plan.

SUMMARY OF RECOMMENDATIONS

- The Trust needs to review and enhance current workforce planning to ensure that a comprehensive workforce strategy is developed and that this is integrated with and informs training. (Para 6.2)

- The Trust should ensure that social care governance is given a high priority in the Trust’s agenda and that there is an equal commitment to governance issues across all areas of the Trust’s activities. (Para 6.13)
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 WHSSB and the Trust have a shared commitment to promoting human rights and equality. There are clear policies, which reflect this commitment and personnel who have responsibility for ongoing monitoring of the policy.

7.2 The WHSSB and the Trust indicated that they have carried out screening and where indicated impact assessments on their policies in relation to Section 75 of the Northern Ireland Act 1998. This was evidenced by their written equality documentation which has gone through a public consultation process and had been ratified by The Equality Commission.

7.3 The WHSSB and the Trust are part of a co-ordinated team with all of the Trusts within the WHSSB area who work together through their respective Equality Officers to create information, which reflect the changing needs of the increasingly diverse communities in the area.

7.4 Information is gathered on the Human Rights and Equality processes in the Trust through discussion with the Equality and Human Rights Co-ordinator who is employed by the Western Equality and Human Rights Forum (WEHRF). This forum represents the WHSSB, the 3 HSS Trusts and Westcare. The role of WEHRF is “to enable the health and social services organisations in the WHSSB area to work in a collaborative manner in relation to the implementation of Section 75, Northern Ireland Act 1998 and addressing the requirements of the Human Rights Act 1998”.

7.5 Information is processed through to WEHRF from the Trust about its needs and WEHRF co-ordinates the overall direction of equality information and response to legislation for the WHSSB and the Trust. To facilitate this process there is an overarching Steering Committee drawn from key personnel including the Trust’s Director of Corporate Affairs as the key liaison person.

7.6 At the time of the inspection, the Director of Corporate Affairs and Human Resources was on long term sick leave and no one else was identified within the Trust to meet with the Inspection Team regarding Human Rights and Equality. The Inspection Team is concerned that this area of work is not being followed through as there is no other designated staff member involved in this work. The Inspection Team was further concerned that this may have a negative effect on the overall Human Resources role within the Trust.

**Recommendation**

The Trust should ensure that appropriate measures are in place to maintain planning, monitoring and direction of Human Rights Equality and Human Resources.
responsible in the absence of the postholder with primary responsibility for this work.

7.7 The WEHRF provides a range of support, training and information to the Trust but this does not replace the need for each member organisation of the Forum to have robust internal structures to promote equality and Human Rights within the organisation.

7.8 The Trust does not have such a structure so that in the absence of the Director of Corporate Affairs, there is limited proactive development in this area. This highlights concerns that monitoring of services in order that they comply with legislation may be limited.

7.9 Engagement in the Human Rights and equality agenda within the Trust is largely a compliance process with no proactive review of services or assessment of changing populations being addressed by the Trust.

Recommendation

The Trust should ensure that services are monitored in order that they reflect best practice in relation to Section 75 of the Northern Ireland Act 1998 and Human Rights legislation.

7.10 It was not possible to ascertain from information available how many staff have been involved in training on matters of equality and human rights, how the corporate need for training in this area is identified or evaluated. From interviews conducted, staff understanding about cultural differences and diversity issues was limited.

Recommendation

The Trust should undertake a review of training needs with regard to human rights, equality and the promotion of cultural diversity. This should reflect the changing population within the Trust’s geographical area and inform future training around the needs of specific ethnic groups.
SUMMARY OF RECOMMENDATIONS

- The Trust should ensure that appropriate measures are in place to maintain planning, monitoring and direction of Human Rights and Equality responsibilities within the organisation in the absence of the postholder with primary responsibility for this work. (Para 7.6)

- The Trust should ensure that services are monitored in order that they reflect best practice in relation to Section 75 of the Northern Ireland Act 1998 and Human Rights legislation. (Para 7.9)

- The Trust should undertake a review of training needs with regard to human rights, equality and the promotion of cultural diversity. This should reflect the changing population within the Trust’s geographical area and inform future training around the needs of specific ethnic groups. (Para 7.10)
8. CONCLUSION

8.1 This inspection has highlighted a number of areas of good practice in the provision of social care support services for carers of older people. There are examples of good practice with social care staff being engaged in providing flexible, responsive and innovative support to carers. However this is at an operational rather than a strategic level. The Trust recognises that there is still a considerable amount of work to be done at a strategic level to ensure a consistency of high quality work across all staff teams. The Inspection particularly noted inconsistencies in the promotion of Direct Payments and Carer Assessment.

8.2 There is a considerable amount of high quality professional social care apparent within support services for carers of older people. Staff within the Trust are to be commended for this and for their commitment to their work.

8.3 There has been an increased number of work initiatives over the last year to support carers. The introduction of the CSW post has had a considerable impact particularly in the process of providing useful, accurate information for carers and Trust staff about carers’ issues.

8.4 Carers’ organisations and individual carers are involved in discussion, consultation and increasingly are being represented on the Trust’s own internal fora such as the Direct Payments and Carers’ Steering Group. This is a positive development and it is anticipated that service user and carer involvement will increase in the future through the development of the CSW role.

8.5 While there is this range of positive work within the Trust in meeting carers’ needs the Inspection identified a number of issues which need to be addressed.

8.6 Services to carers are viewed by staff, service users and carers to be limited, often it appears to them, by financial constraints. An example of this is the money “taken back” by Finance Department from the Mental Health and Elderly Programme which had been put aside for winter pressures. There is a clear indication that while social care support is available that it often reflects immediate reactive need on a practical basis and does not have the scope to address carers’ needs in a holistic, more focused proactive manner. For example, in supporting carers through approaches such as counselling, alternative therapies and stress reduction to better support them to continue their caring role.

8.7 Continued issues within the Trust in relation to management changes, the future focus and location of acute hospitals, perceived lack of resources and the ongoing change and resultant instability has limited the opportunities to develop care services for carers. This has had a negative effect on morale among staff.

8.8 Staff are also concerned that the importance of social care governance has been eroded in the Trust. There is a need to ensure that social care governance is maintained as part of overall good practice within the Trust.

8.9 Changes to the commissioning structure within WHSSB have also contributed to a period of uncertainty as these new arrangements through SCTs have yet to be fully implemented.
8.10 The Human Rights and Equality agenda are not sufficiently robust in the Trust and there is a need to enhance the promotion of diversity and inclusion.

8.11 Staff in the Trust are open and acknowledge the issues that the Trust faces and the need for further development in some areas of its work. There is a strong commitment from staff and management to explore and deal with these issues.

8.12 Given the considerable uncertainty and change that the Trust has experienced recently, it is commendable that services to carers are often robust and innovative. Staff are to be commended on their commitment and practice in this area of work in what has and continues to be difficult circumstances within the Trust.

8.13 A number of recommendations have emerged from the Inspection and the WHSSB and the Trust should now address these to further develop and promote the good practice found in both organisations with regard to carers.
9. **SUMMARY OF RECOMMENDATIONS**

**Introduction – Chapter 1**

1. The Trust should ensure that the development of a Carers’ Strategy is led by Trust staff with sufficient management authority to drive change and to ensure strategic leadership, direction and ownership so that all staff in the Trust are aware of the importance of this Strategy and give the appropriate level of commitment to it. (Para 1.22)

2. The Trust should ensure that carers are proactively engaged in the development and proofing of written materials concerning aspects of the caring role including information about services and how to access them in and outside normal working hours. (Para 1.25)

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

3. The WHSSB should review their “Public Involvement and User Engagement Guide” and this should include arrangements which ensure that carers are central to the consultation process about areas of commissioning and service delivery which directly affect them and/or those for whom they provide care. (Para 2.11)

4. The WHSSB should review their current position in relation to the development of a Carers’ Strategy and, in conjunction with the Trust and others in its area, consider ways in which carers’ needs can be identified and planned for and whereby carers’ strategies can be promoted within the Trust. (Para 2.12)

5. The WHSSB should ensure that regular contact arrangements are maintained with the Trust during this period of change in the WHSSB’s commissioning arrangements. This is especially important given the recent unsettled period that the Trust has been experiencing. (Para 2.14)

6. The Trust should consider ways in which it can continue to develop its consultation processes to include a wider range of service users and in particular carers’ organisations and individual carers who are not represented by existing support groups and voluntary organisations. (Para 2.20)

7. 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 WHSSB. This information needs to address both the complexity and volume of need identified. (Para 2.26)

8. The Trust should develop support to increase carer involvement in planning, commissioning, delivery and review of services at a strategic level. This should include further training on the commissioning and planning processes as well as practical support such as increased respite care. (Para 2.31)

**Assessment, Care Planning and Review – Chapter 3**

9. The Trust should review and revise the format for recording and:
- make immediate efforts to create a single recording process for casework files to ensure that information can be extracted and monitored in a consistent manner;

- consider ways in which information pertaining to the carer’s needs is differentiated so that this can be monitored separately to ensure carer’s own needs are being met; and

- ensure that staff clearly communicate the purpose of the separate assessment to carers. (Para 3.4)

10. The Trust should review its approach to carer assessments to ensure that any perceived barriers to the provision of a speedy, accurate and responsive assessment are removed. (Para 3.10)

11. The Trust should develop and implement an information process which ensures effective day-to-day communication of relevant information between care workers and carers, family and others, as appropriate, as soon as possible. This should have due regard to issues of confidentiality. (Para 3.13)

12. The Trust should continue to monitor programmes and delivery of care to ensure that an appropriate balance is maintained in responding the holistic needs of the carer, which includes supportive counselling services and providing practical support when undertaking care planning, review and delivery of services. These processes should be clearly identifiable in the file records. (Para 3.17)

Support Services – Chapter 4

13. The Trust should ensure that all Day Centre cases, whether care managed or non-care managed, should be subject to a regular formal review process to ensure that services are monitored, appropriately targeted and continue to meet the needs of carers and cared for people. (Para 4.5)

14. The Trust should continue to evaluate day care provision having regard to the particular needs of rural areas to ensure that it is meeting the priority needs of carers and cared for people. (Para 4.6)

15. The Trust should examine other ways of providing transport (for example through an extension of the voluntary driver scheme) and consider ways in which day care provision might be provided on an outreach basis or attached to other existing statutory private or voluntary resources such as residential and nursing homes so long as this is consistent with their statement of purpose. (Para 4.7)

16. The Trust should ensure that all funding applications are considered in a clear, consistent, transparent manner and that voluntary and community sector providers are informed of the process, outcomes and how the decisions are reached. (Para 4.11)

17. The Trust should ensure that all voluntary and community sector partners who are likely to have ongoing contact with carers are kept up to date on policy and practice development in relation to carers’ needs. (Para 4.13)
18. The Trust needs to consider ways in which respite services can be further expanded to ensure that carers receive as much support as possible. (Para 4.14)

19. The Trust should ensure that the value of and need to promote Direct Payments is kept high on all social workers’ agenda. The development of Direct Payments should be monitored and gaps or issues addressed on an ongoing basis. (Para 4.41)

20. The Trust should as a matter of urgency consider ways in which emergency out-of-hours contact is developed so that carers and clients can get a satisfactory response to their needs when emergencies arise in relation to breakdowns in domiciliary provision. (Para 4.45)

21. The Trust should consider ways in which carers can be supported beyond the caring role. (Para 4.47)

**Information for Service Users – Chapter 5**

22. The Trust should develop a dissemination strategy which will ensure that information about general services and other relevant information is readily available at key strategic points in the Trust’s own premises and on its website. (Para 5.3)

23. The Trust should consider developing a strategy for the dissemination and updating of information regarding carer support which ensures that this information is readily available particularly at appropriate locations such as GP practices. (Para 5.8)

24. The Trust should ensure that information provided is in hard copy as well as on the computer at GP surgeries so that it is displayed publicly and readily available to hand for GPs, Reception staff and other Primary Care Staff to give out to patients. (Para 5.11)

**Workforce Planning, Workforce Management, Training, Supervision and Support – Chapter 6**

25. The Trust needs to review and enhance current workforce planning to ensure that a comprehensive workforce strategy is developed and that this is integrated with and informs training. (Para 6.2)

26. The Trust should ensure that social care governance is given a high priority in the Trust’s agenda and that there is an equal commitment to governance issues across all areas of the Trust’s activities. (Para 6.13)

**Human Rights and Equality – Chapter 7**

27. The Trust should ensure that appropriate measures are in place to maintain planning, monitoring and direction of Human Rights and Equality responsibilities within the organisation in the absence of the postholder with primary responsibility for this area. (Para 7.6)

28. The Trust should ensure that services are monitored in order that they reflect best practice in relation to Section 75 of the Northern Ireland Act 1998 and Human Rights legislation. (Para 7.9)
29. The Trust should undertake a review of training needs with regard to human rights, equality and the promotion of cultural diversity. This should reflect the changing population within the Trust’s geographical area and inform future training around the needs of specific ethnic groups. (Para 7.10)
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. 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, the recommendations of Valuing Carers and the requirements of the Carers and Direct Payments Act (Northern Ireland) 2002 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,
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:

(a) as a person in receipt of services designed to support them in their caring role;

(b) 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

(c) 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 N I 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 unidisciplinary team has been established to take forward the Inspection. The team consists of

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Maire McMahon</td>
<td>Inspection Manager</td>
</tr>
<tr>
<td>Pat Newe</td>
<td>Lead Inspector</td>
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<tr>
<td>Joe Blake</td>
<td>Project Manager</td>
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<tr>
<td>John Park</td>
<td>Sessional Inspector</td>
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<tr>
<td>Ronnie Carser</td>
<td>Lay Assessor</td>
</tr>
<tr>
<td>Dr Patricia McDowell</td>
<td>Statistical Support</td>
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</tbody>
</table>

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 [ ] No [ ]

   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 [ ] No [ ]

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

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact telephone number</th>
</tr>
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</tbody>
</table>
3. How do you keep in contact with carer organisations regarding planning, commissioning and review of services? (please tick all that apply)
   - Formal meetings
   - Informal meetings
   - Written communication
   - Telephone conversations
   - No communication
   - Other (please specify below)

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
   - At least once a month
   - At least once every three months
   - At least once every six months
   - Less often than this
   - Never

5. Does your Trust support these carer organisations in providing services for carers through…
   (please tick all that apply)
   - Funding?
   - Support worker(s)?
   - Use of premises?
   - Information and advice?
   - Other ways?
   - Other (please specify below)

6. Are individual carers involved in …
   (please describe below)
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)

8. Is carer input to these processes monitored?
   - Yes
   - No

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
    - No

   **If yes**, please attach

11. Does your Trust have a written policy which supports assessment, review and closure of cases?
    - Yes
    - No

   **If yes**, please attach

12. Does your Trust have a written policy which supports establishing the primary carer?
    - Yes
    - No

   **If yes**, please attach
13. Does your Trust have a written policy which supports dealing with conflict between carers?  
   Yes  
   No

**If yes, please attach**

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

**If yes, please attach**

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

**If yes, please attach**

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

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

__________________________________________________________________
__________________________________________________________________

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

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 [ ]

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 [ ]

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 [ ]  No [ ]
25. Do care plans (either for the carer or cared for person) …

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<thead>
<tr>
<th>Acknowledge confidentiality?</th>
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<tr>
<td>Look at information sharing?</td>
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<tr>
<td>Demonstrate the carer’s involvement in the care planning process?</td>
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<tr>
<td>Build on strengths?</td>
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<td>Cover needs?</td>
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<td>Acknowledge tensions between carers?</td>
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<td>Identify key workers?</td>
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<td>Identify contacts?</td>
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<td>Identify emergency cover?</td>
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26. Does the primary carer receive a copy of care plans?

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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27. What is the maximum period between reviews of care plans?

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<tr>
<th>One month</th>
<th>Three months</th>
<th>Six months</th>
<th>A year</th>
<th>Longer than this</th>
<th>Only at request of carer</th>
<th>Care plans are not reviewed</th>
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C. ACCESS TO A RANGE OF SERVICES

28. Where appropriate, are carers offered …

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<td>(if yes, please specify below)</td>
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</table>

_______________________________________________________________________
_______________________________________________________________________
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  
   No

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  
   No

If yes,  

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

General comments and complaints procedures:

34. Are there procedures for …  
   complaints? 
   comments?  
   Yes  
   No

35. If yes, are these monitored?  
   Yes  
   No

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  
   No
D. INFORMATION

38. Is information for carers made available in a range of formats and languages? [ ] Yes [ ] No

If yes, please attach

39. Is written information supplied on … [ ] Yes [ ] No

- 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 [ ] No

If yes, please attach

41. Is there a designated person who develops, collates and reviews carer information? [ ] Yes [ ] No

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

E. WORKFORCE PLANNING

43. Is there a written workforce strategy? [ ] Yes [ ] No

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  
   No

   **If yes,**

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

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  
   No

   **If no, please go to Q46**

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

_____________________________________________________________________
_____________________________________________________________________

and

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

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 □, No □  

EQUALITY

47. Does the Trust have written policies on equality? Yes □, No □  

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 □, No □  

49. Are trust policies and procedures equality proofed? Yes □, No □  

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

49c) Are carers involved in the proofing?
Yes
No

50. Does your Trust monitor uptake of services for carers on an equality basis?
Yes
No

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

Trust’s Response to the Inspection Report
Our ref: SER 3
Date: 14 June 2006

Mr Pat Newe
Assistant Chief Inspector
Social Services Inspectorate
Room C3.28
Castle Buildings
Stornmont
Belfast
BT4 3SQ

Dear Mr Newe

Regional Inspection of Social Care Services for Carers of Older People

Thank you for your letter dated 9th May 2006, and the final draft report on the above inspection both of which were forwarded to me for my attention.

The Trust welcomes the positive comments and tenor of the report especially in terms of the innovative social work practice. Managers and staff in the Elderly Programme of Care believe that these recommendations that relate to them are balanced and constructive. The Trust appreciates that there are a number of aspects of performance which require further work and in that regard we are developing an action plan to take forward the recommendations of the report.

On behalf of the Trust I would like to thank the inspection team for their work which I have no doubt will make a positive contribution to services for carers of older people.

Yours sincerely

John Compton
Chief Executive

jc/3b/4996