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| **Review Sheet** | | |
| Last Reviewed 28 Nov '23 |  | Last Amended Next Planned Review in 12 months, or  28 Nov '23 sooner as required. |
| Business impact | **LOW IMPACT** | Minimal action required circulate information amongst relevant parties. |
| Reason for this review | Scheduled review | |
| Were changes made? | Yes | |
| Summary: | This policy describes how to support Residents with communication and sensory needs. It has been reviewed with no content changes. A new quality statement has been added in line with the Single Assessment Framework. References and further reading links have been checked and updated. | |
| Relevant legislation: | * Health and Social Care Act 2012, Section 250 * The Care Act 2014 * Equality Act 2010 * The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 * Health and Social Work Professions Order 2001 * Nursing and Midwifery Council (NMC) Legislation * Data Protection Act 2018 * UK GDPR * Health and Care Act 2022 | |

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| --- | --- |
| Underpinning knowledge - What have we used to ensure that the policy is current: | * Author: Great Britain Office of the Public Guardian, (2007), *Mental Capacity Act 2005 Code of Practice*. [Online] Available from: [Accessed: ] * Author: National Autistic Society, (2016), *Visual perception in autism*. [Online] Available from: [https://www.autism.org.uk/advice-and-guidance/professional-practice/visual- perception](https://www.autism.org.uk/advice-and-guidance/professional-practice/visual-perception) [Accessed: 28/11/2023] * Author: National Autistic Society, (2022), *Communication tips*. [Online] Available from: <https://www.autism.org.uk/advice-and-guidance/topics/communication/tips>[Accessed: 28/11/2023] * Author: National Autistic Society, (2022), *Understanding and developing communication*. [Online] Available from: [https://www.autism.org.uk/advice-and- guidance/topics/communication/understanding-and-developing-communication](https://www.autism.org.uk/advice-and-guidance/topics/communication/understanding-and-developing-communication) [Accessed: 28/11/2023] * Author: Mencap, (2016), *Communicating with people with a learning disability*. [Online] Available from: [https://www.mencap.org.uk/sites/default/files/2016-12/Communicating% 20with%20people\_updated%20%281%29.pdf](https://www.mencap.org.uk/sites/default/files/2016-12/Communicating%20with%20people_updated%20%281%29.pdf) [Accessed: 28/11/2023] * Author: CQC, (2023), *Guidance for providers*. [Online] Available from: <https://www.cqc.org.uk/guidance>[Accessed: 28/11/2023] * Author: NHS England, (2017), *Accessible Information Standard Specification 1.1 (DCB1605)*. [Online] Available from: [https://www.england.nhs.uk/publication/accessible- information-standard-specification/](https://www.england.nhs.uk/publication/accessible-information-standard-specification/) [Accessed: 28/11/2023] * Author: CQC, (2022), *Meeting the Accessible Information Standard*. [Online] Available from: [https://www.cqc.org.uk/guidance-providers/meeting-accessible-information- standard](https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard) [Accessed: 28/11/2023] * Author: NHS England, (2017), *Accessible Information Standard*. [Online] Available from: <https://www.england.nhs.uk/ourwork/accessibleinfo/>[Accessed: 28/11/2023] * Author: NHS, (2021), *How to care for someone with communication difficulties*. [Online] Available from: [https://www.nhs.uk/conditions/social-care-and-support-guide/practical- tips-if-you-care-for-someone/how-to-care-for-someone-with-communication-difficulties/](https://www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-care-for-someone-with-communication-difficulties/) [Accessed: 28/11/2023] * Author: Information Commissioner's Office, (2023), *Information Commissioner's Office - GDPR Guidance and Resources*. [Online] Available from: <https://ico.org.uk/>[Accessed: 28/11/2023] |
| Suggested action: | * Encourage sharing the policy through the use of the QCS App |
| Equality Impact Assessment: | QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law. |



**1. Purpose**

* 1. To effectively manage the health and care of all Residents by ensuring that communication difficulties and information needs are addressed, and barriers to involvement are minimised.
  2. To detail the values, principles and policies underpinning the approach of Corton House to supporting Residents with communication needs.
  3. To demonstrate that Corton House provides care and support to meet the Accessible Information Standard and ensures that any changes to the standard are reflected within this policy.
  4. To support Corton House in meeting the following Key Lines of Enquiry/Quality Statements (New):

# Key Question Key Lines of Enquiry Quality Statements

**(New)**

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| --- | --- | --- |
| CARING | C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible? | QSC2: Treating people as individuals |
| EFFECTIVE | E4: How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment? | QSE3: How staff, teams & services work together |
| RESPONSIVE | R1: How do people receive personalised care that is responsive to their needs? | QSR1: Person- centred care |
| CARING | No equivalent KLOE | QSC4: Responding to people’s immediate needs |

* 1. To meet the legal requirements of the regulated activities that {Corton House} is registered to provide:
* Health and Social Care Act 2012, Section 250
* The Care Act 2014
* Equality Act 2010
* The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
* Health and Social Work Professions Order 2001
* Nursing and Midwifery Council (NMC) Legislation
* Data Protection Act 2018
* UK GDPR
* Health and Care Act 2022



**2. Scope**

* 1. The following roles may be affected by this policy:
* Staff providing a service to people with communication difficulties
* Management of Corton House
  1. The following Residents may be affected by this policy:
* All Residents with identified sensory needs
  1. The following stakeholders may be affected by this policy:
* Family, advocates, friends or relatives of the Resident
* Local Authority or commissioners of the service



**3. Objectives**

* 1. To ensure that the five identified outcomes of the Accessible Information Standard are consistently met. This requires that all communication needs of Residents are identified, recorded, flagged, shared and met.
  2. To adhere fully to the Mental Capacity Act Code of Practice and Equality Act 2010, so that Residents are helped to make a decision for themselves using all possible and appropriate means of communication.
  3. To identify (and where possible, overcome) barriers to communication so that the person is involved as much as possible in the planning and delivery of their care and support, whilst promoting their independence in all aspects of their life.



**4. Policy**

* 1. Residents can have a wide range of sensory needs (vision, hearing, smell, taste and peripheral sensation). Some of those sensory needs can impact on how a Resident communicates.
  2. The Resident will be individually assessed as to their needs, ensuring that suitable equipment and help is in place to support them with their daily living activities.
  3. A consistent approach to the identification of the Resident's information and communication needs is developed.
  4. There is consistent and routine recording of the Resident's information and communication needs where they relate to a disability, impairment or sensory loss. The information is recorded in a standardised way that reflects current, recognised terminology.
  5. When there are recognised information and communication needs, these are systematically alerted by the service to ensure that appropriate action is taken, and resources are provided.
  6. Where communication and information needs have been identified, they are shared with other relevant stakeholders and are built into standardised referral, discharge and handover processes.

Any data / information sharing is carried out with consent in line with the UK GDPR and Data Protection Policies and Procedures at Corton House and in line with best practice guidelines.

* 1. All communication and information needs are met, and there is a systematic way of ensuring that resources are sourced to meet needs in a creative and detailed way, as required. This includes at times of emergency such as the Coronavirus pandemic.
  2. Staff are trained to support Residents with communication difficulties and understand the importance of effective communication in delivering quality health and social care.
  3. The Government has also introduced a requirement for CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure that the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. This requirement is set out in the Health and Care Act 2022. A link to this requirement can be found in the Further Reading section of this policy.
  4. The impact of the effectiveness of the interventions will be regularly assessed and reviewed and Corton House will always seek to develop new methods to increase the Resident's communication.



**5. Procedure**

# Assessment of Sensory and Communication Needs

When a person is assessed prior to using the service at Corton House, their communication and sensory needs are identified, their involvement in the assessment is promoted through the use of appropriate communication methods and information is provided in an accessible format.

A template form is available within the Forms section of this policy to aid the gathering of information.

# Encouraging communication

There are five basic steps to ensure that communication and information needs are met; these are detailed within the Accessible Information Standard:

* + - **Ask:** Identify and find out if the Resident has any communication/information needs relating to a disability or sensory loss and, if so, what they are
    - **Record:** Record those needs in a clear, unambiguous and standardised way in electronic and/or paper-based records, administrative systems and documents
    - **Alert/flag/highlight:** Ensure that recorded needs are ‘highly visible’ whenever the Resident’s record is accessed, and prompt for action
    - **Share:** Include information about the Resident’s information/communication needs as part of existing data-sharing processes (and in line with existing information governance frameworks)
    - **Act:** Take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it

For further information, refer to the Accessible Information Standard (AIS) Policy and Procedure for Corton House.

When starting conversations with the Residents, staff should:

* + - Speak clearly
    - Make eye contact with the Resident when they are talking or asking questions
    - Allow the Resident time to respond as they may feel pressured if staff try and speed up the answers
    - Not dismiss what the Resident says if they do not answer a question, or the response seems out of context. Instead, staff should show they have listened and encourage the Resident to expand on their answer
    - Try to reduce background noise

# Resident Reviews

All Residents are regularly reviewed to identify any ongoing or emerging communication difficulties.

* 1. All communication and information issues will be recorded in a standardised administrative process in a clear and uniform way to facilitate the management and oversight of individual communication and information issues.

Documentation of issues must be (where applicable):

* + - Highlighted on a paper record so as to draw attention to the information as being of particular importance, for example, in a larger or bold font, and/or in a different colour
    - Visible on the cover, title and/or front page of a document, file or electronic record
    - Visible on every page of an electronic record (for example as an alert, flag or banner)

# Support Strategies

Effective communication is vital to a Resident's wellbeing. Staff can support with the following strategies:

* + - Visual impairment can range from total blindness to partially sighted, and can be caused by a variety of conditions. Support needs will vary depending on the degree of sight loss
    - Residents who have little or no sight will need to be consulted on what works for them (and if consent is given, involve their family) and documented within their Care Plan

Some support strategies may include:

* + - Staff should stand where the Resident can see them, or gently touch the Resident's arm by way of greeting or letting them know they are close by
    - Staff should always introduce themselves and explain what they are planning to do, gaining consent where necessary
    - When guiding a Resident with a visual impairment, staff should allow the Resident to hold their elbow whilst the staff member leads
    - Staff should give clear instructions to the Resident to guide them and warn them of any hazards or obstacles

# Reading Glasses and Visual Aids

Where required, staff should:

* + - Support the Resident to keep their glasses clean and ensure they are readily available during visits
    - Discuss with the Resident whether a neck chain may be beneficial to prevent loss
    - Discuss the use of a magnifying glass, reading lights, large print books or audio books

# Residents with Speech Difficulties

There are a variety of reasons why a Resident may have difficulties with their speech.

* + - **Dysarthria** - Speech is difficult to understand because the person is unable to control the muscles used in speech
    - **Dysphasia or Aphasia** - The person can have difficulty understanding language, finding the right words or is unable to speak at all
    - **Dyspraxia** - Thought to be caused by the disruption in the way messages from the brain are transmitted to the body

Staff should ensure that there is a relaxed atmosphere for Residents with speech difficulties and listen to them carefully. It is fine to ask a Resident to repeat something, and a smile and patience will go a long way. If a Resident cannot communicate by speaking, staff should encourage the use of eye contact, gestures, touch, pictures and writing down what they wish to say.

# Residents with Hearing Difficulties

Staff can support Residents by:

* + - Ensuring that the Resident can see them when they are talking to them. There should be good lighting and the staff member should face the Resident and maintain eye contact. If the Resident does not like direct eye contact due to Autism or other conditions, staff should sit or stand at the same level a couple of meters away
    - Speaking clearly, but a little slower than usual. Shouting is not helpful as it can distort speech
    - Repeating what the Resident has said if necessary
    - Making sure the Resident's mouth is not obscured, and use eye movement, hand gestures and facial expressions to help
    - Ensuring that they familiarise themselves with the Resident's communication Care Plan or communication passport to find the best tone, pitch and level of voice to use
    - Encouraging the Resident to use a pen and paper to communicate, if possible
    - Discouraging a Resident with hearing difficulties to sit near loud appliances, as hearing aids can enhance noise levels
    - Keeping hearing aids in good working order, where required, by:
      * Clearing out the earpiece mould and plastic piping
      * Charging/ensuring a supply of batteries are available
      * Checking there are no 'leaks' in badly fitted units, which can cause a whistling sound
      * Support the Resident to keep their ears clean and free from earwax

# Residents with Other Communication Needs Learning Disabilities

When communicating with a Resident who has a learning disability, staff should always use accessible language and avoid jargon or long words that might be hard to understand. Staff should also take into account any physical disabilities the Resident may have that could make communication difficult for them. Staff can also use other support strategies, as detailed in Section 5.7, and work in co-production with the Resident to find out what works best for them.

In writing, it is a good idea to use bigger text and bullet points, and to keep writing size at a minimum of 16 point. It is also important to remember that too much colour can make reading harder for some people with a learning disability. Staff can refer to the Accessible Information Standard (AIS) Policy and Procedure.

# Autism

Mostautistic peopleexperiencedifficulty with:

* + - Interacting with others
    - Initiating interactions, responding to others, using interaction to show people things or to be sociable
    - Understanding and relating to other people
    - Taking part in every dayfamily,workandsocial life (these can be harder) Staff can support Residents by:
    - Always using their name at the beginning of a conversation
    - Making sure they are paying attention before asking a question or giving an instruction. The signs that someone is paying attention will be different for each individual
    - Using their hobbies and interests, or the activity they are currently doing, to engage them

# Processing Information

An autistic person can find it difficult to filter out less important information. If there is too much information, it can lead to ‘information overload’, where no further information can be processed. To help, staff should:

* + - Say less and say it slowly
    - Use specific key words, repeating and stressing them
    - Pause between words and phrases to give the person time to process what has been said, and to give them a chance to think of a response
    - Avoid asking too many questions
    - Use less non-verbal communication (e.g. eye contact, facial expressions, gestures, body language)
    - Use visual supports (e.g. symbols, timetables, social stories) if appropriate
    - Be aware of the environment (noisy/crowded). Sensory differences may be affecting how much information someone can process

# Avoiding Open-ended Questions

* + - Keep questions short
    - Ask only the most necessary questions
    - Structure the questions, e.g. offer options or choices
    - Be specific. For example, ask “Did you enjoy your lunch?” and “Did you enjoy maths?”, rather than “How was your day?”

# Ways to Ask for Help

If appropriate, give autistic people a visual help card to use to ask for help. Avoid using irony, sarcasm, figurative language, rhetorical questions, idioms or exaggeration as autistic people can take these literally. If it is necessary to use these, explain what has been said and be clear.

# Distressed Behaviour

* + - Use a behaviour diary to work out if the behaviour is a way of telling something
    - Offer other ways of expressing ‘no’ or ‘stop’

# Reactions to “no”

* + - Try using a different word or symbol
    - Autistic people may be confused about why someone said no. If it is an activity that they can do later on that day or week, try showing this in a timetable
    - 'No' is often used when someone is putting themselves or others in danger. If it is a safety issue, look at ways of explaining danger and safety
    - If you are saying 'no' because someone is behaving inappropriately, consider changing your reaction to their behaviour. Try not to shout or give too much attention, a calm reaction may help to decrease this behaviour in time
    - Set clear boundaries and explain why and where it is acceptable and not acceptable to behave in certain ways

# Dementia

Dementia will gradually affect the way a person communicates. Their ability to present rational ideas and to

reason clearly will change over time.

# Encouraging Someone with Dementia to Communicate

Try to start conversations with the person living with dementia, especially if it is noted that they're starting fewer conversations themselves. It may help to:

* + - Speak clearly and slowly, using short sentences
    - Make eye contact with the person when they're talking or asking questions
    - Give them time to respond, because they may feel pressured if you try to speed up their answers
    - Encourage them to join in conversations with others where possible
    - Let them speak for themselves during discussions about their welfare or health issues
    - Try not to patronise them, or ridicule what they say
    - Acknowledge what they have said, even if they do not answer the question, or what they say seems out of context – show that they've been heard and encourage them to say more about their answer
    - Give them simple choices – avoid creating complicated choices or options for them
    - Use other ways to communicate – such as rephrasing questions because they cannot answer in the way they used to

The Alzheimer's Society has lots of information that can help, including details on the progression of dementia and communicating effectively.

# Communicating Through Body Language and Physical Contact

Communication is not just talking. Gestures, movement and facial expressions can all convey meaning or help to get a message across. Body language and physical contact become significant when speech is difficult for a person with dementia.

When someone has difficulty speaking or understanding, try to:

* + - Be patient and remain calm, which can help the person communicate more easily
    - Keep tone of voice positive and friendly, where possible
    - Talk to them at a respectful distance to avoid intimidating them – being at the same level or lower than they are (for example, if they are sitting) can also help
    - Pat or hold the person's hand while talking to them to help reassure them and make you feel closer – watch their body language and listen to what they say to see whether they're comfortable with you doing this

It is important that you encourage the person to communicate what they want, however they can. Remember, we all find it frustrating when we cannot communicate effectively, or are misunderstood. **Listening to and Understanding Someone with Dementia**

Communication is a two-way process.

You may need to be more aware of non-verbal messages, such as facial expressions and body language. You may have to use more physical contact, such as reassuring pats on the arm, or smile while speaking. Active listening can help:

* + - Use eye contact to look at the person, and encourage them to look at you when either of you are talking
    - Try not to interrupt them, even if you think you know what they're saying
    - Stop what you're doing so you can give the person your full attention while they speak
    - Minimise distractions that may get in the way of communication, such as the television or the radio playing too loudly, but always check if it is OK to do so
    - Repeat what you heard back to the person and ask if it is accurate, or ask them to repeat what they said

# Stroke/Brain Injury

A stroke/brain injury can cause mental and physical impairments, and can make communicating with a Resident difficult.

The person who has had the stroke may find it hard to form words or to understand what you say to them. This may make it difficult for you to work out what they want.

If the person has problems with speech, language, writing or swallowing, they can be referred for speech and language therapy to help them regain those skills.

When communicating with someone who is recovering from a stroke, it is important to give them full

attention and try to avoid any background distractions. Try to speak clearly and at a normal volume. Staff should ensure that they are listening and watching for the Resident's reactions, as not all communication is verbal. It is also important that staff don't pretend they understood something when they haven't, and that staff don't try to speak for Residents.

# Visual Perception in Autism Agnosia

Agnosia is a co-occurring condition that some autistic people have. It is an inability to recognise the input of sensory information. The varieties correspond with several senses and are distinguished as:

* + - Auditory (acoustic)
    - Gustatory (taste)
    - Olfactory (smell)
    - Tactile (touch)
    - Visual (seen)

# Simultagnosia (Object Blindness)

An inability to recognise multiple elements in a visual presentation, i.e. one object or some elements of a scene can be appreciated, but not the display as a whole.

Not all autistic people are visual thinkers or “see in pictures” within their mind. For people with object blindness, multiple visual representation whether in fact (the real world), or in fiction (visual representation) may be a problem. If someone is seeing in “fragments” they find it hard to piece together objects, people, foreground and background. They focus on one thing and neglect something else as a result.

# Semantic Agnosia (Meaning Blindness)

This is an agnosia that is a loss of the ability to visually recognise an object. In order to recognise the object they may need to use other non-visual sensory systems with it, such as:

* + - Feeling
    - Tapping
    - Smell
    - Rocking
    - Flicking the object

Some autistic people may experience problems seeing with “meaning” within their visual surroundings and environment. This means they may use other sensory inputs to gain meaning because they cannot internally mentalise the image, visuals or see the significance they hold.

# Prosopagnosia (Face Blindness)

A form of visual agnosia characterised by an inability to recognise faces.

Some autistic people have problems recognising faces. This can create problems with seeing faces as “socially connecting”, and can at times cause misunderstandings. Context is very important - some people rely on hairstyles, codes of dress, glasses or facial particularities.

# Visual Perception in Dementia - How dementia affects visuospatial abilities Depth Perception

Dementia can affect depth perception, making it more difficult to navigate tasks such as going downstairs and thus increasing the risk of falls. Activities of daily living such as getting into a bathtub, getting dressed or eating can also become more difficult.

# Increased Risk of Walking about

A Resident living with dementia can also become easily lost and walk about, even in very familiar environments. They might not recognise the path home that they have taken every day for many years, or be able to locate the bathroom in the middle of the night.

# Recognising Faces and Locating Objects

Visuospatial changes may also contribute, along with the cognitive symptoms of dementia, to the inability to recognise faces or find objects that are in plain sight.

# Difficulty Driving

Driving may become more difficult as dementia develops, in part because of changes in the ability to understand spatial relationships. For example, navigating a turn, changing lanes or parking a car could become a significant challenge due to a decline in visuospatial abilities. As dementia progresses, the difficult decision to quit driving usually must be made.

# Reading

The ability to read may also decline, in part due to visuospatial changes, as well as a decline in ability to remember how to read or comprehend the meaning of the words.

# Accessible Information Standard

Corton House will ensure that information about the Resident’s care is provided in a format and in a way that encourages the Resident to be as informed and involved as possible in decisions that affect their life. Resources could include, but must not be limited to, easy read documents, interpreters, braille and sign language. Consideration must also be given to the potential for the increased time required to share information or receive information from Residents, and appointments and meeting schedules must reflect this.

This should also include accessible information on key policies such as the Complaints, Suggestions and Compliments Policy and Procedure and the Safeguarding Adults Policy and Procedure. Staff should refer to the Accessible Information Standard (AIS) Policy and Procedure for more detail on this.

* 1. Corton House arranges appropriate equipment or communication aids to support Residents to communicate in a timely and effective manner.

This may include the production of communication passports, purchasing technology based products, signs and symbols books and audio files, where applicable, to meet the needs of the individual Resident.

# External Health Professionals

Residents with communication and/or sensory difficulties are referred to appropriate community support specialists. Support specialists could include but are not necessarily limited to:

* + - Interpreters (including British Sign Language interpreters)
    - Speech and Language Therapists (SALT)
    - Audiologists
    - Opticians
    - Advocacy services
    - Psychologists

Any advice or guidance given by the external health professionals should be explicit in the Resident's Care Plan or communication passport.

# Learning and Development

Staff skills and knowledge will be based on the individual needs of the Residents they are supporting. Communication strategies will be covered in specific training around specific conditions such as dementia or autism.

Staff will also be trained in the principles and practice involved in assessing mental capacity, and in particular, that the inability to communicate a decision (whether by talking, using sign language or any other means) can indicate a lack of capacity to make a particular decision under the Mental Capacity Act 2005.

Staff should refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure.



**6. Definitions**

# Audiologist

* + - Health care professionals who identify, assess and manage disorders of hearing, balance and other neural systems

# Sensory Needs

* + - When one of the senses (sight, hearing, smell, touch, taste or spatial awareness) is not working as it should, it can impact on a person's overall communication

# Disability

* + - The Equality Act 2010 describes disability as follows, 'A person has a disability if there is a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities'

# Accessible Information Standard

* + - NHS England defines the standard as follows: The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need
    - The Accessible Information Standard tells organisations how they must make sure that patients and Residents, and their carers and parents, can access and understand the information that they are given. This includes making sure that people get information in different formats if they need it, for example, in large print, braille, easy read or via email
    - The Accessible Information Standard also tells organisations how they must make sure that people receive any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate
    - The Accessible Information Standard is in line with current health and social care strategy, supporting the reduction of inequalities, enhancing personalisation, greater empowerment of Residents as equal partners in their own care, improved transparency and access to information
    - These are key themes in the NHS Five Year Forward View and the importance of access to advice and information is one of the fundamental components of the Care Act 2014. It is also in line with the CQC’s commitment to ensuring high quality care for people who use health and social care services

# Communication Difficulties

* + - Communication difficulties include the inability to convey or understand meaning in messages whether they are verbal, written or by another medium. Those difficulties may be caused by language, deafness, cultural factors, mental impairment, including thought disorder, learning disability, autism, or a learning difficulty, or other personal, situational or environmental factors

# More Detail - The Accessible Information Standard, DCB1605

* + - This information standard (DCB1605) has been approved for publication by the Department of Health and NHS England under section 250 of the Health and Social Care Act 2012
    - The Accessible Information Standard applies to (and therefore must be implemented and adhered to by all providers of NHS care or treatment):
      * All providers of publicly funded adult social care
      * Adult social care or services bodies (in their role as service providers)
      * Independent contractors providing NHS services, including primary medical services (GP practices), dental services, optometric services and pharmacy services
      * NHS Foundation Trusts and NHS Trusts
      * Providers of NHS and/or adult social care from the voluntary and community or private sectors and providers of public health services, including advice and information



**Key Facts - Professionals**

Professionals providing this service should be aware of the following:

* + - All information for people with communication difficulties must be in a format that encourages and promotes their understanding
    - Effective communication is key to good person-centred assessment and planning of care
    - Staff must be aware of the preferred communication methods of people using the service
    - Additional support and resources must be made available to ensure that people using the services are empowered to be as fully involved in their lives as possible
    - Staff will have an awareness and understanding of the Accessible Information Standard
    - Staff should be aware that an impairment in any of the senses can have an overall impact on effective communication
    - All issues surrounding a person's communication and information issues must be recorded and appropriately shared



**Key Facts - People affected by the service**

People affected by this service should be aware of the following:

* + - All information needed to understand and be involved in the service will be provided in appropriate formats
    - Communication difficulties, and ways of addressing you, will be agreed, recorded, shared and reviewed
    - You will be at the centre of care planning, and staff will communicate with you at all times to ensure this happens
    - Individual methods of communication must be understood by staff and additional resources provided to ensure that communication is facilitated



**Further Reading**

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

# NHS Health Education England - The Oliver McGowan Mandatory Training on Learning Disability and Autism:

[https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-](https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism) [learning-disability-autism](https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism)

# NHS England:

NHS England offers a host of resources and two e-learning tools to gain further knowledge about the Accessible Information Standard which can be accessed via: <https://www.england.nhs.uk/ourwork/accessibleinfo/resources/>

# Professional Records Standards Body (PRSB):

The PRSB develops and helps to implement standards for the structure and content of care records. These cover, for example, hospital referral letters, handover communications, discharge summaries and inpatient and outpatient letters. The site can be accessed via:

<https://theprsb.org/standards/>

# The Equality and Human Rights Commission:

The commission has produced **'**Your rights to equality from healthcare and social care services - Equality Act 2010 Guidance for service users' which can be accessed via:

[https://www.equalityhumanrights.com/sites/default/files/your\_rights\_to\_equality\_from\_healthcare\_and\_social\_car](https://www.equalityhumanrights.com/sites/default/files/your_rights_to_equality_from_healthcare_and_social_care_services.pdf)e

# Sense:

Sense is a national charity that supports people who are deafblind, have sensory impairments or complex needs, to enjoy more independent lives. There is a host of resources which can be accessed via: <https://www.sense.org.uk/information-and-advice/conditions/deafblindness/>

# Communication Matters:

A selection of resources to support patients who have speech and language difficulties: <https://www.communicationmatters.org.uk/resources/eresources/>

# Mencap - Communicating with People with a Learning Disability:

<https://www.mencap.org.uk/learning-disability-explained/communicating-people-learning-disability>



**Outstanding Practice**

To be ‘ outstanding ’ in this policy area you could provide evidence that:

* + - The wide understanding of the policy is enabled by proactive use of the QCS App
    - There is a high level of awareness and knowledge amongst staff of the functional test for mental capacity
    - Highly creative and innovative methods of communication are developed in partnership with the Resident
    - Staff from all areas of the service are able to communicate with all Residents in their preferred manner
    - Care Plans for Residents with severe communication difficulties confirm their involvement
    - A wide range of specialist professionals and resources are provided to overcome communication barriers
    - The service is proactive in sourcing advanced technological solutions to minimise the impact of communication difficulties
    - The service provides information for people with communication difficulties in highly innovative formats
    - There is wide understanding that an impairment of any of the sensory needs will impact on communication



**Forms**

The following forms are included as part of this policy:

|  |  |  |
| --- | --- | --- |
| **Title of form** | **When would the form be used?** | **Created by** |
| Communications Card - CC31 | For gathering the communication needs from Residents. | NHS England |

I communicate using (e.g. BSL, deafblind manual):

To help me communicate I use (e.g. a talking mat, hearing aids): I need information in (e.g. braille, easy read):

If you need to contact me the best way is (e.g. email, telephone):

In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)) please accept the below as formal notification of my information and communication preferences.

Name: Address: ID number:

For more information visit: https://[www.england.nhs.uk/ourwork/patients/accessibleinfo-2/](http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/)

Providers of health and adult social care services have new duties to support those who access their services who have sensory impairments and/or learning disabilities. They must:

1. **Identify** the communication and information needs of those who use their service;
2. **Record** the communication and information needs they have identified;
3. Have a consistent **flagging** system so that if a member of staff opens the individual's record it is immediately brought to their attention if the person has a communication or information need;
4. **Share** the identified information and communication needs of the individual when appropriate;
5. **Meet** the communication and information needs identified.

**The Accessible Information Standard (SCCI 1605 (Accessible Information))**