

Accessibility & Accessible Information Standard (AIS) Policy

AIS Policy

1. Introduction

- 1.1. The NHS Accessible Information Standard (AIS) sets out a specific, consistent approach to supporting those individuals who need it. It is a legal requirement for providers of NHS care or other publicly-funded adult social care to follow the standard.
- 1.2. This policy describes how Christadelphian Care Homes (CCH) will ensure that any resident with a disability, impairment or sensory loss receives any information in a form that they are able to access and understand, and that they receive any communication support required from CCH. The policy considers how CCH will meet the AIS, as well as other areas of accessibility and communication support.

2. The Accessible Information Standard (AIS)

- 2.1. All colleagues have a responsibility to make information accessible and inclusive. CCH will ensure that all colleagues have a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support to all.
- 2.2. CCH will comply fully with the AIS and will perform the five steps detailed below.
- 2.3. CCH will ensure that relevant colleagues have a working knowledge of the AIS and will be able to evidence compliance through audit and quality assurance processes. The effectiveness of interventions will be regularly assessed and CCH will always seek to develop new methods to improve resident communication.
- 2.4. Colleagues will receive training in communication at induction and on an ongoing basis. This will include learning disability and autism training as appropriate to the role being performed.
- 2.5. In line with UK GDPR and CCH Data Protection Policy, CCH will enable residents to access their records when requested, including the right to review and amend their documented communication preferences.

3. The five steps

- 3.1. **Step 1 – Ask:** Identify if people have any information or communication needs, and find out how to meet their needs.
 - 3.1.1. Before commencing any care, an assessment will be completed that identifies the communication needs and wishes of the resident, including how they manage this and what support they will need from colleagues to enable effective communication. Colleagues will avoid making any assumptions regarding a resident's needs. CCH must determine that the communication needs of the resident can be met.
 - 3.1.2. As part of the care planning cycle, assessments will be reviewed at locally agreed intervals or as a resident's condition changes. As part of this, colleagues will revisit and identify any new communication needs.
 - 3.1.3. Colleagues will give due consideration to enabling all residents to express their communication needs and wishes and will promote awareness that CCH will accommodate different communication preferences.
- 3.2. **Step 2 – Record:** Record needs in a clear, unambiguous and standardised way.
 - 3.2.1. CCH will ensure that processes are in place to make sure that information recorded is current and accurate.
 - 3.2.2. Recording of communication needs and preferences will be simple and clear on paper formats (i.e. jargon free, in a simple language). Where electronic systems are used, coding must be in accordance with the defined terminology and understandable by anyone accessing them.
 - 3.2.3. Communication needs will be recorded specifically and separately from any recording of disability or other protected characteristic status.
- 3.3. **Step 3 – Alert/Flag/Highlight:** Ensure that recorded needs are highly visible whenever the resident's record is accessed, and how the needs will be met is clearly explained.
 - 3.3.1. CCH will have systems in place to ensure that records (electronic or paper-based) clearly flag that the resident has a recorded communication need – they will be highly visible and prompt colleagues to take action.
 - 3.3.2. Where facilities are in place for automatically generated correspondence, alerts will pick up the requirement for alternative formats. Colleagues responsible for overseeing standard print letter releases to residents will have systems in place to not send these where it would be inappropriate or inaccessible for that person. CCH will investigate and learn from any incidents of this nature.

3.4. **Step 4 – Share:** Include information about the resident’s information and/or communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).

3.4.1. Existing internal and external communication systems such as the referral, transfer of care and handover processes will include reference to communication support required for residents.

3.4.2. Consent will be gained from the resident who has identified specific communication preferences and needs in relation to sharing this information. Any limitations to this will also be documented and clarity provided as to what information can be shared, with whom, in what circumstances, and for what purposes. Where consent cannot be obtained due to reduced capacity, colleagues should refer to CCH Mental Capacity Assessment Policy and best interests decisions made.

3.5. **Step 5 – Act:** Take steps to ensure that residents receive information which they can access and understand, and receive communication support if they need it.

3.5.1. Colleagues will be aware of how to adapt their own communication styles to meet the needs of a resident and will be competent with the use of any techniques or aids used by residents. Residents will be encouraged to discuss their needs with staff wherever possible.

3.5.2. Residents who use limited or no English and those who use British Sign Language (BSL) or the deaf-blind manual alphabet will have access to a professional interpreter. Colleagues will support the resident to access this and will work with any advice and support offered by the interpreter.

3.5.3. Where an interpreter or communication professional is required, CCH will take into account: qualifications, DBS clearance, professional code of conduct, experience, preference of the resident (eg. in relation to gender) and specialist skills needed. Any concerns in relation to the suitability or practice of the interpreter will be discussed with the Manager.

3.5.4. Residents with communication and/or sensory difficulties will be referred to appropriate community support specialists. Support specialists could include but are not necessarily limited to: interpreters (including BSL), speech and language therapists (SALT), audiologists, opticians, advocacy services, psychologists. Any advice or guidance given by external health professionals will be explicit in the resident’s Care Plan.

4. Conversion of format

- 4.1. Where it is required, CCH will consider in advance how to facilitate the conversion of key documents in a timely manner. CCH will identify communication formats which can be used or produced within CCH, for example, email and text message for people who are deaf as an alternative to telephone, and large print or screens with adjustable display options for people with a visual impairment.
- 4.2. A local suite of support services and points of contact will be made available in readiness for accessing specific communication requirements that cannot be met within CCH. CCH will consider how needs can be met by the use of remote, virtual, digital, audio and telecommunications solutions, as well as paper formats.

5. Environment

- 5.1. Although the AIS does not cover environmental or facilities matters, these may affect the communication of residents with a disability, impairment or sensory loss.
- 5.2. Colleagues will consider whether some rooms are more appropriate than others for residents with communication needs, e.g. less clutter, improved lighting, soundproofing etc. As part of the care planning process, colleagues will consider the environment and specific rooms or locations will be detailed in the Care Plan where they might be more appropriate for facilitating communication. Colleagues will also consider lighting, in particular where lip reading is vital for the resident.
- 5.3. Where it is reasonable, CCH will accommodate communication aids and equipment to support individuals with communication, such as loop systems.

6. Safeguarding concerns

- 6.1. CCH will also comply with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018, which requires reasonable adjustments to be made to websites and mobile apps for those with disabilities to ensure that they remain accessible.