

Achieving the Accessible Information Standard (England) Policy

Policy Aims

This policy shows how we provide effective communication with the people using our service and those involved in their care throughout our relationships with them. The policy complies with the requirements to achieve the Accessible Information Standard made under the Health and Social Care Act 2012.

The CQC also requires policies required for registration application purposes to meet the Accessible Information Standard as applicable to a respective policy. This policy can be referred to included with the policies submitted with the registration application.

We also have a separate policy Meeting Communication Needs which has always been required for a social care service.

Legislation and the Care Regulations

As a social care provider, we recognise our legal and ethical duties relating to effective communication and the provision of information which includes the following.

- A duty under s.250 of the Health and Social Care Act 2012 which requires all organisations that provide NHS services or publicly funded adult social care to achieve the Accessible Information Standard.
- A duty under the Equality Act 2010 to eliminate discrimination and make reasonable adjustments for disabled people, such as those with hearing or visual impairments, including taking steps to put information into accessible formats if a disabled person is at a substantial disadvantage if this is not done.
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 include the following requirements, which fall within the scope of this policy.
- Regulation 9: Person-centred Care requires care providers to work in partnership with a person who uses the services to identify and assess their needs, which involves listening to the person and where they find it difficult to communicate their needs, wants and preferences, using different means to obtain the information sought so that the resulting plan of care and support is truly “person-centred”.
- Regulation 10: Dignity and Respect requires people using the service to be treated with dignity and respect at all times and have their needs for privacy respected. Care Quality Commission guidance states “all communication with people using services must be respectful. This includes using or facilitating the most suitable means of communication and respecting a person’s right to engage or not to engage in communication”.

- Regulation 11: Need for Consent requires care providers to ensure that people using their service agree to any care, treatment and support proposed and where they lack the mental capacity to give their consent every effort is made to reach a decision which would most likely reflect their decisions if they were able to communicate with them directly.
- Regulations 12: Safe Care and Treatment and 13: Safeguarding Service Users from Abuse and Improper Treatment also require effective communication between service provider and user, and where involved, other agencies.
- Regulation 17: Good Governance requires care providers to seek the views and opinions of the people using their service and stakeholders on the services provided and standards achieved. This requirement can be met by the care service continuously listening to the people using their service as well as through the formal regular questionnaires and “customer” surveys that are also required by the Regulation.

Policy Statement

The following statements describe our approach to achieving the Accessible Information Standard.

1. As a social care provider we recognise the importance of:
 - a. effective communication with the people using our service and others relevant to their care
 - b. providing information that enables people to receive appropriate person-centred care and support from us.
 - c. people receiving safe care and not being at risk of harm because of ineffective communication with us as their provider.
2. We recognise that people can communicate with one another in many different ways, for example: by speaking and listening, through gestures and expressions, in writing, by using pictures and symbols and through touch. They might also need special aids and appliances to help them communicate should they have difficulties in using their natural faculties to do so, for example because of physical, sensory and intellectual impairments.
3. We are therefore committed to developing the most effective ways of communicating with the people using its services, using all of the means needed and available to ensure that communications are effective.
4. In line with the Equality Act 2010, we will make all reasonable adjustments to meet the communication needs of people with a known information/communication impairment and for that person to communicate effectively with everyone involved in

their care, including anyone with a sensory impairment that brings them within the scope of the Accessible Information Standard.

5. **Shalom Health Recruitment Ltd** will implement the Accessible Information Standard policy for people using our service who fall within its scope as discussed below.
6. We consider that people who request a service from us have the right to be communicated with and receive sufficient information about our care and treatment so that they can make an informed decision about our providing it.
7. We will identify any information and communication needs as part of their initial needs assessment and keep them under review — this should include any sensory problems affecting a person's speech, hearing and sight or whose other disabilities impair their abilities to communicate.
8. Other health and care agencies involved might already have assessed people's communication needs before the start of our service (as a domiciliary care or care or care home provider). We will always check any pre- assessment and carry out our own assessments if needed and form agreements about how to address them. (See step 1 of the Accessible Information Standard.)
9. We will clearly record the relevant information in the individual's records in line with step 2 of the Accessible Information Standard so that everyone involved in the person's care and support will know how to communicate effectively with that person.
10. **Shalom Health Recruitment Ltd** will discuss with the person as part of the care planning process (and, if necessary, in consultation with other professionals and agencies) what adjustments and interventions we need to make to communicate effectively with that person.
11. We will record the agreed methods of communication and interventions on the person's care plan so that all care staff know exactly how to communicate with them. (See step 3 of the Accessible Information Standard.)
12. Where a person transfers to another service, or receives care from another service, we will, with the individual's permission, share or seek information on their communication and information needs (along with other information sharing) with the partner service. (See step 4 of the Accessible Information Standard.)
13. We recognise that having a communication need does not imply that a person lacks mental capacity to take decisions about their care and support. We therefore follow the first of the five principles of the Mental Capacity Act 2005 when considering if a person's communication difficulties are affecting their decision-making abilities and if we should carry out a mental capacity assessment. We proceed to do this in line with mental capacity act procedures and act in line with the outcomes.

14. Where required and appropriate to the role of the care service, we will provide or facilitate the sourcing and provision of resources and assistive technology such as braille books and magazines, large print/easy-read copies of literature, British Sign Language interpreters for deaf people, braille or talking telephones and mobile phones, hearing aids, text phones, loop hearing systems, etc.
15. We expect our staff to be responsible for helping to deliver this policy by communicating in a way that is accessible to every person who uses this service. (Points 9–13 all reflect step 5 of the Accessible Information Standard.)
16. **Shalom Health Recruitment Ltd** will support the people using its service to find advocates to help people to express their communication needs and, where needed, interpreters for people whose first language is not English (though it recognises that this aspect is strictly speaking not part of the Accessible Information Standard).
17. **Shalom Health Recruitment Ltd** will use visual and technical aids to ensure there is effective communication with its users. Examples of these include signage in premises for people with dementia and the use of Makaton in services for people with learning disabilities.
18. **Shalom Health Recruitment Ltd** will always respond promptly to any difficulties in communication with the people who use their services and those involved in their care and review regularly the effectiveness of its communication methods with individuals and for the service as a whole.

The Accessible Information Standard

The Accessible Information Standard requires all health and care providers to carry out the following actions to ensure that their users' communication needs are being fully and adequately addressed throughout their care, treatment and support.

Shalom Health Recruitment Ltd is legally required to carry out the following.

- Find out if an individual has any communication/information needs relating to a disability or sensory loss and if so what they are.
- Record those needs clearly and in a standard way on all of an individual's care records and documents.
- Highlight them in their care records so everyone who has to communicate with that person and has access to their records can address their communication needs in line with the individual's communication plan.
- Where required and relevant, pass on to others an individual's information/communication needs and how they should be addressed.

- Ensure that each individual receives information which they can access and, understand and receive communication support if they need it throughout their care, support and treatment.

Shalom Health Recruitment Ltd understands that communication and the provision of information is a fundamental part of treating people with dignity and respect and in providing good, compassionate care. Furthermore, the service recognises that effective communication can be affected by conditions such as dementia, stroke, hearing conditions, sight loss or cases where the person lacks capacity to make decisions.

Procedures

Step 1 of the Accessible Information Standard

To find out if an individual has any communication/information needs relating to a disability or sensory loss and if so what they are.

People who use services have the right to be communicated with and receive sufficient information about their care and treatment so that they make a balanced judgment whether or not to give their consent.

To be responsive to individuals' communication needs, the care service adopts a "whole person" approach by identifying the most effective means of communicating with that individual, where necessary, with specialist help, which is also based on their views and preferred ways of communicating. The results are written into their plan of care and highlighted in it, particularly where other than standard means of communication are required.

People who use services who have difficulty in communicating their needs because of their difficulties or impairments will be offered or recommended that they have access to specialist support. This may be in the form of assessments by speech and language therapists, psychological assessments and advisers from organisations specialising in disabilities and sensory impairments.

It is possible that new people to the services' communication needs will already have been identified by other health and care agencies involved, but we will always check that these needs have been accurately assessed and addressed so that we can communicate effectively with the person about their care needs and deliver the appropriate care.

Steps 2 and 3 of the Accessible Information Standard

(2) To record the person's communication needs clearly and in a standard way on all of an individual's care records and documents.

(3) To highlight a person's communication needs on their care records so everyone who has to communicate with that person and has access to their records can address their communication needs in line with the individual's communication plan.

We will clearly record in a highlighted separate section of the person's care records the relevant information. Everyone involved in the person's care and support will know how to communicate effectively with that person.

We will discuss with the person as part of the care planning process (and, if necessary, in consultation with other professionals and agencies) what adjustments and interventions are needed to improve communication with that person.

Agreed methods of communication and interventions will be recorded in the person's care plan in a prominent and consistent way so that all care staff know exactly what has been agreed to meet the needs of people using the service, their relatives and carers.

Step 4 of the Accessible Information Standard

To pass on where it is required and relevant to others an individual's information/communication needs and how they should be addressed.

All staff who have access to a person's care records will be aware from the records of their communication needs and support plan. They are also expected to impart and share the facts of a person's specific communication needs and support plans with others involved in that person's care, support and treatment, but who might not have authorised access to the person's care records.

Where someone transfers to another service or receives care from another service, we will, with the person's permission, share information that we are requested to provide about their communication and information needs (along with other information sharing) with the receiving service.

Where it is suspected that a person does not have the mental capacity to communicate, or in any other way has no ability to communicate, then the provisions of the Mental Capacity Act 2005 will be implemented and best interests' decisions made with the involvement of people close to the person using the service, such as relatives, carers or advocates.

Step 5 of the Accessible Information Standard

To ensure that individuals receive information which they can access and understand, and receive communication support if they need it throughout their care, support and treatment.

The service will make all reasonable adjustments to meet the communication needs of people with sensory difficulties, including people with visual and hearing difficulties.

Where required and appropriate to the role of the care service, we will provide or facilitate the sourcing and provision of resources and assistive technology such as Braille books and magazines, large print/easy read copies of literature, British Sign Language interpreters for deaf people, Braille or talking telephones and mobile phones, hearing aids, text phones, loop hearing systems, etc.

Shalom Health Recruitment Ltd will procure advocacy help for any person using the service, family member or carer who might require it to help meet their communication and information needs.

All staff are responsible for helping to deliver this policy by communicating in a way that is accessible to every user of this service.

Training

All care staff will receive training as relevant to their roles and responsibilities in the care of people with hearing and sight problems and disabilities, which will include learning about communication techniques and providing accessible information.

Care staff:

- receive initial training based on the Care Certificate Standard 6: Communication and develop their communication skills from there
- will receive training in the five steps of the Accessible Information Standard so that they can communicate effectively with all users with special communication needs.
- receive with all other staff training to interact appropriately with people with learning disabilities and autistic people following the standards set by the Oliver McGowan Mandatory Training for Learning Disability and Autism.

Review

We regularly evaluate how well we are meeting all the communication needs of people we are supporting, and how well we are achieving the Accessible Information Standard. We keep this policy under constant review in the light of our experience of meeting different information needs and at least annually.

(See our Audit and Record Form: Achieving the Accessible Information Standard.)

Signed as Policy holder (name and role): Pamela Awudi/Registered Manager

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Next policy review date: 11/01/2027