
Meeting Communication Needs — Domiciliary Care (England) Policy

This document sets out the values and principles underpinning this care service's approach to communicating with people receiving its care generally, and more particularly with any who have difficulties in communicating.

It should be used with reference to the separate and more focused Achieving the Accessible Information Standard Policy, which became a requirement for all health and adult care providers under the Health and Social Care Act 2012.

It is also produced in line with the requirements for safe person-centred care as described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policy Statement

The care service recognises that it must use appropriate and effective methods of communication as a fundamental part of treating people with dignity and respect and in providing good, compassionate care. The care service considers that all people receiving care have the right to have their needs fully assessed and for a personalised, individualised plan of care to be developed that places them at the centre of their care.

The care service recognises that effective communication is key to this process so that staff can give them the information they need to make informed decisions about their care and they can communicate their preferences, choices and needs back to staff.

The care service recognises that some people receiving care find it difficult to communicate their wants and needs and to understand the information that is given to them. Effective communication can be prevented by conditions such as dementia, stroke, autism or sensory impairment or cases where the person receiving care lacks capacity to make decisions.

The difficulties might not be due to lack of the ability to understand, but because they need information to be given to them in suitably accessible ways, using methods that enable them to understand and respond to the information under consideration.

The care service recognises that communication issues are not only a vital part of providing care with dignity and respect, but are fundamental to considerations of equality and consent. In this respect the care service acknowledges that the Equality Act 2010 requires care providers to make reasonable adjustments for people with impairments and disabilities by putting information into suitable formats to ensure that they are not being discriminated against and are being fairly treated.

It also acknowledges the importance of achieving the Accessible Information Standard which was included as a specific provision in the Health and Social Care Act 2012 to ensure

that everyone receiving a health and social care service is communicated with in ways that they can recognise and follow.

The care service recognises that it has a legal and ethical duty to obtain a person's consent to any proposed care or treatment no matter how minor or serious. It therefore must give people receiving care sufficient information about any proposed care or treatment, possible alternatives and any risks involved so that they can decide whether or not to give their consent.

Principles to be Followed

1. The care service ensures that people receiving its care are able to fully communicate their needs, wishes and preferences by assessing their communication needs and offering the appropriate means of response and support.
2. It does this in many instances through working closely with family carers, representatives, social workers and other professionals involved in the person's care, including speech and language specialists.
3. This should result in a comprehensive approach to understanding and communicating with the individual, particularly where English is not their first language.
4. The care service will always use the services of interpreters to communicate with people receiving care whose first language is not English and who would otherwise have difficulty in making themselves understood.
5. The care service ensures through the appropriate training that its staff can communicate effectively with people receiving care who rely on technological means of communication and those who use signing and/or auditory and visual aids.
6. Care staff are instructed and trained to adapt to the person's primary means of communication and are suitably trained, supported and supervised to do so. They are expected to receive, record and respond to all key matters associated with a person's care as they would to a person with whom they communicate through orthodox means, eg in obtaining consent.
7. A person's means of communication are always stated on their personal plan as are any difficulties experienced in communication during the course of their care.
8. Staff will always record the person's level of understanding over specific matters and decisions. This is especially important with people receiving care whose communication difficulties are linked to their lack of mental capacity so that best interests decisions can be taken where needed. These are always registered on the person's care plan.

Procedures

In this care service the following applies.

1. The care service ensures that it assesses all current and prospective people receiving care's communication needs with support as required from speech and language specialists.
2. It requires its staff to communicate effectively with people receiving care by implementing this person-centred, accessible communications policy, which ensures that people receiving care are always fully involved in their care and treatment and consent to it.
3. Details of any proposed care and treatment will always be explained to the person receiving care using communication methods that they can follow and understand.
4. Where the care service suspects that a person receiving care does not have the mental capacity to give their informed consent despite using all accessible means of communication it will follow its Mental Capacity Act 2005 policies and procedures to obtain best interests' decisions, fully involving the person as much as possible.
5. The care service expects that its staff will never assume incapacity or stop trying to communicate with a person receiving care who might lack capacity or is non-communicative; but will try different communication strategies, such as:
 - communicating when the person receiving care is at their greatest level of alertness
 - making sure the environment has sufficient light and quietness to enable communication to take place
 - facing the person, maintaining eye contact, speaking clearly and addressing the person receiving care by their preferred name
 - using simple language
 - checking regularly for understanding.
6. When communicating with people receiving care, staff will:
 - avoid any unnecessary jargon
 - use clear language and appropriate patterns of speech
 - use all identified methods of communication for that person
 - ask people how they prefer to be addressed
 - respect their wishes on how they like to be addressed
 - avoid using patronising language or “talking down” to people receiving care
 - remember that using respectful language and gestures promotes dignity and respect
 - ensure that all communications are appropriate for the person's culture and meet their cultural needs.

7. Staff are expected to be patient and understanding in their interactions with people who have difficulty communicating with their relatives and carers, giving people time to communicate and reply to questions.
8. The care service trains its staff to speak clearly, using appropriate language, and to ensure that people receiving care can see their faces, especially those who may be hard of hearing.
9. The care service will ensure that it makes all reasonable adjustments to meet the communication needs of people with sensory difficulties, including people with visual and hearing difficulties.
10. Where required and applicable, it will procure, provide or recommend the following resources suitable to individual communication needs.
 - Braille books and magazines and copies of literature.
 - Large print/easy-read copies of literature.
 - British Sign Language interpreters for deaf people.
 - Talking or Braille clocks and watches.
 - Braille or talking telephones and mobile phones.
 - Braille computer displays and keyboards.
 - Braille embossing tools.
 - Pill and medication organisers.
 - Hearing aids.
 - Flashing doorbells and telephone alerts.
 - Text phones.
 - Loop hearing systems.
 - Personal television listeners, such as headphones, a neckloop, an earloop, a loop system or infrared system.
 - “Shake awake” or vibrating alarm clocks.
 - Television with subtitles.
 - Vibrating watches.
 - Flashing or vibrating smoke alarms and fire alarms.
11. Where required, the care service will support people receiving care whose first language is other than English to access interpreting services.

12. Where required, the care service will support people receiving care with severe hearing impairments who use British Sign Language as their first or preferred means of communicating to access the appropriate services.
13. Care staff should take the time to get to know people receiving care as individuals and build relationships that enhance communication; where a person receiving care develops a close relationship with certain staff that allows them to communicate more easily, every effort will be made to enable the consistent assignment of workers.
14. The care service will ensure it adopts accessible language in all communications, publications and on the care services website. Alternative versions of publications will be available in different languages and formats, including easy-to-read and large print versions. The website will be designed to meet all recognised standards for accessibility to make sure that people can find and understand the information they need.
15. All staff are responsible for helping to deliver this policy by communicating in a way that is accessible to everyone, including those who access information in other formats or languages.

Communication with “the office”

The service will ensure that people are always able to communicate easily with the management and co-ordination team in the office, as they need to.

- The contact details for the office are given to all staff by the office manager or person responsible for recruiting.
- A mobile phone number is available for people who prefer to text. Where required, this number will be stored on the person’s phone for them at the start of services.
- All staff are given the out of hours number by the office manager or person responsible for recruiting..

Training

To enable effective communication the care service requires its care staff to have a reasonable grasp of English and to develop a reasonable standard of English in order to do so; this together with any issues relating to basic numeracy and literacy will be covered in the staff recruitment process so that remedial training can be recommended or provided in appropriate cases.

All care staff are expected to achieve Care Certificate Standard 6 “Communication” at induction or in relation to individual training needs and to continue developing their communication skills.

In this care service all new care staff will receive training in communication techniques, accessible communication and in respect for dignity, the principles of consent, informed consent and the Mental Capacity Act 2005 during induction.

The care service will support staff to develop specific communication methods as needed or required to communicate effectively with people receiving care.

Where appropriate it will appoint communication leads or champions, including in specific communication methods and support their specialist training needs.

Review

The policy is reviewed annually to check that it covers all current people receiving care with communication needs.

Signed: _____

Date: _____

Policy review date: _____
