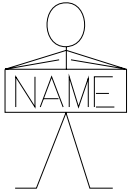# National audit of services for adults and young people with a learning disability
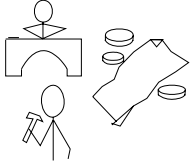
Questionnaire for people in charge of NHS and Independent Healthcare services to fill in
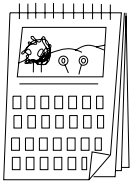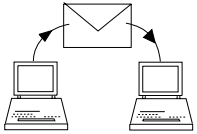
Easy read version

Your name
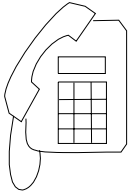
Your job title
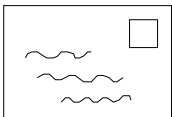
Date you finished filling in the questionnaire
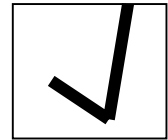
Your email address

Your telephone number

The name of your service

The address of your service

Please tick the boxes that best describe the service that you run ✓
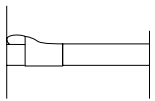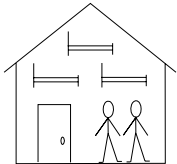
Acute assessment and treatment ☐

Low secure ☐
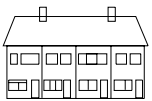
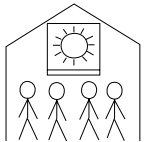Medium secure ☐

High secure ☐
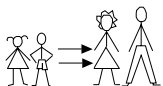
Respite or short breaks ☐

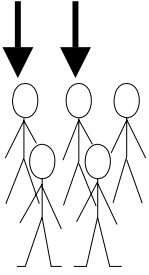Long stay hospital residential ☐

Campus residential ☐

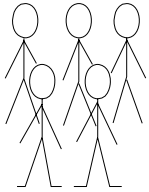Day service ☐

Adolescent unit ☐

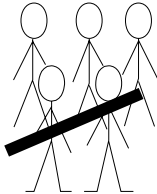Rehabilitation ☐

Other please describe

Number of whole time equivalent staff.
This is the number of **full time** staff that you would have if everyone worked full time hours. So, two people who work part time count as one full time member of staff.
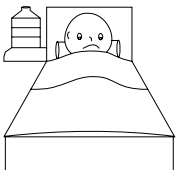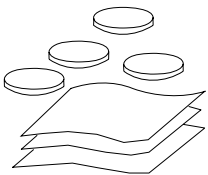**Go to the end of the questionnaire for more information.**

Total number of staff in your service

How many jobs are there in your service that are empty with no one doing them at the moment?

How many staff are there off sick from work for a long time?

How much money is your total annual unit budget for this financial year?
(from April 1st 2006 to March 31st 2007)
Please give us a number in £'s
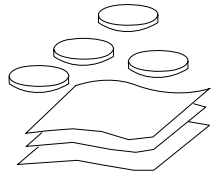
Please tick the box that best describes which organisations pay for your services. Tick as many boxes as you need to
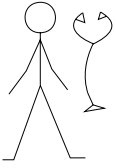
NHS
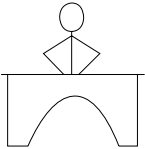
Local Authority
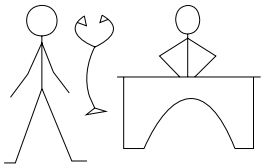
The NHS and Local Authority together

User of services or a family member
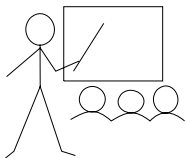
Education Authority

Other (please describe)
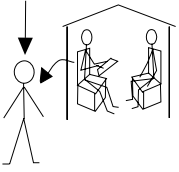
What is the most number of people that can use your service in a day or a night?
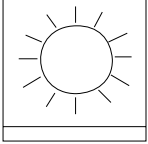
Day places
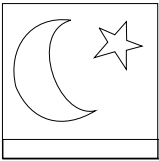
Overnight places
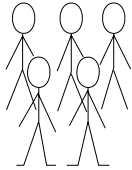
How many people are using your services at the moment?
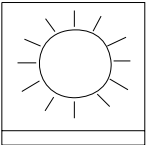
Day places
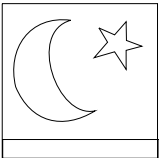
Overnight places
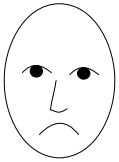
Are there any people using your service that have finished their care but do not have any plans to leave the service very soon? For example, in the next month?
If so, please tell us how many people there are

How many people using your services are male and how many are female?
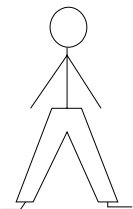
Male

Female

Please fill in the number of people using your services from each type of ethnic background.

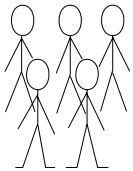|				
British (White)		Caribbean (Black or Black British)	
Irish (White)		African (Black or Black British)	
Any other White background (White)		Any other Black Background (Black or Black British)	
White and Black Caribbean (mixed)			
White and Black African (mixed)		Chinese (other ethnic groups)	
White and Asian (mixed)		Any other ethnic group	
Any other mixed background (mixed)		Not known	
Indian (Asian or Asian British)			
Pakistani (Asian or Asian British)			
Bangladeshi (Asian or Asian British)			
Any other Asian background (Asian or Asian British)			

Please fill in the number of people using your services in each age group.
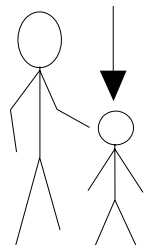
Age group	
12-14	
15-17	
18-19	
20-24	
25-34	
35-44	
45-54	
55-64	
65-70	
71+	
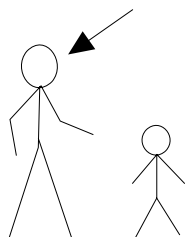
Please fill in the number of each type of patient

Informal inpatients. These are people that have agreed to go to the service to be treated

Detained inpatients. These are people that are kept in the service for a reason. For example, because they might hurt themselves or other people

People who rent a home

People who own a home

Young people (aged 12-19) looked after by the Local Authority

Part B. Main Questions

About the service

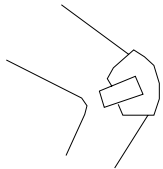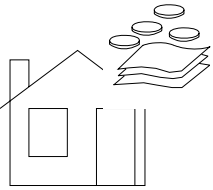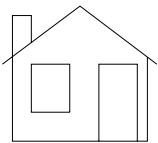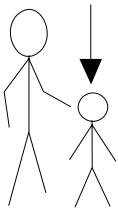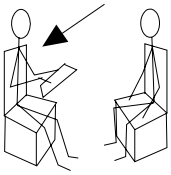| 1. Who employs the staff that give the care? Please put a X in as many boxes as you need to. Or tell us who in the box called 'other'. | NHS | |
	Independent Sector	
	Joint Local Health Authority	
	User of services	
	Education Authority	
	Other (please describe)	
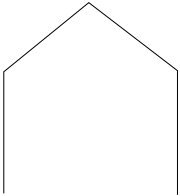
2. Who owns the building? Please put an X next to as many boxes as you need to. Or tell us who in the box called 'other'.	NHS	
	Housing Association	
	Local Authority	
	Private company	
	Charity	
	Family member	
	User of services	
	Education Authority	
	Other (please describe)	
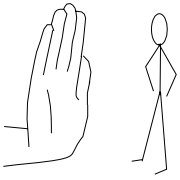
Safety

3. How many users of services have had to be restrained in any of these ways in the last year? (restrain means to control someone's behaviour)

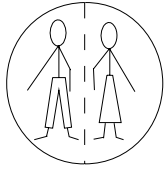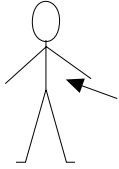|	
By moving them apart from other people (seclusion)	

By using their body (physically)	

By using equipment, restrained in a chair and so on (mechanically)	

Other	

4. How many times did these types of restraint take place in the last year?
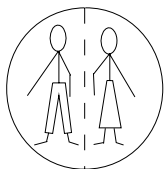
By moving them apart from other people (seclusion)	
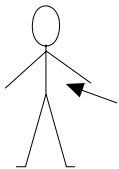
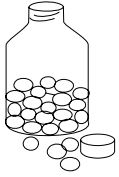|	
By using their body (physically)	

By using equipment, restrained in a chair and so on (mechanically)	

Other	

5. How many times in the last month has medicine called PRN been used to manage the behaviour of a user of services?
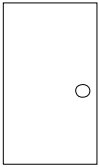
6. Which doors in your service are usually locked and are ones that users of servicesdo not have their own keys for? Please put an X next to as many boxes as you need to
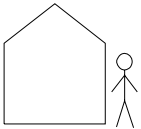
Doors to the outside of the building
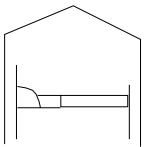
Bedroom doors

Bathroom doors

Kitchen doors
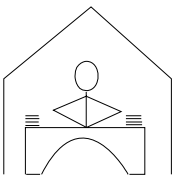
Office doors
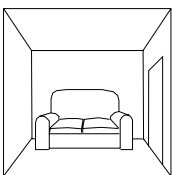
Other shared areas

Therapy and activity areas
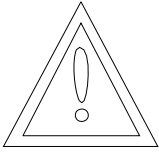
7. Are users of services given a risk assessment when they first join your service? Please give us some details about this.
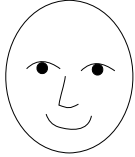
Yes
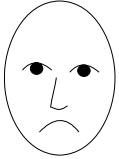
No

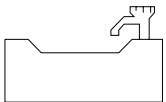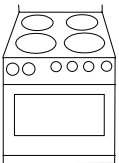**8. How do you do risk assessments and how do you deal with risks that you know about? (identified risks)**
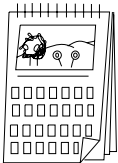
9. When did you last look at the way you do risk assessments and deal with identified risks?

10. How many incidents have been reported in the last 12 months? An incident is when things go wrong.

11. How do you make sure that staff know how to report when they are worried about the care of a user of services? (often called whistle blowing)

12. How many times in the last 12 months have staff reported concerns about the care of a user of services?

13. Do you have a written document called an Adult Protection Policy that is based on some guidelines called No Secrets?
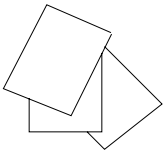
Yes

No

14. Do you have a written document called a Child Protection Policy? For example one called 'Working together'?
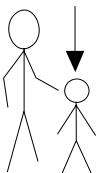
Yes

No

Clinical and cost effectiveness: spending money in the best way

15. As the manager of services, how do you check to make sure your service is of a high standard?

16. How do you make sure you know about the best way to do things for people with learning disabilities? **This is called best practice.**
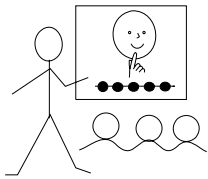
Training ☐

Up to date registration ☐

Visits to other services ☐
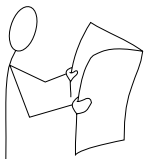
Internet or written information ☐

Research or checking services ☐

Other (please describe) ☐
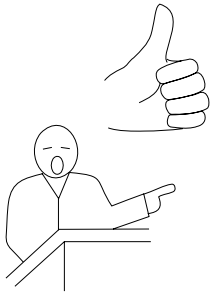
17. Please give three examples of good ways of doing things in your service that you would like to share with other people.

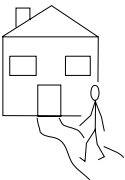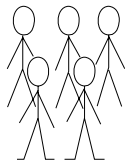**18. How many users of services have gone to see these types of people in the last year?**

GP

Practice nurse

Dentist

Optometrist (eyes)

19. How many times did users of services need emergency medical care in the last year?
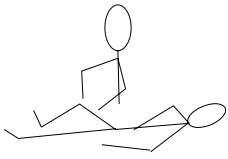
20. Please tell us how you make sure users of services can get special care if they need it. This is things like psychiatrists, community teams, language therapy, physiotherapy and arts therapies

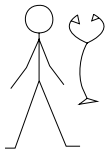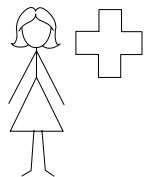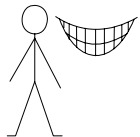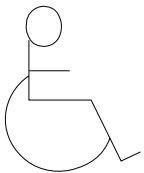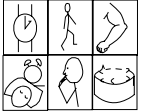**21. How do you meet the needs of users of services that have specialist needs? For example, people that cannot hear or see or who are autistic or find it difficult to move around?**

Governance: managing and planning the service
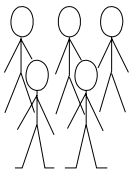
22. What is the lowest possible number of care and nursing staff on duty during the day and at night?
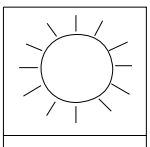
During the day
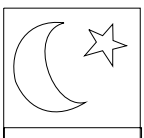
At night
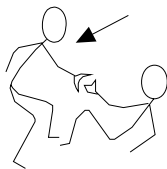
23. How many users of services have one or more staff who just look after them?

24. How often are each of these records checked (audited)?
Please tell us when each of these records were last checked.
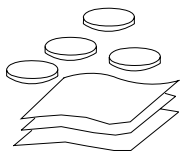
Money that the service has

Money that the user of services has
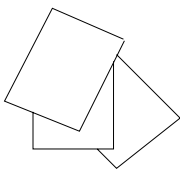
Care plans

Documents about staff
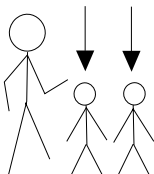
Plans about young people in transition

25. What changes have you made since checking these records?
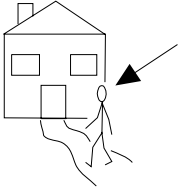
26. Have any of these people visited your service in the last two weeks? Please put an X next to as many boxes as you need to.
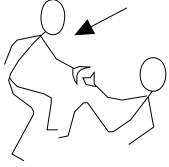
Carers

Care managers
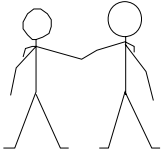
Friends of a user of services

Family of a user of services

Community learning disability team

Other (please describe)
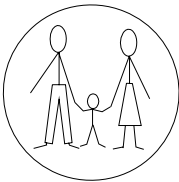
27. How do you make sure that you keep in touch with the families of users of services and other people important to them?
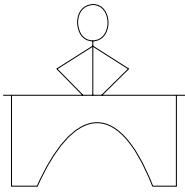
28. How many of your commissioner(s) have visited your service in the last six months or the last 12 months? Please tell us the dates that they visited.
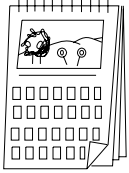
Within the last three months	

Within the last six months	

Within the last 12 months	

Never	
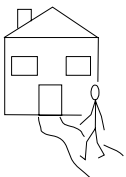
29. Have other senior managers visited your service in the last year without telling you they were coming first?

**Yes.** Please tell us the date
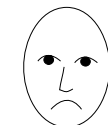
No
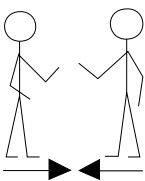
30. How many supervision meetings have you had with your manager in the last year?

Management

Clinical
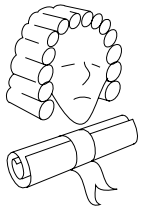
31. Can you prove that all staff, including volunteers and agency staff, have had CRB and POVA checks?

Yes

No
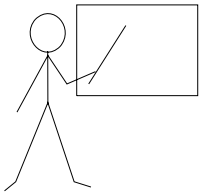
32. What subjects do you train staff in when they first arrive?
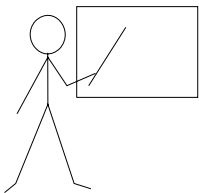
33. How many staff have had all their mandatory training? – training the law says they must have
Please give this number as a percentage.
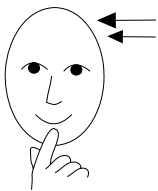
34. What subjects do you cover in your mandatory training programme?
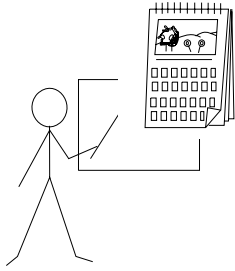
35. How many days in a year do care and nursing staff get for training? Please give your answer as an overall average per person.

36. How many permanent staff and staff on a fixed term contract have had an appraisal in the last year? Please give this number as a percentage.

Permanent staff

Staff on a fixed term contract
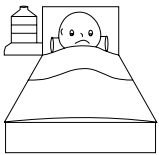
37. How many staff have been off sick in the last week? Please include staff that are off work sick for a long time. Do not include staff on maternity

38. What do you do to make sure staff and agency staff are doing things in a safe way and in the best way they can?

39. How many agency or bank staff have worked in your service in the last week?
Please just tell us the number of staff
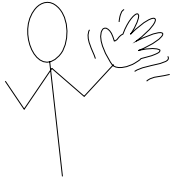
40. How many staff have left your service (not the organisation) in the last year? Include staff that have moved jobs to another part of the organisation

41. Are users of services ever asked to pay money for staff to support them to do things, like transport, cinema, holidays and so on? If they are please give us some details about when this happens

Yes

No

42. How does your service help people to look after their own money?

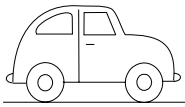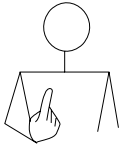**43. Please tell us about the rules (procedure) you follow to get someone to look after a user of service's money if the user of services is not able to look after it themselves.**

44. How is the transport that users of services need paid for?

Trust	☐

User of services	☐

Commissioner	☐

Family	☐

Other	☐

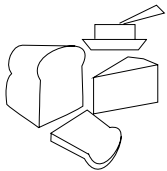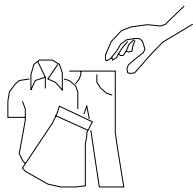**Patient focus: putting the needs of patients first**
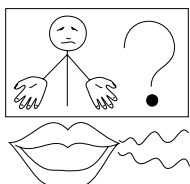
45. How many users of services have spoken to an independent advocate in the past three months?
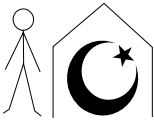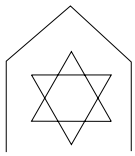
46. Please give us three examples of how you make sure that your service meets the cultural needs of all your users of services

47. Please give us three examples of where users of services have a choice about the way they live their everyday lives
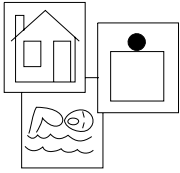
48. Please give us some examples of information that you have made easy to use

49. What languages or formats is your information in?

50. Can users of services get an interpreter easily if they need one?

Yes, an interpreter is always available when a user of services needs one ☐
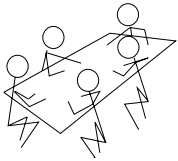
Interpreters are **mostly** available when users of services need one ☐

Often interpreters are **not** available when users of services need them ☐
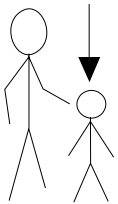
There are always **problems** getting an interpreter when a user of services needs one ☐
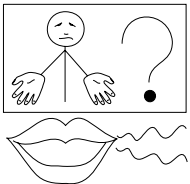
51. What languages are available in your interpretation service?

52. How many meetings called case meetings and review meetings have users of services been part of in last six months? Please give this number as a percentage
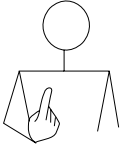
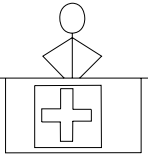**53. If the meeting is about a young person, who decides if the person's parents should come to the meeting?**

54. How many case or review meetings has an advocate been to the last six months? Please give this number as a percentage

55. Please tell us how many users of services have an up to date copy of each of these documents
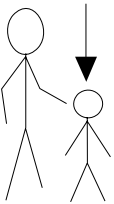
Person Centred Plan
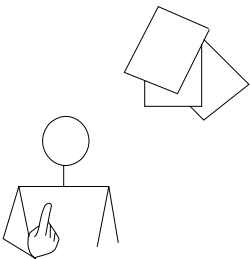
Community Care Assessment
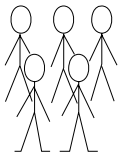
Health Action Plan

Care Programme Approach

Transition Plan (for young people)

56. Please tell us the number of users of services that can get a copy of their own care plan that is easy for them to understand and that they can look at when they want to?

57. Please tell us the number of users of services who have had their care plan looked at (reviewed) for each of these time periods

One month	

Three months	

Six months	

One year	

Longer than one year	

58. Please tell us the number of users of services who have left the building to take part in these social things in the last week?

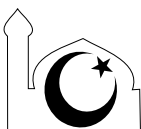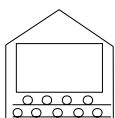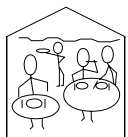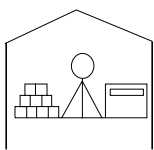| Shopping	

Playing sport	

Eating out	

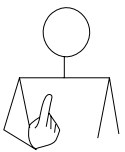| Cinema, theatre, concerts etc	

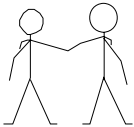| Places of worship	

30
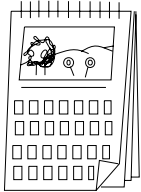
59. How are these social things paid for?

60. Please tell us the number of complaints you have had in the last year from each of these types of people?
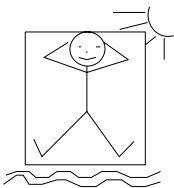
Users of services

Relatives and carers
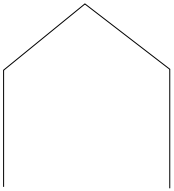
Other agencies

61. Please tell us the number of complaints from users of services and the number that were upheld
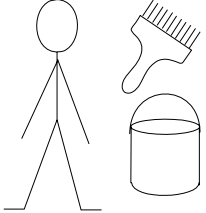
Total number of complaints received

Total number of complaints upheld - solved?

62. How many users of services have had a holiday (not a day trip) in the last year?

Care environment and amenities: This is things like the building, and things that are there to help people when they use the service
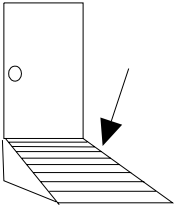
63. Do you have a plan called a Maintenance Plan for your service?
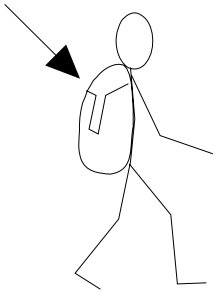**This is a plan for things like the building, decoration and equipment.**
If you do, how do you manage this plan?

Part C: More information

Is there anything that we need to know about your service that we have not already asked you about?

If we choose to visit your service is there anything that we will need to know about how to get into the building or the service?
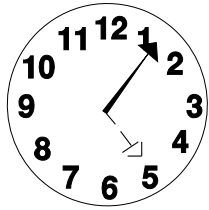
If we choose to visit your service is there anything that we need to know about your service?
For example, are there things that we cannot bring in to the building?
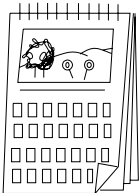
Are there any dates between October and December 2006 that would not be good for us to visit on?
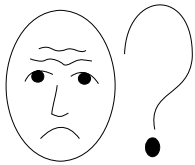If there are please tell us why this is.

Filling in

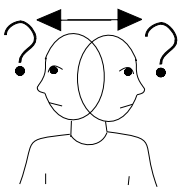**How long did this questionnaire take you to fill in?**

Were there any questions you felt repeated something that we had asked for earlier in the questionnaire?
Please tell us the question numbers

Were there any questions that you found hard to understand or that took you a long time to find the answer to?
Please tell us the question numbers.

Do you think we have missed any important questions out?

Yes, please give details

No

How easy did you find the questionnaire to fill in?

Very easy

Easy

Not easy or hard

Hard

Very hard