

Evaluation of a national audit of specialist  
inpatient healthcare services for people  
with learning difficulties in England

*December 2007*

## Introduction

In 2007 the Healthcare Commission undertook a national audit of specialist inpatient healthcare services for people with learning difficulties, publishing the findings in the report: *A life like no other*. We are committed to evaluating our work and improving our methods. This report describes the evaluation of the national audit and presents the results and recommendations.

We use the term “learning difficulties” rather than “learning disabilities” in this report. Whenever we consulted with people with learning difficulties during the national audit it was clear to us that this was the term they preferred.

The report draws on:

- the learning from two workshops we ran to evaluate the audit
- the findings from a questionnaire survey sent out to managers of learning disability services to ask about the impact the audit had on their individual services.

The workshops and the survey were undertaken after we had completed the national audit data collection and assessment visits but before the publication of *A life like no other*.

We commissioned an independent research consultancy, the Office of Public Management (OPM) to undertake the survey element of the evaluation. OPM's detailed report of the survey is available on the Healthcare Commission's website: **[www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)**.

## **Context: *A life like no other***

The Healthcare Commission is the independent watchdog for healthcare in England. It has the power to investigate NHS services where suspected service failure might be putting staff, patients and people using services at risk. In 2006, we investigated two NHS trusts providing services for people with learning difficulties. These were Cornwall NHS Partnership Trust, and Sutton and Merton Primary Care Trust.

Both investigations identified unacceptable and failing standards of service including abusive behaviour towards people with learning difficulties and institutional abuse. We were extremely concerned by these findings. Not least, because it was unclear whether they were isolated cases or indicative of more widespread problems in learning difficulty services. As a result, in 2007, we undertook a national audit of all specialist inpatient learning difficulty healthcare services in England, publishing the results in the report: *A life like no other* in November 2007.

The national audit was designed to collect, for the first time, detailed information about the nature of specialist inpatient healthcare services provided to people with learning difficulties. It is our intention that this information (and the audit process itself) should encourage improved services in the short and long-term.

The national audit included all NHS trusts and independent healthcare organisations providing adult or specialist adolescent learning difficulty services in England. We consulted with an internal steering group and an external reference group, when developing the audit methodology and our methods were fully piloted before the audit began. The audit itself was undertaken in two main stages.

### **Stage 1: Self-assessment**

The first stage involved sending self-assessment questionnaires to 638 learning difficulty services in 72 NHS trusts and 17 independent healthcare organisations. Separate questionnaires were distributed to:

- relevant management teams/boards, and
- the managers responsible for the day-to-day running of each service.

The response rate was high, 97% from management teams or boards and 93% from service managers.

### **Stage 2: On-site visits**

Peer review teams (comprising a family carer or person with learning difficulties, a Healthcare Commission manager and, a clinician or manager from the learning difficulties field) conducted on-site visits to 154 learning difficulty services in 68 organisations throughout April and May 2007. Each visit was conducted at short notice (24 hours) and lasted one day. The peer review team members received training from the British Institute of Learning Disabilities. Each team met before the visit (the “pre-visit meeting”) to agree on the questions they should follow up during the visit depending on the responses provided in the completed questionnaires. Additionally there were 12 questions that were asked routinely at every visit.

During the visits, the peer review teams talked and listened to people with learning difficulties using the service, looked at individual care plans and interviewed members of staff. They also observed the environment in which people lived, how they were cared for and how they interacted with other people.

Following each visit, the results (in the form of a standardised table) were forwarded to the appropriate Healthcare Commission assessment manager and then checked for consistency by a national panel convened for the purpose. The table of results was shared with the learning difficulty service concerned to confirm factual accuracy before finalising.

## **The national audit findings**

Following the national audit, we had serious concerns about six services and immediate action was taken to address these. Otherwise, generally **basic** standards of care appeared to be met, with some services providing some aspects of good care. But there were wide variations in care both within and between organisations and we concluded that the quality of care in the majority of services needed significant improvement. For instance:

- procedures for safeguarding vulnerable adults were judged to be poor
- we could not be sure that people's human rights were always upheld
- planning of care was generally poor
- sometimes people were not able to access their own care plans
- staff training was often poor
- we found insufficient internal and external scrutiny
- there was a lack of general leadership around learning difficulties services
- people did not always have access to advocacy or accessible information about making a complaint

Individual learning difficulty services received their own results alongside any recommendations for improvement. Service managers were asked to share the findings in an appropriate way with the people who use their services and draw up an action plan to implement the recommendations.

# The evaluation

## Aims

We were keen to evaluate the national audit. We wanted to discover:

- the extent to which the audit is leading to real improvements in services for people with learning difficulties
- which aspects of the audit process worked well and which, not so well
- how we can improve our audit methods in the future.

## Methodology

To support this evaluation, we organised:

- an event for all of the review teams involved in the audit
- an event for Healthcare Commission staff
- an externally commissioned, independent evaluation survey of learning disability services.

### One-day event for review teams

This event was open to all peer review team members and members of the external reference group and was held at a large venue (a football ground). Two members of Healthcare Commission staff led the event, with additional staff facilitating at each table. There was also a facilitator who was able to communicate key themes and individuals' views graphically. Ninety-six people in total attended the workshop:

People with learning difficulties	10
Family carers	28
Healthcare professionals	30
Members of the external reference group	10
Members of Healthcare Commission staff	18

The day was divided into sessions focusing on separate stages of the review process with the aim to understand which aspects of the process had worked well, and which, not so well. We used two different discussion formats. In the first session focusing on training, small group discussion was generated in response to key topic areas around individual tables. For the other sessions, members circulated around the room using post-it notes to respond to various questions posted on the walls.

### Half-day event for Healthcare Commission staff

This event was open to all staff involved in the national audit. Again the focus was on the process of the audit, what had worked well and what could be improved. Members of the Commission's *Patient and Public Engagement* team led the event. Thirty-one members of Healthcare Commission staff attended. The majority were operations staff who were directly involved in carrying out the national audit. Staff were split into five groups to facilitate small table discussion.

## Independent evaluation survey

We commissioned an independent research consultancy, the Office of Public Management (OPM), to undertake an evaluation survey of the managers responsible for the learning difficulty services that had been assessed as part of the national audit.

An electronic email with a link to an online questionnaire (hosted on OPM's survey site) was sent to the managers who had submitted data on their services to us as part of the national audit. Survey responses were anonymous to encourage respondents to be open about their views. The survey was sent to 529 managers on 15 August 2007 with a deadline of 5 September 2007. We received 242 responses (a response rate of 46%). The response was reasonably representative.

*Table 1. Characteristics of responders*

<b>Sector</b>		
NHS	216	89%
Independent	26	11%

<b>Client group</b>		
Adults	212	88%
Adolescents only	5	2%
Adults and adolescents	25	10%

<b>Visited by a Commission peer review team during the audit</b>		
Yes, visited	135	56%
No	107	44%

The survey took place after healthcare organisations had learnt their own results but before the national report was published. The questionnaire focused on the impact of the national audit on local services. It also asked respondents to comment on and identify improvements to the audit process itself.

OPM's detailed report of the survey is available on our website [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk). The questionnaire is also included as an appendix to the OPM report.

## Evaluation findings

### The impact of the national audit

The findings are drawn from the independent survey conducted by OPM.

- By the time of the survey, half of respondents had already made **changes** as a result of the audit.
- 85% of respondents had already made or planned to make some changes as a result of the audit.
- Just over half of respondents (53%) agreed that the audit would definitely help to improve **outcomes** for people with learning difficulties, family carers and staff. A further 34% thought that it would probably do so. Conversely, only 1% thought that it would probably not improve outcomes.

### How did the national impact encourage change?

The survey included questions probing the timing of changes. These asked whether changes were:

- made immediately after receiving the questionnaire
- made immediately after receiving a peer review team visit (if this occurred)
- planned for the longer term.

*Table 2. The timing of changes made as a result of the audit*

	After questionnaire	After visit (if experienced)	Planned
Change	30%	61%	76%
No change	70%	39%	24%
Sample size (n)	242	135	242

### Types of changes made

Respondents described many different examples of changes, including:

#### Immediate changes

- Creating or updating service action plans
- Staff training or related (for example, monitoring of training)
- Creating or updating care plans for people with learning difficulties
- Internal reviews or audits
- Updating documentation, records and information
- Updating or introducing policies (for example, an open door policy)
- Risk assessment
- Environmental improvements (for example, decoration)

#### Longer-term changes

- Staff training including new training plans
- Increasing user involvement and advocacy
- Evaluation, audit or policy reviews
- Environmental improvements

- Increasing people with learning difficulties' independence
- Registration with the Commission for Social Care and Inspection
- Provision of activities
- Improved relationships with provider organisations
- Improved commissioning and monitoring
- Staff access to IT and other resources

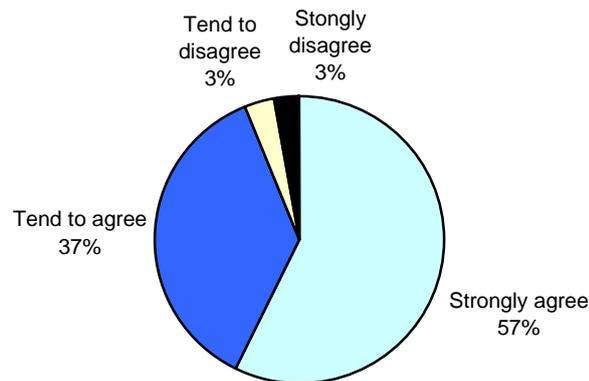
## The national audit process

Findings in this section are drawn from the independent survey conducted by OPM and both evaluation events run by the Healthcare Commission, where applicable.

### Self-assessment

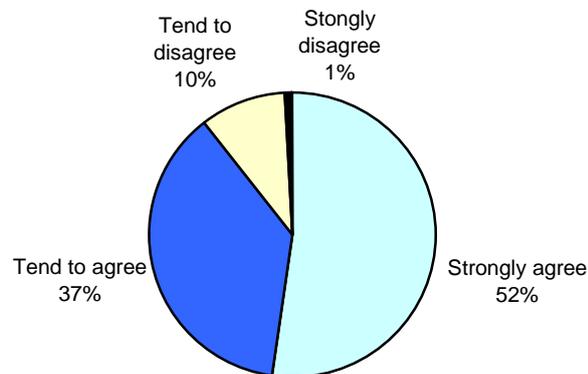
The majority of managers of learning difficulties services, who took part in the evaluation survey, agreed that the aims and process of the national audit were made clear.

Figure 1. The aims and process of the audit were made clear to me



Sample size: 242

Figure 2. The self-assessment questionnaire was a useful tool



Sample size: 242

They also generally agreed that the self-assessment questionnaire had been a useful tool for their service in its own right. Some respondents mentioned the value of the questionnaire when asked to identify the one most important thing they felt should stay the same were the audit to be conducted again in the future:

*“The questionnaire was excellent, and made me think seriously about how my service was performing, and what improvements I should make.”*

*“The initial self-audit ... the opportunity for ownership to strive to improve things ourselves.”*

Some respondents remarked on the electronic nature of the self-assessment process here:

*“It was easy to use, even for people who are not very computer literate.”*

*“That it was emailed ... made things a lot easier.”*

Others thought that the self-assessment questionnaire stage could have been improved by either having more time to complete the questionnaire, a shorter questionnaire or more space to explain responses. Nine respondents commented that the questions could have been more specific to their services.

## **The peer review visits**

### **Training**

The event for review teams included a session devoted to the discussion of training. The training had included a DVD, pre-pack and training day. Review team members had found these components useful.

- The DVD was generally viewed as excellent although there was some concern that it had not prepared people for the poor levels of service they were to see in practice.
- The pre-pack was also viewed positively although some packs were sent out too late and some people thought that all the documents contained in the pack should have been in an easy read format.
- The training day was viewed positively especially because teams were trained together allowing members to get a good understanding of personalities and roles. The training was also praised for helping review team members to think about how to challenge poor practice and giving them confidence. There were eight training sessions altogether across England and there were mixed views about specific elements of the day, venues and timing. For instance, some venues were not wheelchair friendly.

The event for Healthcare Commission staff echoed these findings, for instance on the value of training with other team members and the varying suitability of some of the venues. Attendees also raised issues about whether their training adequately covered quality assurance and report writing, and the level of support from the British Institute of Learning Disabilities.

## Pre-visit meeting

The pre-visit meeting was viewed as an essential 'invaluable' part of the audit process. This view was widely expressed at both the events for review teams and Healthcare Commission staff.

The review teams were generally very positive about the pre-visit meeting. The meeting supported people by helping them to understand what they were going to do during the visit. It was also viewed as helpful for getting to know others in the team and many people said they felt valued and were listened to.

However, some people at the event for review teams thought that more time could have been allowed for the pre-visit meeting. Some felt that Healthcare Commission colleagues could have included them more. Some reported that the pre-visit meeting left them feeling nervous about the visit itself.

*Table 3. Results from the post-it Q&A session on the pre-visit meeting*

	Positive	Negative
How well were your concerns answered?	22	5
How useful did you find the discussion?	26	4
Was the pre-visit meeting held at the right time?	31	5

## Peer review team visits

The review team event identified some mixed views about how the visits were conducted and what they revealed. Everybody thought that it was good that the visits happened and most people thought it was a fantastic opportunity to visit other services to see what others were doing. However, most said that the visits did not go as planned – most often because services were of a poorer quality than they had expected.

*Table 4. Results from the post-it Q&A session on the visits*

	Yes	No
Did the visit go as planned?	12	19
Were the mix of skills and expertise right in the teams?	38	15
Did you have enough information to make informed judgements?	21	20

Virtually all people who said the skills' mix was unbalanced in the team cited the lack of people with learning difficulties in the team. Other concerns included:

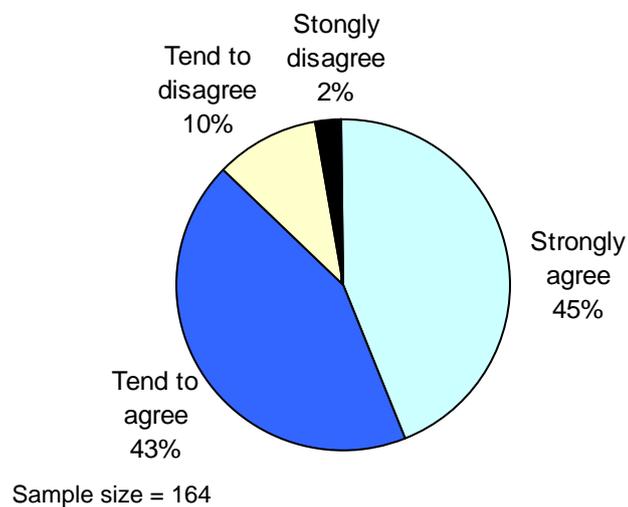
- additional time would have enabled teams to speak to a greater number of people with learning difficulties
- had more time been available, the debriefing session would have been more effective
- people wanted to stay in the same teams for different visits
- more time should have been allowed to write up the evidence sheets.

In terms of what could be improved, the most common suggestion made by nine people was extending the audit visit over a longer period.

These findings were broadly mirrored by the Healthcare Commission staff event in their discussion about visits. Most thought that visiting individual units had worked well but again the issue of more time was raised by three out of five of the discussion groups.

The OPM evaluation survey also included some questions on the value of the peer review visits to managers who had experienced a visit.

Figure 3. The peer review team visit was helpful for my service



Nine out of ten respondents agreed that the involvement of families and carers in the audit made a real difference. Several managers commented further on the value of the visits:

*“The team being multidisciplinary to gain a balanced view.”*

*“Having people of a variety of professions within the audit team gave credibility to the audit.”*

*“The fact that the visit was made with just 24 hour notice meant that the audit team had a genuine snapshot.”*

*“Team totally independent of local services therefore unbiased.”*

But managers also identified areas for improvement. Eighteen managers mentioned timing – asking for greater sensitivity to services’ situations. Eleven of these requested longer (less intensive) schedules:

*“A longer visit to look at shift differences and not just a snapshot.”*

*“Review team to give more consideration to the fact that they were in people’s homes.”*

*“Visits lasting the day were disruptive.”*

A further 15 thought we should have visited more units or services per provider to get a better overall view:

*“You visited our weakest units – the risk of this is that the national report is likely to give a very negative view of learning difficulties.”*

Only four respondents expressed a desire for longer notice of the visits.

## **Feedback and reporting**

The review team event looked at the processes of evidence gathering and reporting.

*Table 5. Results from the post-it Q&A session on post-visit process*

	Positive	Negative
Were the evidence sheets useful?	24	19
How prepared did you feel to take notes on the visit?	27	22
When you read the report did you recognise the service?	40	5
Did you get to see the changes to the report?	26	16

It was clear that while the majority of people were able to recognise the service they had visited from the written report, there was some room for improvement to the post-review process. The group generated two clear recommendations for improving things:

- some more time
- producing accessible reports for the people living in audited units

The event for Healthcare Commission staff similarly identified the lack of time for the report writing stage as an issue. But staff (who were responsible for writing the reports) also identified detailed issues around templates, the quality assurance process, notes from the peer reviewers and the use of the national panel.

The independent survey of learning difficulties managers prompted respondents to think about the one aspect of the audit they felt should stay the same and one they felt needed most improvement. The quality of feedback following the audit featured in responses to both questions:

### **Positive (7 mentions)**

*“The good feedback and the accurate view of what we needed to do to improve.”*

*“This meant I was able to start implementing changes before the main report came out.”*

### **Areas for improvement (15 mentions)**

Most respondents here wanted constructive feedback directly from the peer review team at the end of the visit:

*“It would be beneficial to have some feedback on the day as the timescale in waiting for the report has been quite long.”*

## **Overall views of the audit**

Overall, people attending the event for review teams had enjoyed being part of the process. They had benefited from being able to see poor as well as good services. Working together in the mix of groups was excellent. People did not want this to end and felt it should be an ongoing process. Team members were convinced that the audit would make a difference and indeed some had gone back to their services and changed their own organisation’s practice as a result.

There were some negative comments – mostly around organisational issues:

- Needed more time
- Supporters needed more advice about their role
- Expenses could have been handled better
- More notice of visits needed
- The geography/distance of visits was sometimes difficult
- Some people thought that local people should do visits in their area
- Clarity on the time commitment needed

Also

- There should have been more people with learning difficulties in the teams
- Some of the questions should have been more fundamental: for example, why are people living here in the first place?
- Information could have been more accessible
- Some people were frustrated that they hadn't been used enough
- There was some concern about the consistency of findings between visits

Healthcare Commission staff at the staff-only event similarly reflected that the audit had been badly needed, it had made a real difference and the use of peer reviewers had worked well. Similar organisational issues were also identified.

In the independent survey of learning disabilities managers, some respondents made wholly positive comments about the audit:

*“As a unit manager, I feel that this type of review should become commonplace to help services foster a culture of transparency and openness.”*

*“The audit helped give us external validation that we were delivering a good quality service and provided additional assurance to our board that this was the case.”*

*“I hope that this was not a one-off. Services need to improve and prevent any further mistreatment of people with learning difficulties.”*

## Conclusion

The national audit has been a groundbreaking piece of work for the Healthcare Commission. It has helped to make a real difference to people with learning difficulties using specialist inpatient healthcare services. The way that the review was designed, for example, including people with learning difficulties in on-site inspection teams, clearly contributed to its impact.

This was the first time we have conducted a nationwide audit of this nature. The evaluation shows that the audit methodology was highly appropriate for services that have received relatively little scrutiny in the past. Nevertheless, the evaluation has identified many areas on which we need to reflect, to lead to an improvement in our processes. For example, we must:

- balance our desire to cover sufficient numbers of services in the visit programme with the amount of time spent at each unit. Our resources are clearly limited and we must make choices about how these are expended
- take greater account of the special expectations of people with learning difficulties and their supporters involved in the review teams
- balance the need to see services as they 'really are' (without giving notice) with a desire that we provide more notice, leading to less disruption of day-to-day routine. On balance, we believe that people with learning difficulties and their carers do not expect us to provide notice
- provide the review teams with more information on our expectations of them.
- make even more effort to improve the involvement of people with learning difficulties.

We are grateful to all the people with learning difficulties, family carers, clinicians and managers, and Healthcare Commission staff who took the time to contribute to the evaluation.