



Guidelines for EASI Process and Tool

Evaluation, Action and Service Improvement

(April 2019)



Building a
Better Health
Service

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á Forbairt



Contents

I. Introduction	4
Interim Standards for New Directions Services and Supports for Adults with Disabilities	5
Principles.....	5
Services and supports that accommodate a wide range of diversity.....	6
Scope of the Interim Standards	7
The need for a partnership approach.....	8
Status of the Interim Standards for New Directions	8
2. Self Evaluation	9
Purpose of self evaluation	9
Evaluation, Action and Service Improvement (EASI)	9
Conducting the Self Evaluation	11
Step 1 - Preparing for the Self Evaluation	12
Step 2 - Completing the Self Evaluation Record.....	14
Gathering the evidence	15
Evaluating the evidence and applying a rating.....	17
Summary Overview Graphs.....	19
Completion of the Documentation Action Plan.....	22
Completion of the Continuous Quality Improvement Action Plan.....	24
Step 4 - Review	26
National Report.....	27
Role of the Local CHO Implementation Group in the Review Process	29



3. Continuous Quality Improvement Process.....	30
Step 1 - Preparing for the next Self Evaluation	30
Step 2 - Completing a revised Self Evaluation Record.....	31
Summary Overview Graph.....	32
Step 3 - Completing new action plans for documentation and continuous quality improvement	33
Step 4 - Reviewing progress annually	33
4. Further Information	33
5. Glossary of Terms	35



1. Introduction

In Ireland, day services for adults with disabilities provide a vital network of support for over 21,000 people. The people who use these services have a diverse set of interests, aspirations and personal circumstances. They are people with a wide range of abilities and ages, who live in small communities, in isolated rural areas and in cities and towns. **'New Directions'**, the Review of HSE Day Services and Implementation Plan, published in 2012 proposes an approach to the provision of these services which is based on the principles of person-centeredness, community inclusion, active citizenship and high quality service provision.

New Directions sets out twelve supports that should be available to people with disabilities using 'day services'. It proposes that 'day services' should take the form of individualised outcome-focussed supports to allow adults using those services to live a life of their choosing in **accordance** with their own wishes, needs and aspirations.

This document is a step by step guide which takes you through the process of using the EASI tool. It is recommended that you read the guidance before you start the process. Key to this process is the involvement of several Stakeholders which are referenced throughout the document

1. The Services Users attending the service (the person with a disability or her/his advocate)
2. The Frontline Staff delivering the service
3. Management – three levels of management:
 - a) Local Managers who have active day to day involvement in the service
 - b) The Management who support the process such as the CEO, Senior Managers
 - c) The Board who are informed of the process and drive the process



It is also recommended that before you embark on the process, that all stakeholders are familiar with the Interim Standards for New Directions, as this is central to completing the EASI process. An education piece on the Interim Standards may be necessary to support all involved in completing the process. Please see www.hse.ie/newdirections for presentations.

Interim Standards for New Directions Services and Supports for Adults with Disabilities

On the 11th November 2015, the HSE published **Interim Standards for New Directions Services and Supports for Adults with Disabilities (Interim Standards New Directions)** requiring service providers and key stakeholders to involve people with disabilities in the design, delivery, monitoring and evaluation of the services and supports provided. They aim to be a catalyst for community inclusion and self-determination in the lives of people with disabilities and to provide a framework to assist stakeholders to deliver services and supports in accordance with the vision and stated objectives outlined in the New Directions and the **Transforming Lives - Value for Money and Policy Review of Disability Services** reports.

Principles

These Interim Standards for Services and Supports for Adults with Disabilities are based on a number of key principles. The principles are to:

- (1) Provide person-centred services and supports that are tailored to individual need.
- (2) Provide person-centred services and supports that promote community inclusion and active citizenship.
- (3) Provide person-centred services and supports that promote independence and a good quality of life for people using them.



-
- (4) Promote and uphold the equal rights of adults with disabilities.
 - (5) Promote and improve the health and development of each person.
 - (6) Provide safe services and supports that promote positive risk management.
 - (7) Provide effective governance arrangements with clear leadership, management and lines of accountability.
 - (8) Plan and use resources effectively.
 - (9) Deliver responsive and consistent services based on evidence and good practice.

Services and supports that accommodate a wide range of diversity

As outlined above, a key principle of the standards is that services and supports are tailored to an individual's need. The scale of needs is most diverse as it ranges from addressing the needs of a person with mild intellectual disability to meeting the needs of a person with severe and profound intellectual disability, as well as those with significant physical disability. Aside from the variation in the range of people's needs, there are also disability specific conditions such as Autism, Acquired Brain Injury, etc. that are a key consideration when the individualised personal plan is being developed.

Community Inclusion and Active Citizenship are key principles of the standards. It is, however, acknowledged that some people require purpose built facilities to support their needs and that community inclusion may be limited consequently.

There are also specific disability conditions that present challenges with regards to the level of community inclusion that may be appropriate for an individual.



These factors should not compromise the principles of Community Inclusion or Active Citizenship but rather reinforce the approach to individualised planning and solutions, which will support appropriate and meaningful access to the community that is respectful of a person's needs, wishes and abilities.

Scope of the Interim Standards

These Interim Standards will apply to HSE funded services and supports for adults with disabilities, whether operated by public, private or voluntary bodies or organisations. They will not apply to the following services:

- Mental health services, which are regulated by the Mental Health Commission¹
- Residential services for adults and children with disabilities, which are regulated by the Health Information and Quality Authority
- Personal assistant services
- Home care / home support packages
- Home help services
- Mainstream and community services that a person may be supported by HSE funded services to access and attend.

¹ The Mental Health Commission has published the 'Quality Framework for Mental Health Services in Ireland'. This framework will apply to mental health supports provided to adults with disabilities.



The need for a partnership approach

The scope of these standards is limited to the services and supports provided by disability service providers, as outlined above. However, it is recognised that others, including for example, people’s families, friends, community groups, education providers and government agencies, have an important role to play in supporting individuals to meet their goals and achieve a good quality of life. Therefore, partnership working between disability service providers and these other stakeholders will be necessary in order to achieve many of the outcomes described in these standards. The role of disability service providers to engage in partnership working with other stakeholders is described throughout these standards, in the ‘features’ sections.

The scope of the standards does not extend to the roles played by these partners / other stakeholders and the services provided by them. The standards relate only to the services and supports that are directly provided by HSE funded service providers.

Status of the Interim Standards for New Directions

Following discussions with HIQA when it was clarified that day service standards is not part of their immediate agenda, it was agreed that the New Directions National Implementation Group would progress the implementation of the **Interim Standards New Directions** using a continuous quality improvement approach.

The implementation of the **Interim Standards New Directions** will involve Self Evaluation in the first instance. In regard to future monitoring – a proposal has been approved by HSE Senior Management, as recommended in New Directions and the monitoring of the Interim Standards New Directions, for 4 Project Managers in CHO 1, 4, 5 and 9 (April 2019).



When recruited these posts will support the EASI Process at area level, going forward they will form a team to develop a mechanism for the monitoring of the Interim Standards for New Directions in conjunction with HIQA. As part of the annual Service Arrangement process, all day service providers will be obliged to comply with the **Interim Standards for New Directions**.

2. Self Evaluation

Purpose of self evaluation

Self Evaluation is an opportunity for service providers to:

- Confirm areas where the service is meeting the **Interim Standards New Directions**
- Plan actions to address any identified gaps in systems and processes
- Identify additional opportunities for improvement, to support continuous Improvement

Evaluation, Action and Service Improvement (EASI)

EASI is a Self Evaluation process by each service location provider and is a fundamental part of continuous quality improvement process and key to the delivery of the **New Directions** policy. It is also part of each organisation's Service Arrangement with the HSE and it should feature in each provider organisations strategic plan/operational plan.

The purpose of Self Evaluation is to explore and reflect with all stakeholders (people using the service, staff and local management) and to report on the effectiveness and quality of the supports being provided under **New Directions**. In doing so, existing good practices can be identified and maintained while areas in the standards requiring improvement can be addressed.



Effective Self Evaluation and improvement processes are underpinned by:

- Objectivity and transparency
- Effective communication where all stakeholders have access to relevant, accurate and up to date information in a format that promotes engagement dialogue and feedback

Leadership:

- The composition of Service Provider Organisations varies enormously in the sector, however regardless of the size and scale of the service provided, strong leadership is an essential requirement to support the implementation of the interim standards. It is essential that the:
 - the Board of management of all Organisations need to be informed of the process and actively drive the process in the Organisation
 - CEO and Senior Management support the process and actively encourage the process throughout the Organisation
 - Local Management - management that is actively involved in the day to day provision of services need to take responsibility for the implementation, rating and completion of the process in partnership with the staff in the local area.

The aim of the EASI process is to produce a constructive report which will help each service location provider to maintain and improve the quality of its services and supports under **New Directions**. It is envisaged that the by the end of Quarter I 2020 that the Self Evaluation will be fully completed and that following on from that the focus will be on review and quality and improvement.



Conducting the Self Evaluation

The Self Evaluation process has 4 steps:

Step 1 - Preparing for the Self Evaluation

Step 2 - Completing the Self Evaluation record

Step 3 - Developing an action plan for improvement

Step 4 - Reviewing progress



Figure 1 – Diagram outlining the cyclical nature of the 4 Steps Self Evaluation Process



Step 1 - Preparing for the Self Evaluation



The **Self Evaluation process** should be led by a person within the service location who has an excellent knowledge of the Interim Standards, and has the skills to coordinate the Self Evaluation process, such as, engaging with stakeholders conducting interviews and deciding which policies, records or other documents need to be examined, developed or revised. Depending on the size of the service location, the lead person may require assistance from a number of people.

A number of methods **must be used** to conduct the Self Evaluation process including:

- Desktop review of your organisation's policies and procedures
- Active engagement with service users (the person with a disability or her/his advocate), staff and management. (In terms of good practice it is recommended that your Board of Management is made aware of the process and outcomes of the Self Evaluation)
- Workshops/meetings to discuss where your service location is working well and where there are gaps in the system

To promote involvement, it is useful to explain why the Self Evaluation is being undertaken and why **all** stakeholders involvement in this process is important.

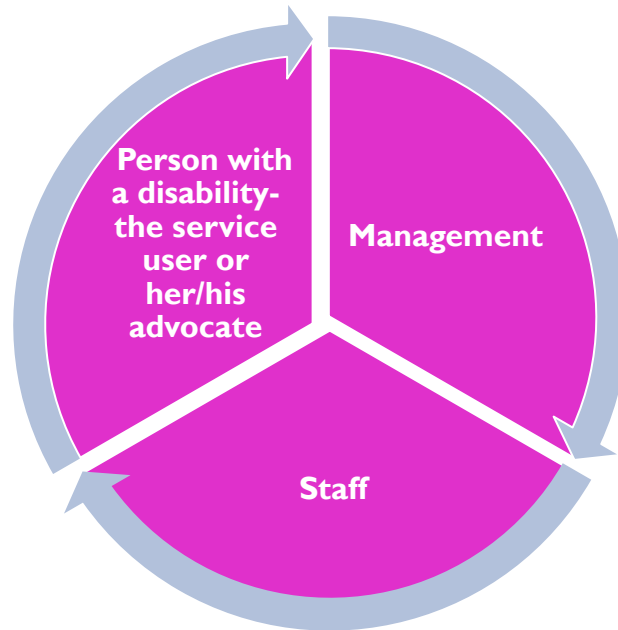


Figure 2 – Diagram outlining the process of engagement with all stakeholders

The contents of the electronic tool is designed to be an on-going record for continuous quality improvement. It is important that the following **sections** of the electronic tool are fully completed by the lead person in each service location:

- Self Evaluation record
- Documentation (includes a section for noting documentation evidence and for developing an action plan)
- Action plan for Continuous Quality Improvement (CQI)

The other sections in the electronic tool are:

- **Summary Overview Graphs:** once you have fully completed and inputted the relevant information the tool will automatically generate a series of diagrams and charts. These provide a summary overview of where your service is at regarding the Self Evaluation:
 - Theme 1 – Graphs
 - Theme 2 – Graphs
 - Theme 3 – Graphs
 - Theme 4 to 7 – Graphs
 - Overview - Theme 1 to 7



- **National Report:** this report has two sections - the first section is a Declaration that must be fully completed by the lead person for *each service location*. The second section is the Workbook - Summary Report, which is automatically generated by the tool, once you have completed the Self Evaluation rating.

Step 2 - Completing the Self Evaluation Record



The Self Evaluation record is used to record evidence of current good practice and identify areas for further improvement. This involves four key elements:

- **Gathering the evidence**
- **Evaluating and rating the evidence**
- **Summary Overview Graph**
- **National Report**

In order to complete the Self Evaluation record each provider organisation needs to agree the working structure by which the following stakeholder groups are involved in this process:

- The Services Users attending the service (the person with a disability or his/her advocate)
- The Frontline Staff delivering the service
- The Local Managers who have active day to day involvement in the service

All stakeholders should have their say on the following three categories of evidence.



Gathering the evidence

I. Supporting documentation

The supporting documentation evidence category includes a wide range of written material that demonstrates how a service location meets the **Interim Standards New Directions** while also addressing relevant external requirements, for example, legislation, HSE directives (Service Arrangements).

Documentation might include:

- Policies, procedures, protocols, work instructions describing the organisations processes and practices
- Information available and/or provided to people or displayed, such as: brochures, pamphlets, newsletters, photographs, posters and or other material in various appropriate formats such as written, pictorial, electronic or digital given to people who use the service or other stakeholders
- Records and other tools used by staff or people who use the service, examples may include: referrals, admissions, assessment tools, care plans, person centred plans, attendance records, feedback and complaint forms, improvement forms, personnel files, meeting minutes, memoranda and emails

The lead person should itemise all the relevant documentation for all standards in the Seven Themes in one place. They should also insert the relevant standard reference number(s) beside the document - in the first column (Cross reference to Standard No(s)) of the Documentation Action Plan, as it can be the case that one document may apply across a range of standards.



2. Knowledge and awareness

The knowledge and awareness evidence category provides information about the methods the service location uses to demonstrate implementation of the documented evidence. This should include assisting service users, management, staff, board members, volunteers and other stakeholders in understanding the processes and systems developed for the service and service delivery.

This might include:

- Training plans/records/materials (planned training, induction)
- Agenda items in meetings
- Manuals/guidelines/memos
- Content of Personal Plans
- Keyworker meeting notes

For people who use the service their level of knowledge and awareness can be facilitated by such things, as:

- When, how and what information is provided
- Provision of information in other formats to facilitate understanding and to meet the language, cultural and communication needs of individuals
- Use of interpreters

3. Monitoring and evaluation

This category of evidence provides information to demonstrate the effectiveness of the methods used by the service location in monitoring and evaluating continuous quality improvement to measure the effectiveness of their processes and systems in day-to-day service delivery. This might include:

- Reports, including, management reports, financial reports, annual reports and audit reports
- Feedback mechanisms, for example focus groups, surveys, complaints



- Documentation audits, for example, client files/records, personnel files/records
- Internal and/or external audits
- Quality plans and associated activities
- Risk management plans
- Complaints register, incident register
- Other monitoring processes, for example incident reports and hazard identification
- Minutes of meetings
- Observations
- Interviews

Evaluating the evidence and applying a rating

This requires your service location examining the three categories of evidence against the interim standards to identify strengths and any areas requiring improvement. As part of this process, you are required to engage with all service users, staff and local management. Local management comprises of the manager of the service location, together with any other members of the management team that have a day to day active involvement in the service location. Each stakeholder group can choose their own rating scale for each of the **Interim Standards New**

Directions. The rating scales are:



(B) Brilliant - no areas for quality improvement at this time



(R) Really Good - minor areas for quality improvement



(O) Okay - moderate areas for quality improvements



(N) Not Very Good - significant and major areas for quality improvement



To achieve a **B rating (Brilliant)** your service location must have evidence that your processes and systems are documented, the appropriate people are aware of them (including staff, people using the service and their advocates) and that these are regularly monitored and reviewed. Where your organisation identifies an **R, O** or **N** rating, improvements must be identified to address the requirements of that particular standard.

These improvements need to be documented in the **Action Plan for Continuous Quality Improvement and the Documentation Action Plan** as appropriate.

4. Knowledge and Awareness and Monitoring and Evaluation Actions for Improvement – List All Actions for Improvement

In this section you are required to list all actions for improvement in relation to each standard. As there can be any number of actions for improvement, for ease of reference it is recommended that you number your list of actions. You are then required to select 3 current actions from the list that you wish to progress and insert them into the section for Action 1, Action 2 and Action 3. Once you have inputted your Action 1, Action 2 and Action 3 these will prepopulate to the CQI Action Plan. Please note that priority should be given to actions that are linked to legislation e.g. UNCRPD.

Once you have completed an action, you then need to update your List of Actions in the Self Evaluation Record by typing '**completed**' after the Action item. Then delete your action from the Action box 1, 2 or 3, whichever is applicable. The next task is to delete the progress from the action in CQI Action Plan. You then identify your next action from the List of Actions in the Self Evaluation Record and insert in either Action 1, 2 or 3.



If an action is stalled due to a barrier, you then need to update your List of Actions in the Self Evaluation by typing '**barrier**' after the Action item. Then delete your action from the Action box 1, 2 or 3 whichever is applicable. The next task is to delete the progress from the action in CQI Action Plan. You then identify your next action from the List of Actions in the Self Evaluation Record and insert in either Action 1, 2 or 3.

Summary Overview Graphs

Once you have completed and inputted the relevant information the tool will automatically generate a series of diagrams and graphs. These provide a summary overview of where your service is at regarding the Self Evaluation. These are based on the ratings selected by the various stakeholders, which has been converted into a percentage for the categories of evidence.

- Theme 1 - Graphs
- Theme 2 - Graphs
- Theme 3 - Graphs
- Theme 4 to 7 - Graphs
- Overview - Themes 1 to 7

These diagrams can be shared with stakeholders at local level and within your organisation. It is recommended that you **save a copy and print off same and keep as a hard copy record** as you will need these for the annual review. Here are some examples of what can be generated.



Diagrams by Theme

The tool can generate diagrams for viewing categories of evidence by stakeholders per Theme. The diagrams also show stakeholder ratings per standard per Theme. This structure applies to Themes 1, 2 and 3. Themes 4 to 7 are grouped together and an Overview of Themes 1 to 7 can also generate summary information from the evaluation.

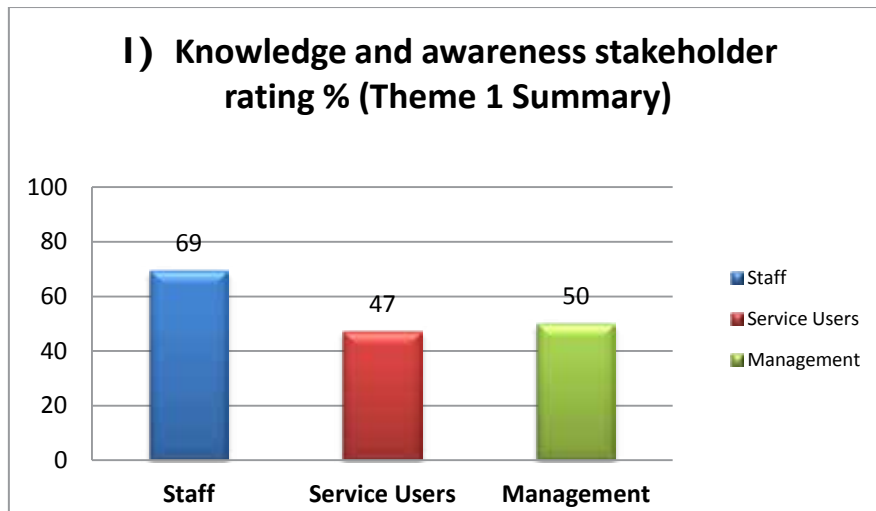


Figure 3 - Graph of Stakeholder rating for knowledge and awareness

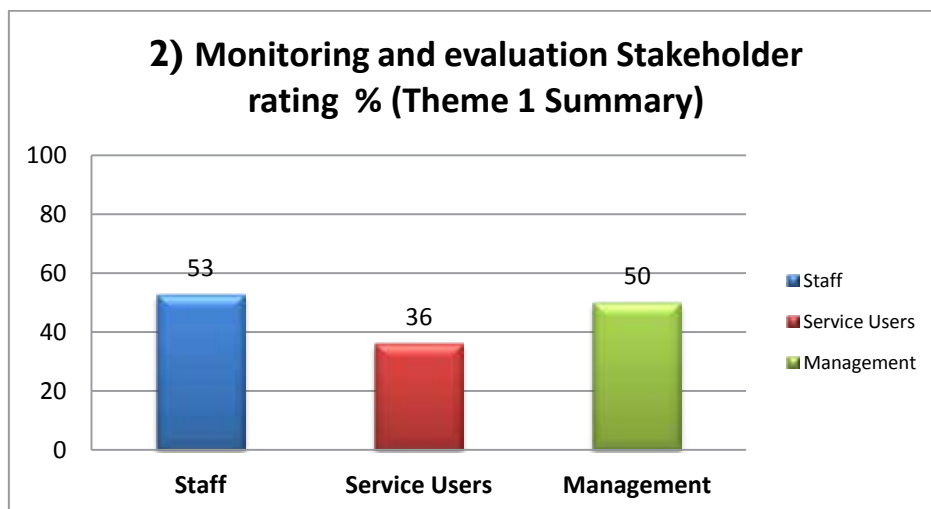


Figure 4 - Graph of Stakeholder rating for monitoring and evaluation



Diagram by Standards by Theme

The tool can also generate diagrams for viewing categories of evidence by standards. The example below shows the two categories of evidence (knowledge and awareness and monitoring and evaluation) for which this can be done.

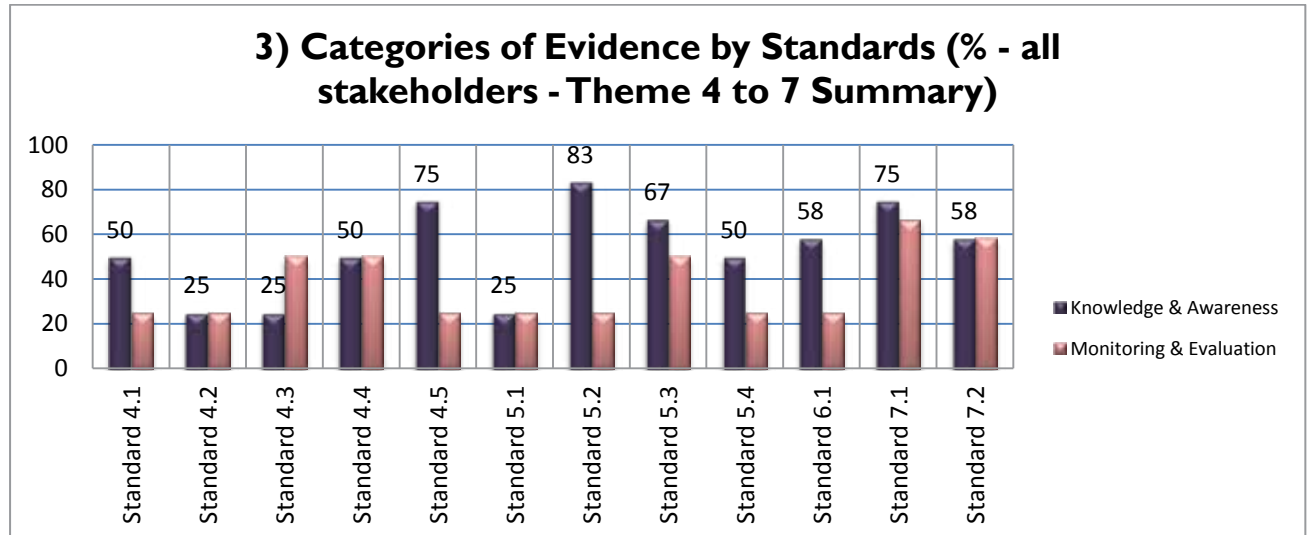


Figure 5 – Graph of categories of evidence (Knowledge and Awareness and Monitoring and Evaluation) by standards



Step 3 - Completing the action plans



This step has three key elements:

- Completion of the CQI Documentation Action Plan
- Completion of the CQI Action Plan
- Summary Theme and Overview Graphs

Completion of the Documentation Action Plan

This action plan is completed by the Lead Person based on the **evidence of documentation listed in Step 2.**

Action Required – select from the drop down menu what action is required:

- New documentation to be developed
- Existing documentation to be revised or updated
- Source relevant documentation
- No Action Required at this time

Where action is required the following details should be included in the plan:

- **Action(s) for improvement to documentation listed.** Actions in this column need to be completed by the lead person. Examples of the type of improvement actions that may be required are:
 - develop, introduce and document new or additional policies and/or procedures
 - further develop written information for service users or appropriate accessible information for different service users



- Select the **level of priority** for the actions from the drop down menu (for example, high, medium, low etc.). This selection will be informed by the work you completed at Step 2 regarding the supporting documentation evidence category. This includes a wide range of written material that demonstrates how a service location meets the **Interim Standards New Directions** while also addressing relevant external requirements, for example, legislation, HSE directives (Service Arrangements).
- The **timeframe** within which action is to be complete, for example, Q2 2020. Select one from the drop down menu. Most actions should typically be completed within a 12 month or shorter timeframe.
- The **name and the position** of the person responsible for completing each action
- **The evidence of progress** - the lead person should be continuously looking at how the Action Plan is progressing and this should form part of service users, management and staff meetings. The progress made should be regularly updated with factual information in the **evidence of progress** column
- As evidence of progress is noted, the lead person should also review the overall **status of actions** against a given feature. From the drop down menu you select the relevant status - completed; in progress; not commenced or there is a barrier
- Where a barrier exists please state the nature of the barrier in the **barrier identified** column. You can choose from the drop down menu the type of barrier, for example, staff resources; buildings, transport or other etc. If you choose 'other' please state in the **other** column the nature of the barrier. It would be important where there any significant barriers to implementation that these are flagged with the Chair of the Local Implementation Group at the earliest opportunity



Completion of the Continuous Quality Improvement Action Plan

The continuous quality improvement action plan provides a summary of the actions required to meet the standards. This action plan is prepopulated with all the standards for each of the themes and the areas for improvement which you have identified in the Self Evaluation record.

However, in developing your action plan you only have to focus on the standards that have been rated as:



(R) Really Good - minor areas for quality improvement



(O) Okay - moderate areas for quality improvements



(N) Not very good - significant and major areas for quality improvement

Where action is required the following details should be included in the plan:

- **Action(s) for improvement.** Actions in this column will be generated automatically from the information you have inputted earlier in Step 2. Examples of the type of improvement actions that may be required are:
 - develop and introduce new or additional policies and/or procedures
 - review current policies and/or procedures
 - change induction and/or staff training programs
 - further develop written information for service users
 - consistently implement the agreed service locations processes
 - introduce new or additional quality improvement processes, for example,
 - develop an internal audit schedule
 - increase opportunities for stakeholders to provide feedback



- Select **level of priority** for the actions from the drop down menu (for example, High, Medium, Low or No action required).
Organisations should prioritise all standards that have legislative requirement.
- The **timeframe** within which action is to be complete, for example, Q2 2020
Select one from the drop down menu. Most actions should typically be completed within a 12 month or shorter timeframe
- The **name and the position** of the person responsible for completing each action
- **Evidence of progress** - the lead person should be continuously looking at how the Action Plan is progressing and this should form part of service users, management and staff meetings. The progress made should be regularly updated with factual information in the **evidence of progress** column
- As evidence of progress is noted you should also review the overall **status of actions** against a given feature. From the drop down menu you select the relevant status - completed; in progress; not commenced; barrier or no action required
- Where a barrier exists please state the nature of the barrier in the **barrier identified** column. You can choose from the drop down menu the type of barrier, for example, staff resources; buildings; transport or other etc. If you choose the 'other' category please state, in the **other** column, the nature of the barrier. It is important where there any significant barriers to implementation that these are flagged with the Chair of the Local Implementation Group at the earliest opportunity



Step 4 - Review



Review is a critical element of a Continuous Quality Improvement Process. It enables each service location take stock and see what has progressed; identify any issues that is impacting on making progress and actively plan the next phase of actions through the Continuous Quality Improvement Process.

Essentially, the Annual Review by service location means engaging with and involving **all** the stakeholders (service users, staff and local management) in:

- Agreeing the progress achieved during the year
- Agreeing the status of the actions. What has been achieved and what is outstanding.

Step 4 - CQI Annual Review in your CQI Action Plan

Once the Annual Review has been completed the Theme Graphs will update and a summary report will be automatically generated.

Following the completion of the Annual Review it is recommended that you **always save an electronic copy of the tool** (and date same).

A hard copy print out should also be made and dated so that a record is available. Once the review is finished, the lead person in each service location deletes all “Completed” actions from the Workbook.



National Report

Aside from carrying out the review as outlined above each service location should submit the National report to the National New Directions Office through the HSE.ie website, accordance to instructions given. The first National Report submitted is a baseline report and successive year reports should illustrate the service improvements through operating this process. The national report will look like the example below (see Figure 6).

The National Report has two sections. The first section is a declaration that must be updated and completed by the lead person. The second section is the Summary Report. This is automatically generated by the tool once you have completed the new Self Evaluation rating by all the stakeholders and entered the data in the relevant sections. The completed Self Evaluation rating will then automatically transfer to a score in this report.

Interim Standards New Directions - EASI Process & Tool - National Report			
The National Report has Two Sections:			
Section One - Declaration must be fully completed by the lead person in the service location.			
Section Two - Workbook Summary Report is automatically generated once the Self Evaluation ratings have been completed. The scores shown below are calculated from the Self Evaluation ratings recorded.			
Return of Annual Report:			
The FULL workbook (all sheets) must be uploaded to the link provided by the HSE National Office (please note that the scores below are dependent on the background calculations of the ratings recorded on your Self Evaluation Record). Only the National Report results shown below will be extracted for analysis by the National Office.			
Section One: Declaration			
Organisation ID:		Organisation Name:	
Service Location ID:		Service Location Name:	
Declaration (Please ensure that numbers for each stakeholder group involved in the self evaluation process are provided in this declaration).	In providing this self evaluation I, 1. Have engaged with the relevant stakeholders – (state the number of people involved in the relevant stakeholder grouping in the table below).		
	Staff	Users	Management
2. Declare that this information is true and correct and 3. Agree to provide required supporting documentation, if requested, as evidence of the commitment to implement the Interim Standards			
Date:	02/05/2019	Name of Service Location Lead Person:	



Section Two: Workbook - Summary Report

Standard No.	Documentation					
	Management	Staff	Service Users			
	1	3	2			
Standard No.	Knowledge & Awareness			Monitoring & Evaluation		
	Management	Service Users	Staff	Management	Service Users	Staff
Standard 1.1	1	1	4	4	3	2
Standard 1.2	1	2	1	2	1	4
Standard 1.3	4	3	1	1	1	3
Standard 1.4	1	1	1	1	1	1
Standard 1.5	4	3	1	1	1	1
Standard 1.6	2	2	1	1	2	3
Standard 1.7	3	3	1	2	2	2
Standard 1.8	1	1	1	4	3	4
Standard 1.9	1	1	1	2	3	3
Standard 2.1	2	2	2	2	2	2
Standard 2.2	2	2	2	2	2	2
Standard 2.3	2	2	2	2	2	2
Standard 2.4	1	1	1	1	1	1
Standard 2.5	1	1	1	1	1	1
Standard 2.6	1	1	1	1	1	1
Standard 2.7	1	1	1	1	1	1
Standard 2.8	1	1	1	1	1	1
Standard 2.9	1	1	1	1	1	1
Standard 2.10	1	1	1	1	1	1
Standard 2.11	1	1	1	1	1	1
Standard 2.12	1	4	1	1	4	1
Standard 2.13	1	4	1	1	4	1
Standard 3.1	1	1	1	1	1	1
Standard 3.2	1	1	1	1	1	1
Standard 3.3	1	1	1	1	1	1
Standard 4.1	1	1	4	1	1	4
Standard 4.2	1	1	1	1	1	1
Standard 4.3	1	1	1	1	1	1
Standard 4.4	1	1	1	1	1	1
Standard 4.5	1	1	1	1	1	1
Standard 5.1	1	1	1	1	1	1
Standard 5.2	1	1	1	1	1	1
Standard 5.3	1	1	1	1	1	1
Standard 5.4	1	1	1	1	1	1
Standard 6.1	1	1	1	1	1	1
Standard 7.1	1	1	1	0	0	0
Standard 7.2	1	1	1	1	1	1
Totals	49	54	46	48	53	56
Date of National Report:				02/05/2019		

Figure 6 – Diagram of National Report



As this is a Continuous Quality Improvement Process once the review is completed each service location should then go through Steps 1, 2 and 3 in preparing for, reassessing and drafting a new action plan for the coming year (see Section 4 below – Continuous Quality Improvement Process).

Role of the Local CHO Implementation Group in the Review Process

The role of the Local CHO Implementation Group is to review progress with all service locations on a regular basis. It is important that the Self Evaluation process forms part of the regular agenda for Local Implementation Meetings.

In this way, the Chair of the Local CHO Implementation Groups can be informed of any issues as they arise and, in particular, of any significant barriers to implementation that local services may encounter as they move through this process. It would be important that the Chair notifies these to the National Implementation Team for **New Directions**.



3. Continuous Quality Improvement Process

As this is a continuous quality improvement process, once the annual review is completed each service location re-engages with the four step process as outlined below:

Step 1 - Preparing for the next Self Evaluation

Step 2 - Completing a revised Self Evaluation record

Step 3 - Developing a new action plan for improvement

Step 4 - Reviewing progress annually



Figure 7 – Diagram outlining the cyclical nature of the 4 Steps Self Evaluation Process

Step 1 - Preparing for the next Self Evaluation



Following on from the Annual Review, the lead person needs to set aside some time to prepare for a new Self Evaluation and Improvement process. This will include deciding which policies, records or other documents now need to be examined, developed or revised and ensuring that all non-completed actions from Step 4 are carried forward for further consideration.



Depending on the size of the service location, the lead person may require assistance from a number of people. This preparation follows the guidance as outlined previously (see page 12).

Several methods **must be used** to conduct the Self Evaluation including:

- Desktop review of your organisation's policies and procedures
- Active engagement with service users (the person with a disability or her/his advocate), staff and management. (In terms of good practice it is recommended that your CEO and Board of Management is made aware of the process and outcomes of the Self Evaluation)
- Workshops/meetings to discuss where your service location is working well and where there are gaps in the system



Step 2 Record

Step 2 - Completing a revised Self Evaluation Record

Using the Agreed Status of Actions report you then re-assess the previous Self Evaluation record and engaging with all stakeholders you update same and give a rating. (See Step 2 – Page 14).

This requires your service location re-examining the three categories of evidence against the interim standards to identify strengths and any areas requiring further improvement, based on your Annual review.

As part of this process, you are required to engage with all service users, staff and management and each stakeholder group can choose their own rating scale for each of the **Interim Standards New Directions**.



The rating scales are:



(B) Brilliant - no areas for quality improvement at this time



(R) Really Good - minor areas for quality improvement



(O) Okay - moderate areas for quality improvements



(N) Not very good - significant and major areas for quality improvement

Summary Overview Graph

Once you have completed the relevant information you can view automatically generated overviews which you can use to show at a glance where your service is at regarding the Action Plans. These can be shared with stakeholders at local level and within your organisation. It is recommended that you **print off same and keep as a hard copy record which will be useful when it comes to the annual review.**

Once you have completed this you then move to Step 3 and identify key actions for improvement in a new Action Plan.



Step 3 - Completing new action plans for documentation and continuous quality improvement

These new Action Plans are completed in line with the Guidance previously outlined in Step 3 - completing action plans (see pages 22-25) and based on the progress made to date following your Annual Review.



Step 4 - Reviewing progress annually

While on-going review of progress is part of the Continuous Quality Improvement process a more formal annual review must also take place as detailed previously in the Guidance (see pages 26-29). This Annual Review is conducted within each service location and with each CHO New Directions Local Implementation Group. As part of this process each service location is required to resubmit a National Report to the National New Directions Office through the HSE.ie website, accordance to instructions given.

4. Further Information

The lead person in each service location should regularly refer to these guidelines when doing the Self Evaluation process.

Guidance is also embedded in the electronic tool for the Workbook. Throughout the tool there are red triangles in the upper-right corner of a cell indicating guidance is available, see example of the red triangle below.



Figure 8 – Diagram of the red triangle markers in the electronic tool



By moving your cursor over a cell with a red triangle guidance will appear about this area of the tool. If you rest your cursor over the cell you can read the guidance in the box that appears. See below guidance in relation to the Knowledge and Awareness section of the tool.

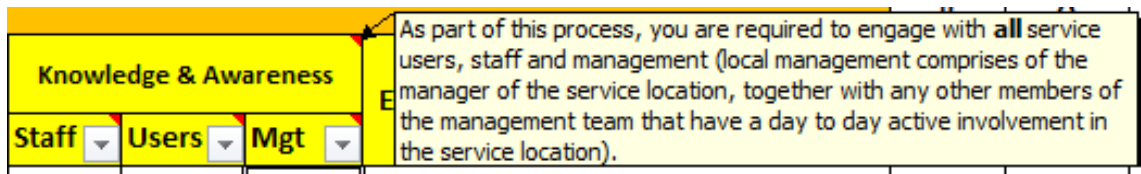


Figure 9 – Diagram of an example of the guidance in electronic tool

Further information in relation to the Interim Standards is available on the **New Directions** website www.hse.ie/newdirections where you will find information on:

- **Interim Standards for New Directions, Services and Supports for Adults with Disabilities.** This document also has a comprehensive glossary of terms.
- **Easy Read of the Interim Standards for New Directions, Services and Supports for Adults with Disabilities**
- **Easy Read of New Directions – How is your service doing?**
- A basic guide to using the electronic tool in Microsoft Excel
- Guide to 12 Supports and Interim Standards



5. Glossary of Terms

This glossary details key terms and a description of their meaning within the context of this document.

Abuse: Any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms:

- physical abuse, including corporal punishment, incarceration (including being locked in one's home or not allowed out) over- or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients
- sexual abuse and exploitation, including rape, sexual aggression, indecent assault, indecent exposure, forced involvement in pornography and prostitution
- psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport
- interventions which violate the integrity of the person, including certain educational, therapeutic and behavioural programmes
- financial abuse including fraud and theft of personal belongings, money or property



-
- neglect, abandonment and deprivation, whether physical or emotional, in particular an often cumulative lack of healthcare or negligent risk taking, of food or of other daily necessities, including in the context of educational or behavioural programmes
 - institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays²

Accessible format: The presentation of print and online information in plain English in a manner suited to people with disabilities, including large print, audio, easy-to-read and Braille.

Accountability: Being answerable to another person or organisation for decisions, behaviour and any consequences.

Adverse event: An incident which results in physical and/or emotional harm to a person using a service.

Advocacy: A process of empowerment of the person which takes many forms. It includes taking action to help say what they want, secure their rights, represent their interests or obtain the services they need; it can be undertaken by people themselves, by their friends and relations, by peers and those who have had similar experiences, and/or by independent trained volunteers and professionals.

² As defined in the Council of Europe, Resolution Res AP (2005) on safeguarding adults and children with disabilities against abuse: France 2005



Advocate: A person, preferably nominated by the person using the service, who is independent of any aspect of the service and of any of the statutory agencies involved in purchasing or providing the service, and who acts on behalf of, and in the interests of the person using the service who feels unable to represent herself or himself when dealing with professionals. The advocate helps the person to express herself or himself.

Assessment: A process by which a person's needs are evaluated and determined so that they can be addressed.

Assistive technology: A term used to refer to practical tools that can support functional needs of people who experience difficulties linked to disability or ageing. The most widely used definition of Assistive Technology today is probably the definition of 'Assistive Products' used by the International Standards Organisation (ISO): Any product (including devices, equipment, instruments and software), especially produced or generally available, used by or for persons with disability: for participation; to protect, support, train, measure or substitute for body functions/structures and activities; or to prevent impairments, activity limitations or participation restrictions.

Audit: The assessment of performance against any standards and criteria (clinical and non-clinical) in a health or social care service.

Autonomy: Freedom to determine one's own actions and behaviour.

Best available evidence: The consistent and systematic identification, analysis and selection of data and information to evaluate options and make decisions in relation to a specific question.

Bridging programme to vocational training: A training programme that is designed to support people with disabilities to test, acquire and strengthen their readiness to progress to and benefit from vocational training.



Capacity: A person's capacity is assessed on the basis of his or her ability to understand at the time that a decision is to be made, the nature and consequences of the decision to be made by him or her in the context of the available choices at the time. A person lacks the capacity to make a decision if he or she is unable –

- (a) to understand the information relevant to the decision.
- (b) to retain the information long enough to make a voluntary choice
- (c) to use or weigh that information as part of the process of making the decision
or
- (d) to communicate his or her decision (whether by talking , writing, using sign language, assistive technology, or any other means) or , if the implementation of the decision requires the act of a third party, to communicate by any means with that third party.

Code of conduct: A description of the values, principles and expected behaviours of individuals and teams working within a service.

Code of governance: A description of the roles and responsibilities of those governing the service including an oversight role with clear lines of accountability in respect of safety and quality of services provided.

Competence: The knowledge, skills, abilities, behaviours, expertise, personal qualities and values required to be able to perform a particular task and activity.

Complaint: An expression of dissatisfaction with any aspect of a service.

Complaints procedure: A set of clearly defined steps for the resolution of complaints.

Concern: A safety or quality issue regarding any aspect of service provision, raised by a person using a service, a service provider, member of the workforce or general public.



Confidentiality: The right of individuals to keep information about themselves from being disclosed.

Contract: Written agreement between two or more parties that sets out the terms and conditions, and rights and responsibilities of those parties.

Culture: The shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Dignity: The right to be treated with respect, courtesy and consideration.

Disability: A substantial restriction in the capacity of the person to carry on a profession, business or occupation or to participate in social or cultural life by reason of an enduring physical, sensory, mental health or intellectual impairment.

Effective: A measure of the extent to which a specific service or support when delivered, does what it is intended to do for a specified population.

Efficient: Use of resources to achieve optimal results with minimal waste.

Evaluation: A formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.

Evidence: Data and information used to make decisions. Evidence can be derived from research, experiential learning, indicator data and evaluations.

Fit person: For the purposes of these interim standards, being a fit person means that the service provider has the skills, knowledge and good character to safely and effectively provide services and supports to people with disabilities.

Garda Síochána vetting: The practice whereby employers obtain information from An Garda Síochána as to whether or not a prospective or existing employee or volunteer has a criminal conviction.



General Practitioner (GP): A doctor who has completed a recognised training programme in general practice and provides personal and continuing health care to individuals and families in the community.

Governance: The function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose. Effective governance arrangements recognise the interdependencies between corporate and clinical governance and integrate them to deliver safe and effective services and supports to people with disabilities.

Harm: Impairment of structure or function of the body and/or any detrimental effect arising from this, including disease, injury, suffering, disability and death and may be physical, social or psychological.

Health: The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Healthcare: Services received by individuals or communities to promote, maintain, monitor or restore health.

Incident: An event or circumstance which could have resulted, or did result, in unnecessary harm to an individual.

Inclusion in Community: Inclusion in Community is a core value in New Directions (Community Inclusion and Active Citizenship). It requires individuals to be empowered to be a part of their community and to play an active part in that community, to have the support they need to get to know people in the community, to live and work in ordinary places, to access services and facilities and to contribute to community life and community associations.

Information governance: The arrangements that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.



Informed consent: Voluntary authorisation by a person using a service with full comprehension of the risks and benefits involved for any medical treatment or intervention, provision of personal care and supports, participation in research projects and provision of the person's personalised information to a third party.

In line with their choices, needs and abilities: The phrase 'in line with their choices, needs and abilities' is used in a number of standard statements which describe the types of services and supports that should be provided. This phrase means that the level and type of support someone receives may vary, depending on their individual wishes, needs and strengths. For example, people with severe and profound disabilities may need specialised support throughout their lives. This phrase also recognises that a person may not want or need to use the particular type of support described in a standard statement, or may use different supports at different times in their life. Providing services and supports that respond to a person's individual needs and wishes is a key principle of person-centredness.

Key worker: The key worker is the member of the staff in the service who carries particular responsibility for the person with a disability, liaises directly with them, coordinates their services and supports, and acts as a resource person.

Life-skills: Life-skills are skills that enable people to deal effectively with daily living, such as civic awareness, decision making, housekeeping, independent living skills, money management, sexuality and relationships, social skills, and travel training.

Monitoring: Systematic process of gathering, analysis of information and tracking change over time for the purpose of improving the quality and safety of health and social care.

Multi-disciplinary: An approach to the planning and delivery of care by a team of health and social care professionals who work together to provide integrated care.



Outcomes: The results or effects on a person of planned services and supports received. Measuring outcomes also provides a consistent framework for the service provider to review its performance and informs future strategy.

Person / people: Throughout this document, the term ‘person’ is used to refer to an individual adult with a disability. When more than one person with a disability is being referred to, the term ‘people’ is used.

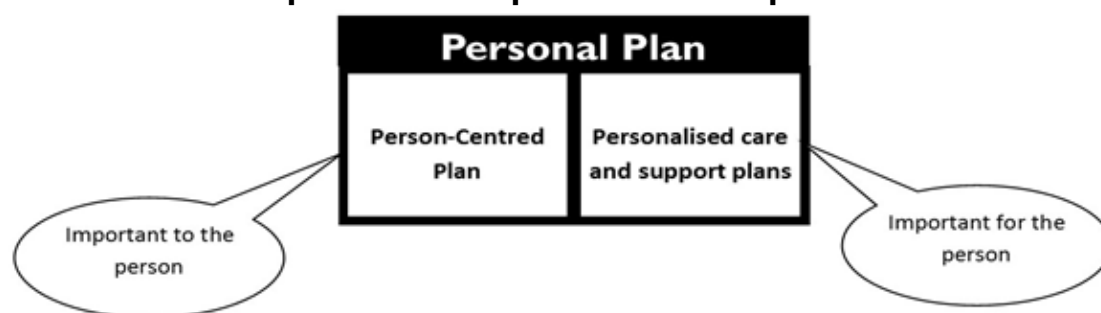
Personal plan: An overarching personal plan can contain a number of different types of plans, depending on the person’s individual needs. The personal plan also includes the person-centred plan.

‘Personalised care and support plans’ is the term used to cover a range of different support plans that respond to a person’s everyday needs. They could for example include a person’s communication passport, intimate care plan, medication management plan or positive behaviour support plan. Personalised care and support plans also form part of a personal plan.

Figure 1.1 below illustrates that personalised care and support plans and a person-centred plan both form part of a personal plan. Recognising what is important to a person and what is important for them can help to understand the difference between person-centred planning and personalised care and support plans. Person-centred planning is about what is important to a person, what really matters to them, from their perspective. Personalised care and support plans are about what is important for the person, the support they need to stay healthy, safe and well.



Illustration of personal plan containing personalised care and support plans and the person-centred plan



Person-centredness: Person-centredness is a set of beliefs, attitudes and expectations about the right and capacity of a person with a disability to live their life in accordance with their aspirations, needs and abilities. Person-centred services respect the strengths, abilities and resourcefulness of all individuals and their place in the community and society. When services and supports are person-centred, the service provider truly listens to and respects the choices that the person makes and tailors services and supports around those choices. The service provider uses creativity and flexibility to support the person to achieve his or her chosen goals. This may involve adapting existing supports and services to meet the person's needs and/or facilitating choices that are not limited to the options that can be offered within any one service provider's range of services.

A person-centred approach means having high expectations for the person and helping the person to manage challenges and risk. Support for community inclusion, active citizenship and positive risk taking is integral to a person-centred approach.

Person in charge: The person whose name is entered on the register as being in charge of or managing the service.

Policy: A written operational statement of intended outcomes to guide staff actions in particular circumstances.



Positive behaviour support: Positive behaviour support (PBS) is behaviour analysis applied in support of people with behaviours that challenge. It involves a behaviour support plan, which contains a range of plans for helping a person to overcome behaviours that challenge, including ideas for improving the person's quality of life, adapting environments to create a greater fit with the needs and characteristics of the person, teaching skills for relaxation, effective communication and problem solving, non-aversive focused interventions and strategies for responding to behaviour. Together these recommendations make up a behaviour support plan. The ideas are based on a comprehensive understanding of the needs and characteristics of the person (e.g. cognitive abilities, communication skills, life story, health, motivation) and a detailed understanding of the contexts (people, environment, times, activities) in which behaviours arise.

Positive risk taking: Positive risk taking is taking risks to achieve positive outcomes. It involves weighing up the potential benefits and risks of exercising one choice of action over another, identifying the potential risks involved, and developing plans and actions that reflect the positive potentials and stated priorities of the person. It involves using available resources and support to achieve the desired outcomes, and to minimise the potential harmful outcomes. It is not neglecting or ignoring the potential risks; it is a very carefully thought out strategy for managing a specific situation or set of circumstances.

Procedure: A written set of instructions that describe the approved steps to be taken to fulfil a policy.

Protected disclosure: A protected disclosure provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social care services. If a reported concern qualifies as a protected disclosure, the person making the protected disclosure is afforded certain legal protections under the Health Act 2007.



Protection: Process of protecting individuals identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

Quality: Quality is meeting the assessed needs and expectations by ensuring the provision of safe, efficient and effective management and processes.

Quality information: Data that has been processed or analysed to produce something useful and is accurate, valid, reliable, timely, relevant, legible and complete.

Record: A record includes any memorandum, book, plan, map, drawing, diagram, pictorial or graphic work or other document, any photograph, film or recording (whether of sound or images or both), any form in which data are held, any other form (including machine-readable form) or thing in which information is held or stored manually, mechanically or electronically and anything that is a part or a copy, in any form, of any of the foregoing or is a combination of two or more of the foregoing.

Regulation: A governmental order having the force of law.

Reliable: A reliable service consistently performs its intended function in the required time under normal circumstances.

Representative: This is the person, appointed by the person with a disability to assist them in making decisions in situations where the individual lacks capacity to make decisions. The appointment and role of this person must comply with the relevant sections of the Assisted Decision Making Act 2015.

Risk: The likelihood of an adverse event or outcome.

Risk management: The systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

Self-advocacy: The act of speaking up for oneself or claiming one's rights and entitlements.



Service arrangement: Is part of the contract between the service provider and the funding body where the level and scope of the service is formally defined.

Service provider: Person(s) or organisations that provide disability services that are within the scope of these standards. This includes staff and management that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to people with disabilities.

Service statement: A statement which specifies the services and supports which will be provided to an individual by or on behalf of the HSE and the period of time within which such services and supports will be provided. The service statement will form part of the written agreement between the person and the service provider and will be provided in an accessible format where required.

Staff: The people who work in, for or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing services and supports to people with disabilities.

Stakeholder: A person, group or organisation that affects or can be affected by the actions of, or has an interest in, the services provided.

Standards and features: A standard is a measure by which quality is judged. The standard statements set out what is expected in terms of the services and supports provided to the person. The features are the supporting statements that indicate how a service may be judged to meet the standard.

Statement of purpose: Describes the aims and objectives of the service including how resources are aligned to deliver these objectives. It also describes in detail the range, availability and scope of services and supports provided by the overall service.



Timely: Refers to action taken within a timeframe which meets the welfare and protection needs of any particular person with a disability and his/her circumstances.

Valued Social Roles: are roles that allow a person to contribute in a meaningful way to their family and/or community. Holding valued social roles enables people to be seen positively and become valued by others. Holding a valued social role also facilitates community inclusion and belonging. Examples of valued social roles are being a club member or being a volunteer.

Vetting: The process of investigating an individual thoroughly in order to ensure that they are suitable for a job. This process also includes checking references provided by the individual.

Welfare: Welfare encompasses all aspects of a person's wellbeing to include physical, social, emotional, religious, moral and intellectual welfare.

Workforce: All people working in a service.

Contact details:

www.hse.ie/newdirections