Interim Standards New Directions

Workbook One

Guidelines for

Evaluation, Action and Service Improvement

EASI Tool

Theme 1: Individualised Services and Supports
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1. Introduction

In Ireland, day services for adults with disabilities provide a vital network of support for over 18,000 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-centredness, 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-focused supports to allow adults using those services to live a life of their choosing in accordance with their own wishes, needs and aspirations.

1.1 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.

The **Interim Standards New Directions** represents a single set of service quality standards for funded organisations delivering day services to adults with disabilities. These **Interim Standards New Directions** 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 for adults with disabilities.
3. Provide person-centred services and supports that promote independence and a good quality of life for the 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.
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.

1.2 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 submitted to HSE Senior Management for the development of a Service Management Structure as recommended in New Directions and the monitoring of the Interim Standards New Directions is a function of that service. This proposal is currently under consideration.

As part of the annual Service Arrangement process, all day service providers will be obliged to comply with the Interim Standards New Directions.

1.3 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.

The purpose of Self Evaluation is to explore and reflect with all stakeholders (people using the service, staff and 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 where management proactively supports the process

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.
2. 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 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.

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**Figure 2** – Diagram outlining the process of engagement with all stakeholders
Workbook One is designed to be an ongoing record for continuous quality improvement. The electronic tool for Workbook One has a number of sections to it. 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 for Workbook One are:

- **Summary Overviews**: 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.

- **National Report**: this report has two sections - the first is a declaration that must be fully completed by the lead person. The second part is the Workbook One 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
- National Report

In order to complete the Self Evaluation record there needs to be engagement by the lead person facilitating this process with management, staff and persons with disabilities who are supported by the service. All stakeholders should have their say on the following three categories of evidence.

Gathering the evidence

1. 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 of the nine standards in this theme in one place - in the first column of the Documentation Action Plan.
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 (planned training, induction)
- Agenda items in meetings
- Manuals/guidelines/memos.

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 and their features to identify strengths and any areas requiring improvement. 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 and their features. The rating scales are:

**V - Very strong** - no areas for quality improvement at this time
**S - Strong** - minor areas for quality improvement
**F - Fair** - moderate areas for quality improvement
**W - Weak** - significant and major areas for quality improvement.

To achieve a **V rating** 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 **S, F** or **W** rating, improvements must be identified to address the requirements of that particular standard feature. These improvements need to be documented in the Action Plan for Continuous Quality Improvement and the Documentation Action Plan as appropriate.

**Summary Overview**

Once you have 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. These are based on the ratings selected by the various stakeholders, which has been converted into a percentage for the categories of evidence.

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 Stakeholder

The tool can generate diagrams for viewing categories of evidence by stakeholders.

**Figure 3 – Graph of Stakeholder rating for documentation**

**Figure 4 - Graph of Stakeholder rating for knowledge and awareness**
Figure 5 - Graph of Stakeholder rating for monitoring and evaluation

Diagrams by Standards

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

Figure 6 – Graph of categories of evidence (Knowledge and Awareness and Monitoring and Evaluation) by standards
National Report

The lead person in each service location must send a National Report to the New Directions National Implementation Team. The national report will look like the example below.

Figure 7 – Diagram of National Report
The National Report has two sections. The first is a declaration that must be fully completed by the lead person. The second part is the Workbook One - Summary Report. This is automatically generated by the tool once you have completed the 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.

The purpose of the National Report being sent to the New Directions National Implementation Team is to inform a national picture of where services are at with regard to the implementation of New Directions. It will also help to:

- Identify barriers that may exist
- Inform future planning
- Identify areas for shared learning
- Support the continuous quality improvement process.
Step 3 - Completing the action plans

This step has three key elements:

- Completion of the Documentation Action Plan
- Completion of the Continuous Quality Improvement Action Plan
- Summary Overview.

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).

For example, ‘High Priority’ actions for documentation are those related to any of the features identified with ## ‘High Priority’ in the Self Evaluation Record. The reason these features are a ‘High Priority’ is because they are either legal requirements; rights; safeguarding requirements; or core values of New Directions.
• The **timeframe** within which action is to be complete, for example, Q4 2018. 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 the 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 features. This action plan is prepopulated with all the features for each of the standards 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 and features that have been rated as:

- **S - Strong** - minor areas for quality improvement
- **F - Fair** - moderate areas for quality improvements
- **W - Weak** - 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).
  - All features identified with ### are ‘High Priority’. The reason these features are ‘High Priority’ is because they are either legal or rights or safeguarding requirements; or core values of New Directions, for example:
    - Features 1.1.1; 1.1.2; 1.1.3 etc have to do with Rights
    - Feature 1.2.3 are legal - data protection
    - Feature 1.5.6 has to do with Safeguarding
    - Features like 1.3.3; 1.4.3; 1.5.5 etc are related to the core values of New Directions.

- The timeframe within which action is to be complete, for example, Q4 2018. 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.
Summary Overview

Once you have fully completed the relevant information you can view the automatically generated overviews. **It is important to make sure when you look at a graph that there is no number in the blank category, if there is a number this indicates the number of cells not completed in the tool (see Figure 8 below). You then need to go back and fully complete those cells.**

![Graph showing a number over the Blank Category in the Action Plan – Continuous Quality Improvement](image-url)

**Figure 8 – Graph showing a number over the Blank Category in the Action Plan – Continuous Quality Improvement**

When the information is fully completed and correctly entered, these summary overviews can then be used to show at a glance where your service is at regarding the Action Plans and these can be shared with stakeholders at local level and within your organisation.

It is recommended that you **always save an electronic copy of tool and date same. You can also print off same and keep as a hard copy record which will be useful when it comes to the formal annual review.** Here are some examples of what can be generated. Of the 57 features (Standards 1.1 to 1.9) in Workbook One, the diagrams below show the number of features by level of priority.

![Graph of the number of Features by Level of Priority in the Action Plan – Continuous Quality Improvement](image-url)

**Figure 9 – Graph of the number of Features by Level of Priority in the Action Plan – Continuous Quality Improvement**
Of the 57 features (Standards 1.1 to 1.9) in Workbook One, the Graph below shows the number of features by status of action.

**Similar reports can be generated regarding the current status of actions.**
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 management) in:

- Reviewing the previous year and what has happened to date (Step 4 - Review) and
- Re-assessing and rating again where you are now at in relation to the standards and features and drawing up a new action plan (Steps 1, 2, 3 as detailed on pages 6 – 20 of this document)

Carrying out the annual review by service location

A formal annual review should take place in May of each year with the first formal review being in May 2019.

A number of methods must be used to conduct the review including:

- Desktop review by the lead person with overall responsibility for Self Evaluation and ensuring that all information and data recorded in the Workbook is up to date and factual as this will be the key evidence to inform the annual review

- Ensuring all relevant information is made available to all stakeholders in a format and way they can use and understand

- Promoting active engagement with all service users (the person with a disability or her/his chosen advocate which might be a family member, friend or other advocate), staff and management

- Arranging workshops/meetings to discuss progress on the Action Plan and where your service location is working well and where there are still gaps in the system.

How do I carry out the annual review?

The lead person with overall responsibility for the Self Evaluation ensures that the following columns in the Continuous Quality Improvement Action Plan and the Documentation Action Plan in Step 3 are up to date and factual:

- The evidence of progress - the progress made should be updated with factual and accurate information and entered in the evidence of progress column.
• Review the overall **status of actions** against a given feature. From the drop down menu the lead person selects the relevant status - completed; in progress; not commenced or there is a barrier. This is a proposed status which will then be agreed or amended by all stakeholders during the annual review.

• Where a barrier exists state the nature of the barrier in the **barrier identified** column. Again, choose from the drop down menu the type of the 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.

• This draft document should then be discussed with **all** the stakeholders. This will involve discussing the evidence presented on progress. In addition, questions like the following can be a good basis for discussion and evaluating the year:
  - Are the strengths/good practices that we have in the standards/features still here?
  - Have the improvement actions been carried out?
  - What further improvements do we need?

• Following discussion on the progress made agreement should be reached as to what is the current state of play on the status of actions. This should then be entered using the drop down menu in the **Agreed Status of Actions column (Step 4)**.

When the data is entered in the relevant column a summary report will be automatically generated, like the following:

![Graph of agreed Status of Actions by number of features](image)

**Figure 12 – Graph of agreed Status of Actions by number of features**

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.
All non completed actions (those categorised as ‘In Progress’, ‘Not Commenced’ ‘Barrier’, ‘No Action Required’ or cells left blank) are carried forward in the new revised action plan for the following year.

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 3 below – Continuous Quality Improvement Process).

**Role of the Local Implementation Group in the Review Process**

The role of the Local 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 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**.

A more **formal review** should take place **annually** following the completion of each service location’s own annual review in May.

The purpose of the annual review will focus on how the Self Evaluation tool is working for each service location and to hear if there are any barriers. The Chair of each CHO Local Implementation Team for New Directions will submit an annual report to the National Implementation Team identifying what the barriers are and how the Self Evaluation process is working. It is important to see what actions could be taken at local level to address barriers, for example, transport, and any such actions should be captured in the report. This report will help inform future planning regarding the implementation of **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**

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**Figure 13 – 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 6).

A number of 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 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 - 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 - Stage 2 above).

This requires your service location re-examining the three categories of evidence against the interim standards and their features 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** and their features. The rating scales are:

V - Very strong - no areas for quality improvement at this time
S - Strong - minor areas for quality improvement
F - Fair - moderate areas for quality improvements
W - Weak - significant and major areas for quality improvement
Summary Overview
Once you have completed the relevant information you can view automatically generate overviews which you can use to show at a glance where your service is at regarding the Action Plans and 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 formal annual review.

National Report
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 Workbook One - 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.

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 15–19) and based on the progress made to date following your Annual Review.

Step 4 - Reviewing progress annually
While ongoing 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 20-22). This Annual Review is conducted within each service location and with each CHO New Directions Local Implementation Group.
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 Workbook One. 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 14 - Diagram of the red triangle markers in the electronic tool](image)

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 15 - Diagram of an example of the guidance in electronic tool](image)

Further information in relation to the Interim Standards is available on the New Directions website [www.hse.ie/newdirections](http://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 Version of the Interim Standards for New Directions, Services and Supports for Adults with Disabilities.**
- A basic guide to using the electronic tool in Microsoft Excel.
- Guide to 12 Supports and Interim Standards.