Quality Assurances

ACCREDITATION REPORT

Sunbeam House Services

Cedar Estate, Killarney Road

Bray Wicklow Co.

John Hannigan, Managing Director

Accreditation Team: Epp O'Neill, Anne Beuchner, Maragret Farell

Accreditation Visit Dates: November 10-13, 2015

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OVERVIEW OF CQL QUALITY ASSURANCES ACCREDITATION

CQL Accreditation promotes excellence in person-centered services and supports that lead to increased quality of life. It's about continuous improvement. CQL Accreditation facilitates organisational improvement in person-centered services and supports and personal quality of life outcomes.

CQL's Quality Assurances Accreditation is grounded in over 40 years of CQL leadership and peer-reviewed research. We focus on the critical elements that lead to increased quality of life for people.

CQL Accreditation promotes and facilitates excellence in person-centered supports and services that lead to increased quality of life.

This onsite accreditation visit focused on:

- Ongoing implementation and commitment to *Shared Values*®
- Maintaining and monitoring *Basic Assurances*®
- Supporting personal quality of life as measured by the *Personal Outcome Measures*®

For additional information please refer to the following attachments and manuals:

- Basic Assurances® Manual
- Basic Assurances® assessment results
- Shared Values® Manual
- Shared Values® assessment results
- Personal Outcome Measures® Manual
- Personal Outcome Measures® Summary Report
- Basic Assurances® Plan
- Personal Outcome Measures® Plan

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ORGANISATIONAL PROFILE

Prior to accreditation, Sunbeam House Services provided CQL with the following information regarding its mission and vision and a brief organisational profile of the services and supports provided by the organisation.

The mission of Sunbeam House Services is: "We aim to empower people with the necessary skills to live full and satisfying lives as equal citizens of their local communities and as directed by themselves."

Sunbeam House Services values focus on the six C's as outlined below. These give a clear and easily defined set of values for all staff, clients and stakeholders to focus on and are becoming the watch words for Sunbeam House Services in delivering its Plan.

- **Client Directed** – in all decisions and all actions;
- **Caring** – for clients, staff, and the organisation;
- **Commitment** – to be the best and to do the best for our clients, staff and the organisation;
- **Community** – involvement and benefit in all we seek to achieve;
- **Compliance** – with best practice, legislation and system requirements.
- **Collaboration** – working with the best to be the best

The vision of Sunbeam House Services is: "Individuals with an intellectual disability are seen as equal citizens and take part in society along with everyone else." The vision is being considered since there is a proposed merger with Kare and St. Catherine's Association, which is a school for children with disabilities. The merger would increase the number of people supported from 380 to approximately 900.

Sunbeam House Services is a voluntary organisation that was founded over a hundred years ago. Today Sunbeam House Services provides support to approximately 380 adults with intellectual disability in 80 different locations with the support of 410 employees.

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Approximately 150 people receive residential supports at 25 different locations. The largest number of people living together is fifteen and these larger settings are being downsized with hopes that all people will have more living options.

Sunbeam House Services has been assessed by Health Information and Quality Authority (HIQA) regulations and presently, 18 designed homes/center have been registered. Sunbeam has been involved in a project that has brought cross representative teams (service users, family members, managers, frontline staff etc.) from organisations all over the country. Staff and people supported are struggling with these regulations since they feel they are not focused on true quality.

Since CQL's last visit to Sunbeam House Services has been focused on several areas of improvement including: continued work on de-congregation of day centers and soon is closing a few; continues to have services that are becoming community based rather than center based; the development of Sunbeam House Services Leadership Development Programme; the development of the Family and Friends Forum; continuing to provide person directed services while meeting the regulatory requirements; and continuing to improve upon its commitments within the last CQL *Person Centred Excellence* of people have authority to direct supports and services, assessment of needs is fair and accurate, emerging practices in individual budgets and supporting people and families to have meaningful roles within the organization.

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ORGANISATIONAL CERTIFICATION

In order to be eligible for accreditation, CQL requires certification of all local, state and federal regulations. Additionally, evidence of ongoing data collection and analysis of assurances of health, safety and human security is required. Prior the onsite accreditation activities, Sunbeam House Services certified that is in compliance with all required local, state, and federal regulations relevant to the supports and services it provides and confirms that it is in full compliance with:

- Licensing and certification requirements
- Sanitation/fire and safety codes
- Reporting compliance for incidents, abuse and/or neglect

Sunbeam House Services affirmed that there are no current open or unresolved issues related to:

- Outstanding fiscal or legal sanctions
- Non-compliance with HIQA regulations
- Licensing exceptions
- Unfavorable third party reviews
- Abuse, neglect, or other circumstances being investigated by local, state or federal entities
- Any related circumstances that require a plan of correction in order to remain licensed, certified, or funded.

Sunbeam House Services confirmed that the organisation has:

- Current external monitoring reports and responses for all services and supports provided
- Current external monitoring reports and responses for all licensed buildings showing that all required safety/compliance standards are met
- Clear policies that state the procedures for meeting local, state, funding, and federal requirements
- Current plans of correction showing all outstanding issues have been (or are being) addressed
- Current external monitoring reports and responses for all services and supports provided

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PROCESS

A variety of activities were facilitated by CQL in collaboration with Sunbeam House Services as part of this accreditation process, which include:

- **Organisation Self-Assessment**
  The organisation completed and submitted an in depth self-assessment of organisational systems and practices related to Basic Assurances® and Shared Values® prior to the onsite accreditation.

- **Offsite Meetings**
  The organisation's leadership team participated in two planning calls prior to the onsite accreditation.

- **Basic Assurances® and Shared Values® Validation**
  CQL facilitated a rigorous assessment of the organisation's systems and practices related to Basic Assurances® and Shared Values® through a variety of onsite activities including but not limited to: document and policy review, targeted interviews, site visits, focus groups and Personal Outcome Measures® interviews.

- **Personal Outcome Measures® Focus**
  CQL focused on organisational implementation of Personal Outcome Measures® on an individual and systemic level. Interviews, focus groups and data review were completed.

- **Plan Development**
  CQL presented findings for current Basic Assurances®, Shared Values® and Personal Outcome Measures® alignment. The organisation developed a plan to enhance these areas based on results. Accreditation is awarded based on the development of this plan and maintained based on implementing it.

- **Next Steps Discussion**
  CQL facilitated discussion of the integration of this plan into the organisation's strategic plan and other organisational initiatives, additional resources needed, and ongoing reporting and collaboration for continued accreditation.

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RESULTS & FINDINGS

SHARED VALUES®

Values, beliefs and expectations about people determine the way we provide services, supports and resources. A variety of activities including targeted interviews, document review, focus groups, site visits and Personal Outcome Measures® conversations were conducted by CQL to determine the alignment of the organisation's values with CQL's Shared Values standards.

CQL determined that most indicators for Shared Values® are currently present for Sunbeam House Services. See the full Shared Values® report for details.

The organisation is commended for supporting the Service User Forum which has taken on several leadership roles within the organisation and has made a video about their feelings toward the new HIQA regulations. They plan to show the video to other service users and eventually to county councils. This group has an independent facilitator and actively participated in all aspects of the accreditation. The Leadership Development Programme is another way it is supporting leadership across the organisation. Sunbeam House Serviced is also involved with numerous projects/initiatives throughout Ireland and on an international level that focus on building a stronger community for all citizens. There include the AJUPID which is a across Europe and focuses and   people with disabilities right to legal justice. The Direct Manager is the chairperson of the National Federation of Voluntary Bodies, others have been involved in the implementation of the National Housing strategy for People with Disability, and the Framework of Governance of Social Housing.

SHS has a partnership with AVA and Art Expo's working together to display and sell artist works of people with and without disabilities. People supported have multiple winners at the agriculture Tinahealy Show The Ballyraine campus is once again having it Spirit of Christmas which is attended by the community. See the Shared Values report for other comments.

BASIC ASSURANCES®

Basic Assurances® address the provision of safety measures put into action from the person's perspective. *Basic Assurances®* requires policies and procedures or systems, while the effectiveness of the system is determined in practice or the carrying out of the policy, person by person. These assurances are not statements of intent; rather, they are the essential, fundamental and non-negotiable requirements.

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CQL determined that 36 /46 indicators for Basic Assurances® are currently present for Sunbeam House Services. See the full Basic Assurances® report for details.

PERSONAL OUTCOME MEASURES®

Personal Outcome Measures® focuses on the choices people have in their lives and serves as powerful tool for evaluating the quality of life for people. The Personal Outcome Measures® enable us to learn about people in new and different ways and can also provide a guide for person-centered planning. In order to achieve Quality Assurances Excellence accreditation with CQL, organisations must: 1. utilize the Personal Outcome Measures® on an individual level for planning and discovery, and 2. collect, aggregate, analyze and act on data collected as a result of Personal Outcome Measures® implementation. Sunbeam House Services has met these requirements as demonstrated by its collection of POM data for approximately 70 people in 2015.

CQL conducted 4 Personal Outcome Measures® interviews during this onsite visit. Five had been schedule but one person changed their mind and on the last minute did not want to participate. The average aggregate score for these interviews was 12 outcomes/ 11 supports. All outcomes in the area of safety, health, free from abuse, and realized goals were present for all of the people. Supports for free from abuse were 100% present for the four people. See the full Personal Outcome Measures® report for details.

The organisation completes POM's for approximately 25-33% of a specific population every third year and people are asked if they would like to participate. Data has been collected in 2010, 2012 and 2015. Key staff attend a training on POM and then conduct the visits and make determinations about the presence of outcomes and supports. All of these decisions are reviewed by the Quality DDD, who completed reliability years ago, who will change the determinations if the information does not support the decision made. The organisation still incorporates *People choose their daily routine* and *people have time space and privacy* into the POM interview process and collects data on these two area along with the other 21.

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Focus Group of Direct Support Staff:

Eight direct support professionals participated in a focus group meeting the first day of the review.

Participants represented residential, day support services, and training services and have been working for the organisation between 6 months and 19 years. Those topics addressed included changes experienced by the organisation, merger with new agencies, progress in service developments, areas that were going well, areas that presented challenges, suggestions for priority areas for improvement, and a description of the organisation's culture.

Changes:

- Positive changes with many moves to smaller scale and increased individualized components of services,
- Pending merger with other agencies in next year, some concerns re: much bigger agency, ('Is it going to happen? It's a bit all over the place)
- Pilot roll-out of iPlanit personal planning systems
- Impact of new HIQA regulations on residential and respite services
- Increased admin and reporting taking more time away from direct person support
- Smaller units of support services mean more dependence on smaller numbers of staff, but good support and staff did not report feeling too isolated
- Staff know about social capital and other forms of capital and are encouraged to use their capital to benefit people – we don't work in boxes as much
- Better fit of service to meet people's priorities

Going well:

- It's a good place to work
- Positive effect of down-sizing of units of support services
- Staff training very good, and very appropriate to people's job – that is – supporting people to have better lives. Leadership programme for frontline staff positive for those who have had opportunity to participate, you can ask for other course, some financial assistance with college courses

- Thinking outside the box is encouraged
- Good information flow on all changes and developments, via email, staff team meetings, and social media as well as traditional means, newsletter, CEO visits to units, local management

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- Good rapport and trust amongst staff
- Commitment to personal and career development
- Extended use of technology and social media – also some staff need more hands-on training and support
- Induction training is robust, keyworker training including POMS is provided before you start key-working
- Job descriptions matching new style of service provision, 6C's, flexible and outside of set hours, staff are community workers v care staff

Challenges:

- Keeping current strong positive culture of SHS as we move to amalgamate with other agencies
- Salary increments have been frozen in Governments budgetary cuts, other agencies have reinstated these, SHS needs to do this too
- Increased IT uses requires better training on use of technology for staff
- Admin tasks demanding, and hard to keep focus on per with HIQA and other regulatory framework requirements must be complied with
- Institutional type of transportation needs to change, eg. MPVs v big buses, which many people don't want use (stigma), and curtail options for getting out and about
- Staff Forum not working, we don't know anything about it.
- Staffing limitations - Unit clusters under one manager, and curtailment of split shifts, etc, can constrain activities.
- The job and role of DSP can be demanding, as people supported have stronger views on their choices, for example, who does the housekeeping and cleaning jobs?
- The agency is becoming more risk averse.
- Recruiting volunteers is very slow
- More admin support would help
- Helping people manage new things, i.e. supporting someone to manage their utility and hospital bills
- Training 1000 staff in merged agency will be difficult and expensive

Priority Suggestions:

- Manage large scale change in mergers, while still supporting down-sizing of units of support services
- Reward/recognition for staff that "makes their day", even a pin for years of service, as it is not possible for agency to give monetary incentives.

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- Keep working to extend people's lives and 'their right to take a risk, with appropriate support', and supporting families to let their people take risk
- Support people to move from passive recipients of service to fuller citizenship

Cultural description:

- Strong culture of togetherness, support, flexibility as a team, trying new things, at all levels in the agency.
- Flat organisation, senior managers know people's names and also many direct support staff
- Open and transparency of the agency
- Focus on the person being at the centre always
- Good communication and all opinions welcomed, no one afraid to say what they think
- Listening and learning culture
- Always open to new and better ways of supporting people
- Staff are passionate about their work

Focus Group of People Supported

Six people supported participated in a focus group meeting the first day of the review. In addition, a respected facilitator of the Service Users Forum was in attendance as support. Participants represented various living arrangements independent, residential, and with family. People supported had been receiving supports from Sunbeam House Services from under ten to more than 30 years. Topics addressed included community connections and responsibilities, human rights, work and wages, health connections, personal information, staff and key worker situations.

Community Responsibilities and Connections:

- Volunteerism
- Competitive employment
- Inclusion Ireland
- Advocacy with Aras Attracta
- Bray Lakers
- VFM Disability Policy group and advisement
- Connections and influence with local and national legislators

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Health Related

- Key workers/staff generally schedule appointments using CID with some input from people
- For the one person living with family, family make appointments and manage all paperwork
- Most report that they would be comfortable with taking on more responsibility with making arrangements, setting reminders and handling paperwork, but may need additional support
- Currently, staff mainly manage and file the paperwork and documentation
- People know they have access to their medical records

Key Worker and staff:

- When key worker is not available, some state they know they can go to another staff or head of unit"; others will wait until key worker returns to work
- The impact of not having one's key worker available is mentioned to cause a lost peace of mind, to make one feel lonely or grumpy or a sense of a loss of routine
- Key workers mostly are assigned based on housing staffing and come to the person rather than an option

People's Planning Meetings:

- A joint decision on who will attend meetings between the key worker and person
- Most reported being unfamiliar with how or why planning meetings are arranged
- None of the focus group participants remembered when their last meeting took place
- All focus group participants stated that they have input in who is invited to their meetings

Going well at Sunbeam House Services:

- They are here for us
- Can fall back on them if need to
- Rather be here
- People feel they are listened to
- Promote self-confidence, empowerment and assertiveness

Human Rights:

- People report having access to their money and that it's held securely
- People state they have a right to say what they want to
- Rights Review Committee listens to complaints and problem

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- SHS homes are oriented to the rights practices
- One person mentioned that not having equal wage is "absolute cr_p"
- Suggestion: to enhance rights orientation to all people supported with the suggestion to do so on SHS website (particularly to support people and families not involved in residential services)

Priority Suggestions:

- Not having wages
- Dealing with "means tested" income as people mention only allowed to earn so much
- Stop the cuts in services
- Stop the staff from leaving
- Stops transport cutbacks
- Giving options
- To "walk a day in my shoes": how I feel, to simplify and to listen

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NEXT STEPS/ ONGOING ACCREDITATION

Sunbeam House Services is commended and congratulated for achieving accreditation with CQL's Quality Assurances Accreditation methodology and for its ongoing commitment and efforts to exemplify how a singular focus on the lives of people supported leads to making meaningful discoveries about *What Really Matters*.

In order to maintain CQL Accreditation, Sunbeam House Services must submit a plan within 30 days of the onsite accreditation, to bring all Basic Assurances® indicators into full alignment for both systems and practice. Any Basic Assurances® indicators assessed as NOT PRESENT in either system or practice by CQL requires a plan of enhancement. A template for this plan has been provided. Implementation of this plan will be assessed during the next accreditation checkpoint with CQL. Failure to complete, submit or carry out the plan will jeopardize accreditation.

In order to maintain CQL Accreditation, Sunbeam House Services must submit a plan within 30 days of the onsite accreditation, which will outline the organisations plan to: 1. utilize the Personal Outcome Measures® on an individual level for planning and discovery, and 2. collect, aggregate, analyze and act on data collected as a result of Personal Outcome Measures® implementation. A template for this plan has been provided. The plan must outline the steps the organisation will take to build their capacity and ability to implement the Personal Outcome Measures® effectively. Implementation of this plan will be assessed during the next accreditation checkpoint with CQL. Failure to complete, submit or carry out the plan will jeopardize accreditation.

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In order to maintain CQL Accreditation, Sunbeam House Services agrees to participate in one additional onsite visit with CQL over the course of the three year accreditation partnership.

The next checkpoint with CQL will occur no sooner than 12 months and no later than 18 months after the initial onsite visit and will focus on:

- Implementation of Basic Assurances® and Personal Outcome Measures® plans of enhancement
- Stories that illustrate progress and success in people's lives
- Personal Outcome Measures® data analysis and learning
- Basic Assurances® Factor Ten (integrated Quality management)
- Ongoing compliance with local and national regulations and requirements concerning the basics of health, safety and human security
- Development of a plan to enhance Community Life® and Responsive Services®

CQL reserves the right to require an additional visit if progress cannot be validated.

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CQL ACCREDITATION POLICIES

Accredited organisations are required to notify CQL | The Council on Quality and Leadership of changes in the following circumstances and any other circumstance that could potentially put at risk the quality of supports to people:

- Change in executive director
- Change in ownership or management
- Potential loss of certification, license(s) or funding
- Receipt of citations of Immediate Jeopardy or Conditions of Participations in ICF funded services
- Receipt of any state-specific sanctions related to state licensure regulations
- Addition or deletion of program/service components
- Addition of new buildings and changes in the compliance of any building with the requirements of the Life Safety Code or other equivalent code

When notified of such changes, CQL will request additional information that provides evidence of the impact of the change(s) on people receiving services. CQL reserves the option of visiting any accredited organisation, at the expense of the organisation, if CQL determines that the:

- Change(s) significantly or negatively impacts people receiving services
- Information does not sufficiently address the impact;
- Organisation failed to notify CQL of significant change(s)

CQL will give notice of any such visit/review to the organisation's Chief Executive Officer/Executive Director. The onsite visit will be for the purpose of determining the impact of organisational change(s) on people receiving services.

CQL reserves the right to discontinue the award of accreditation if the onsite visit results in evidence that determines:

- The impact of organisational change has had a significant and negative impact on people receiving services
- The organisation is no longer able to sustain the commitment to supporting basic health, safety and human security for people over the cycle of accreditation
- The organisation refuses to undergo the onsite visit

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STATEMENT & SIGNATURES

We, the undersigned, have read the above Executive Summary/Accreditation Report and Accreditation Policies. Sunbeam House Services and CQL |The Council on Quality and Leadership understand and agree to its contents and Sunbeam House Services and CQL |The Council on Quality and Leadership hereby agree to the expectations and accountabilities outlined and detailed herein.

For: Sunbeam House Services :

_____   _____
John Hannigan, Managing Director   **Date**

For: CQL | The Council on Quality and Leadership:

_____   _____
Becky Hansen, Vice President of Accreditation and Training   **2/4/2016**

                                                                                                              Date

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NOTE: In order to maintain accreditation, the organization must:

Bring all Basic Assurances® into compliance by the second visit; by 8th November 2016.

NOTE: All Basic Assurances® Indicators found NOT PRESENT in system or practice by CQL require an action plan.

SUNBEAM HOUSE SERVICES BASIC ASSURANCE Action Plan sent to CQL 14th Jan. 2016

BASIC ASSURANCES®	ACTION STEPS/DATES	PEOPLE	Data Evidence to Measure Success
Factor 1.Rights Protection and Promotion **System is Present** **Practice is Present**	**Action Plan for FACTOR 1:** Provide training and resources to develop Supported Decision Making and Self Directed Living. **from June 2016** Reintroduce Individual Rights Assessments as part of the annual Personal Plan: **by 31 March 2016** Senior Manager to liaise with Cluster Managers to agree strategies for improvement of Rights protection & promotion on a daily basis. **By 31 March 2016** Continue FETAC courses in Training Services covering Self Advocacy and Rights with people we support.		• Completed Individual Rights Assessments and Money Management Assessments in Personal Profile Folders. • FETAC certification of people completing Self-Advocacy and Rights Training. • Reports from Rights Review Committee of supports to reduce or eliminate rights restrictions • Staff meeting minutes, and service users Location Meeting Minutes to evidence that Rights and self-direction are supported re whole life/relationships/community etc. Personal Outcomes Data; report on Rights and Fairness Outcomes

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BASIC ASSURANCES® INDICATOR	ACTION STEPS/DATES	PEOPLE	DATA EVIDENCE to Measure Success
Factor 2.Dignity and Respect **2e** **System is Present** **Practice not present** **2e People have meaningful work and activity choices**	**Factor 2. Action Plan** **By 31 Aug. 2016;** SHS will develop a satisfaction survey that is accessible to all individuals who use the services, and use the results to develop a strategy for improvement of Personal Outcomes.ll people in receipt of services will be supported to participate in regular location meetings. **By March 2016** Values training for staff and managers will emphasize the importance of working together with natural supports to enable individuals to develop meaningful roles. **By 31 Aug.** All organizational Leaders will be required to upskill their training in relation to Values, Respect& Dignity; **By 31 Aug.**	Connect SDL. re Values training of Leaders	• Results of Service Users Satisfaction Survey followed by Action Plan to address issues • Minutes of Staff meetings to show how meaning roles for individuals are discussed and supported • Personal Outcomes Report on Social Roles and Community Participation and Work, Respect and Choosing Personal Goals Individual schedules of people who use the service, that illustrate regular meaningful engagement and valued roles List of participants of Values Training and feedback sheets

BASIC ASSURANCES® INDICATOR	ACTION STEPS/DATES	PEOPLE	DATA EVIDENCE to Measure Success
Factor 3 Natural Support Networks **3d The organization facilitates each person's desire for Natural Supports;** **3d System is Present Practice not present**	Continue to review people's support needs through use of the Needs Assessment Form, and reallocate resources if necessary to enable people to remain connected to natural supports if there is a change in their circumstances. Provide resources and training in order to Implement the Consent Policy and build capacity among natural network members, thereby supporting people's decision-making based on will and preferences. **By 31 March 2016**; Ensure all names and addresses of families and friends kept on file are accurate and up-to-date. Increase the opportunities for people to include their family and friends in their lives and plans. Collate aggregate data on the outcome "People are connected to natural support networks" in order to measure extent and satisfaction levels. To look at development of local services so that people can receive supports within their local communities.		• Minutes of Family & Friends Forum meetings • Individual Needs Assessment Forms • Minutes of Referrals Committee Meeting where Needs Assessments are discussed • Family & friends contacts on CID accurate and up to date • Personal Outcomes report on Natural Support Networks • Individual Personal Plans include participation of family and natural supporters in full planning process and support of Outcomes.

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| From 1st March 2016; A Senior Manager will take responsibility to liaise directly with the Family & Friends Forum regularly to explore ways to improve participation in the planning process for family and other important people; Senior Manager will follow up on actions required from the FFF meetings. | | |

BASIC ASSURANCES® INDICATOR	ACTION STEPS/DATES	PEOPLE	DATA EVIDENCE
Factor 4 Protection from Abuse, Neglect, Mistreatment and Exploitation **4c System not present and Practice not present** **4c The organization implements systems for reviewing and analyzing trends, potential risks, and sentinel events.**	The SHS Safeguarding and Protection processes will be reviewed to reflect the requirements of the National Health Service Ex. Safeguarding & Protection Teams. **by 31 March 16** Adverse Events reporting will be strengthened through review of reporting process on CID followed by training of reporters, and training of Protection and Safeguarding Committee in analysis of data to effectively identify patterns. Targeted audit on location risk registers and individual risk assessment **; from March 2016** Social Workers to report quarterly to Senior Management	Social Workers Social Work Dept.	• New SHS Safeguarding & Protection Policy to reflect new National Policy. • Data Monitoring Plan, to monitor Basic Assurances and HIQA Regulations to be reviewed quarterly. • Protection and Safeguarding Reports, quarterly. • Social Worker Quarterly report

	Team on cases being considered by them – to ensure that all possible systems elements are actioned; **from March 2016**		• Personal Outcomes Report on Free from Abuse and Neglect

BASIC ASSURANCES® INDICATOR	ACTION STEPS/DATES	PEOPLE	DATA EVIDENCE
Factor 5 Best Possible Health **5a People have support to manage their own health care System not present and Practice not present**	Factor 5. Action Plan Keyworkers to support individuals to develop their independence managing their health care; ie make own GP appointment, keep own record etc. **from 1st March 2016**		Records in each location of any Health Care education and advocacy that is delivered, and the people involved. Personal Outcomes Report People decide when to share Personal Information
Factor 5. Best Possible Health **5b People access quality health care** System not present and Practice not present	Proactive preventive screening, in line with national guidelines, will be advocated for with individuals, families and doctors, and actively promoted through education, encouragement and practical support for each individual and their natural supports. **From 1st March 2016**		Records on CID of what support was given when an individual has not engaged in preventive health screening procedures.

| BASIC ASSURANCES® INDICATOR	ACTION STEPS	PEOPLE	DATA EVIDENCE to Measure Success
Factor 6. Safe Environments	**Factor 6. Action Plan**		• Fire Evac. Records

System is Present

Practice is Present

Safety officer will review and update the structure of the Individual Safety Plan template in the coming year which will assist the frontline staff with their work in ISPs for the individuals they support; **during 2016**

Health & Safety Audits carried out annually by QCT Team. All maintenance issues identified are recorded on CURO (Maintenance Database) and dealt with in order of priority. Annual maintenance audit to be carried out by Maintenance Service Manager. Results of audits to be shared with Quality, Compliance &Training Team (QCT) from **March 2016**

List of minor capital works identified and submitted as part of 2016 budget submission.

Vehicle transport checks carried out daily by all drivers. Hazards identified are addressed by Transport Team.**ongoing.**

Location HIQA action plans and risk assessment's will be monitored by operational Managers **ongoing**
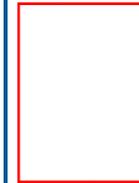
- Health & Safety Audits
- HIQA Provider Audits
- Maintenance Logs
- Safety Audits
- Transport Checks
- HIQA Action plans
- Individual Risk Assessments
- Location Risk Registers
- Corporate Risk Register
- Personal Outcomes Records; People are Safe

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BASIC ASSURANCES® INDICATOR	ACTION STEPS	PEOPLE	DATA EVIDENCE
Factor 7. Staff Resources and Support **System is Present** **Practice is Present**	**Factor 7. Action Plan** Implementation of the Employee Satisfaction Survey 2015- **by June 2016** Review of Induction Process and the facility to obtain feedback from new employees on-line- **by 31st March 2016.** Ongoing staff training responding to need and mandatory requirements. First meeting of new Staff Forum to be held by 31 **March 2016.** A number of core individuals will partake in the forum on a regular basis, all other staff will have the opportunity to attend on an availability / personal choice basis.	& HR Team Staff forum	• HR Analytics Census • Absenteeism • Turnover • Performance Appraisals • Personal Files • Staff Training Records • Training Needs Analysis • Training Evaluations • Training applications • Minutes of Staff Forum meetings
BASIC ASSURANCES® INDICATOR	**ACTION STEPS**	**PEOPLE**	**DATA EVIDENCE**

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Factor 8 Positive Services and Support	Review Medication Policy		• Reviewed Medication Policy
8d The organization treats people with psychoactive medication for mental health needs consistent with national standards of care	**From 1st Feb. 2016** A standardized checklist will be used to monitor common side effects of each psychoactive drug. **From 1st Feb. 2016;** SHS will review regularly; through CID and Rights Review Committee reports, all individuals prescribed PRN Psychotropic Medication; including the reason, the dose, and the frequency: **first analysis by June 2016.**		• Records of all individuals prescribed PRN Psychotropic Medication; Report to include Reasons, Frequency, evidence why medication is still needed and Actions to reduce dosage and frequency of psychotropic drugs as much as possible.
System not present and Practice not present	The Behaviour Support Plan and Personal Outcomes Plan will be reviewed at the same time as the review of PRN Psychotropic Medication for each person prescribed PRN Psy. and a more Holistic Personal Plan will be agreed; with clear actions to ensure person is taking the fewest and lowest dose as possible. **This will be emphasised in revised Staff Training, and during Senior Managers meetings with CSM's from 1st Feb. 2016**		• Side effects monitoring checklist • Rights Review Committee referrals re Psychotropic PRN and RRC response. • Staff Training Records MAPA • Holistic Personal Plans for individuals prescribed Psy. PRN. • Personal Outcomes Records re Best Possible Health, Rights and Fairness
	Continue to advocate with the psychiatrist appointed by the Health Service Executive to review psychotropic medication. Continue to provide, as required, appropriate counselling, and positive behavior supports. Continue to train staff in Management of Actual or Potential		

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	Aggression (MAPA) and protection and safeguarding and crisis prevention training.		
Factor 8 Positive Services and Support **8e People are free from unnecessary, intrusive interventions** **System not present and Practice not present.**	**Factor 8. Action Plan** The Positive Intervention Policy and The Restrictive Practices Policy will be review **by March 31 2016**, to ensure that Time Out and Floor Restraints are clearly prohibited; and ensure the policies are in alignment with the values of the organization and clearly defines what steps staff can and cannot take when a person struggles with controlling their behavior.		Revised Positive Intervention Policy will be available Personal Outcomes Report re Rights Adverse Events Reports
Factor 9 Continuity and Personal Security **9d The cumulative record of personal information promotes continuity of services.** System not present & Practice not presentactice not present	**Factor 9. Action Plan** **From 1st Feb. 2016;** Keyworkers will be instructed by CSMs to support all people to access their own records re Personal Plans, Daily Diaries, and to make an accessible version of individual plans and relevant information available to each person according to their ability. This will also be included in Values & Personal Planning Training.		Understandable version of their own Personal Plan, including name or photo of the person supporting each priority, and other relevant information will be available to each individual.

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BASIC ASSURANCES® INDICATOR	ACTION STEPS	PEOPLE	DATA EVIDENCE
Factor 10 Basic Assurance Systems 10b A comprehensive Plan describes the methods and procedures for monitoring Basic Assurances System is Present Practice not Present	**Factor 10 Action Plan** SHS have developed a Data Monitoring Plan that will be reviewed quarterly, to monitor each of the 9 Basic Assurances and HIQA Regulations. Guided by National developments our policies are being reviewed in line with National Policies. The Board of Directors and the Senior Management Team have agreed key areas for strategic development which are set out in the Strategic Plan 2011 to 2016; with the key strategic objectives and their implications for the organisations. Progress against each of the planned elements is set out in the plan to show what is expected, by whom and by when. We have an annual Operational Plan derived from the Strategic Plan which is monitored quarterly. **By 30th June 2015;** The Personal Outcomes process will be reviewed to ensure that purposeful goals towards a good quality life are recorded for each person, and the system for capturing	Senior Management Team and Board of Directors re computer systems for tracking & monitoring	• Basic Assurance Monitoring Plan reviewed quarterly • Strategic Plan • Revised Personal Outcomes Process

	and sharing what is going on in people's lives, day to day, if effectively communicated and shared between supporters. Revised POMs training will follow.	