



Quality Framework for Mental Health Services in Ireland

Draft Audit Toolkit

March 2007

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Consultation on Draft Audit Toolkit

The Mental Health Commission is seeking views on the draft audit toolkit for the Quality Framework for Mental Health Services in Ireland. The draft audit toolkit is designed to both assist services in measuring their attainment of the standards outlined in the quality framework, and to facilitate services in undergoing continuous quality improvement in the way mental health services are delivered.

The Commission would welcome your comments and feedback on the draft document using the form enclosed by **15th June 2007**. We also intend to carry out further consultation at the information sessions/workshops scheduled to take place over the coming months. It is the intention of the Commission to produce, following consultation with key stakeholders, a final version of the audit toolkit that will be viewed as a useful tool by services when engaging in quality improvement initiatives.

Consultation Questions

To facilitate written submissions, several questions are posed as follows:

1. Do you consider this toolkit a beneficial aid to facilitate delivery of services in accordance with the Quality Framework for Mental Health Services? If not, please explain your answer, and include possible recommendations for change.
2. Does the draft toolkit contain the information you would like to see in a toolkit for the Quality Framework? If not, what areas would you like to see included?
3. Are there any areas contained in the document that you would like to see more information on?
4. Is the information contained in the toolkit clearly written and easy to understand? If not, please indicate which areas might require greater clarity.
5. Are there any specific changes you would recommend to the Quality Framework Audit Tool (p 20 - 108) which would enhance its usability?
6. Have you any other comments you would like us to consider?

**Mental Health Commission
March 2007**

Glossary

Assessor/Assessment team

Individual(s) or team who carry out an audit of the standards in the quality framework.

Audit

Important tool that makes use of information systems and specific indicators to assess whether particular aspects of service provision are measuring up to the established standards.

Introduction

The Quality Framework for Mental Health Services in Ireland sets out standards and associated criteria considered essential for delivering quality mental health services. While the Mental Health Act 2001 (Approved Centres) Regulations 2006 focus on minimum standards in approved centres, the aim of the quality framework is to promote, encourage and foster high standards in the delivery of mental health services. Furthermore, the framework is applicable to all mental health services.

The quality framework focuses on a whole systems approach to the provision of mental health services recognising that services need to communicate and collaborate across settings and functions. Integrated throughout the framework is an emphasis on continuous quality improvement as it is believed this is key to the development of a quality mental health service. The quality framework provides a platform for continuous quality improvement in mental health services. It is essential that continuous quality improvement is built into the management and delivery of services.

This toolkit has been designed to assist mental health services in auditing their own service to determine levels of attainment of the standards in the quality framework and to aid services in developing action plans to meet the criteria contained in the standards. The audit tool (p 20) has been designed to enable a mental health service carry out a self assessment of its service. Each service can use the tool to satisfy itself that it is meeting the standards - where this is not happening, action plans for improvement should be developed, implemented and reviewed. When assessing an organisation's levels of attainment of the standards, it is important to note that meeting the standards is not an end in itself, rather it is part of a process of continuous quality improvement. Thus, even when full attainment of a standard is achieved, it is important to look at ways in which continuous quality improvement initiatives can be developed and implemented.

Scope

The draft audit toolkit can be used by any mental health service in the public, voluntary and independent sector. This includes mental health services for children and adolescents, adults, older persons, persons with an intellectual disability and a mental illness, and forensic mental health services. It applies equally to all mental health services irrespective of whether they are being delivered within the service user's home, community settings, both residential and non-residential, or within in-patient facilities.

Chapter 1 – An Introduction to Quality Tools

The purpose of this chapter is to provide the reader with a brief overview of the various quality tools that may be used in healthcare. It is not intended to be prescriptive and does not endorse the use of any particular quality tool. It is intended as an educational guide to accompany the quality framework and provide individuals, project teams and assessors/assessment teams in services with the tools necessary to implement changes based on a model of continuous quality improvement.

The following tools may be used to devise, plan, implement and evaluate quality improvement plans in your service or organisation. Quality improvement is a process of continually striving for optimal norms. The tools below may be used to help your organisation attain the standards and criteria in the quality framework, and also to build and improve upon these standards as the need arises.

Simple quality improvement tools are useful for effective everyday problem-solving. All staff working in mental health settings should familiarise themselves with some of these tools. Table 1.1 overleaf highlights the simple tools most often used in continuous quality improvement. It also lists common systematic approaches to quality improvement and some of the main safety tools used in healthcare.

Table 1.1 Quality Tools

	Simple Quality Tools		Systematic Approaches	Safety Tools
<i>Deciding on a problem</i>	Brainstorming	<i>Change evaluation</i>	PDCA cycle	
<i>Deciding on a problem</i>	Nominal group and Delphi technique	<i>Other tools</i>	Audit Cycle	Incident report data collection, analysis
<i>Process description</i>	Cause and effect diagrams	<i>Other tools</i>	Langly Model	Root cause analysis methods
<i>Process description</i>	Flowcharts	<i>Other tools</i>	Team Quality Improvement Sequence	Risk Management
<i>Data analysis & presentation</i>	Histograms	<i>Other tools</i>	Patient Pathway Frameworks	
<i>Data analysis & presentation</i>	Control Charts			
<i>Data analysis & presentation</i>	Pareto Diagrams			
<i>Data analysis & presentation</i>	Run charts			
<i>Data analysis & presentation</i>	Scatter Diagrams			

Simple Tools

Brainstorming

Brainstorming is a very useful tool for coming up with ideas or problems in a group and exploring possible solutions. A list of ideas or problems is compiled following discussion and the ideas are then analysed and the best solutions explored.

Nominal group and Delphi technique

The nominal group process is a technique for setting goals, identifying problems, obtaining suggestions for solving problems, or planning programmes for an organisation. The process allows the person in charge to control the meeting and discussion, keep the

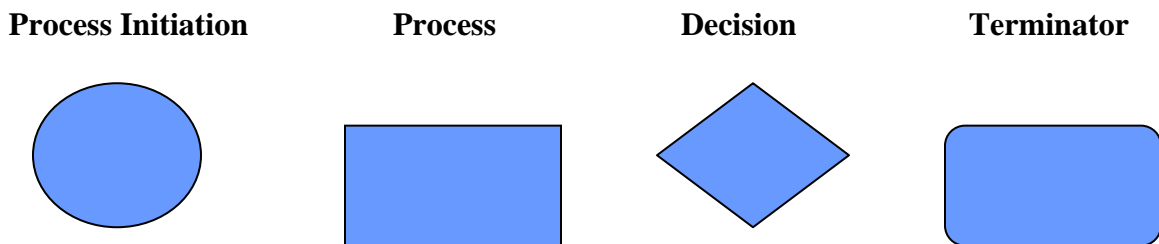
group working toward the task at hand, ensure that everyone participates by presenting his/her ideas, set priorities and reach consensus on the goals, problems, solutions, or programme suggestions proposed by the group.

The Delphi technique is a method of obtaining group input for ideas and problem-solving. It uses a series of carefully designed questionnaires interspersed with information summaries and feedback from preceding responses. Unlike the nominal group process, it does not require face- to- face participation.

Flowcharts

Flowcharts are one of the most useful tools in quality improvement. They are a highly effective tool in helping people understand and analyse a process. The process should identify who/what is part of the process and what needs to be monitored in the process. Figure 1.1 shows the main symbols used in flowcharts.

Figure 1.1 **Flowchart Symbols**



Cause and Effect Diagrams

Cause and effect diagrams are a structured form of brainstorming. A cause and effect diagram is a problem solving tool used to generate ideas about the possible causes of a problem. The main headings typically used in these diagrams are: People, equipment,

materials, methods and measurement, but it is not essential to use these headings. Cause and effect diagrams are also called Ishikawa or fishbone diagrams.

Histograms

A histogram provides a pictorial summary of variation in a data set.

Control Charts

A control chart is a tool used to monitor a process to see if variation in the process is due to common causes or special causes. Common causes create variations inherent in a process, whereas unpredictable variation is the result of special causes. Points occurring outside the control limits in these charts should be targeted to prevent re-occurrence.

Pareto Diagrams

A pareto diagram is a tool for data analysis. The pareto principle asserts that for any effect, a few of the possible causes account for a large majority of all instances of that effect, or 80% of problems are accounted for by 20% of causes. A pareto diagram is highly useful because it graphically ranks causes of a problem by frequency of occurrence thus helping identify where the main problem areas lie.

Run Charts

Run charts keep a running check of a particular characteristic of a process over time and highlight trends or unusual characteristics. The horizontal axis of a run chart always represents time.

Scatter Diagrams

A scatter diagram is a method used to determine whether any correlation exists between two arithmetic variables. It illustrates whether one variable has an impact on another.

Systematic Approaches

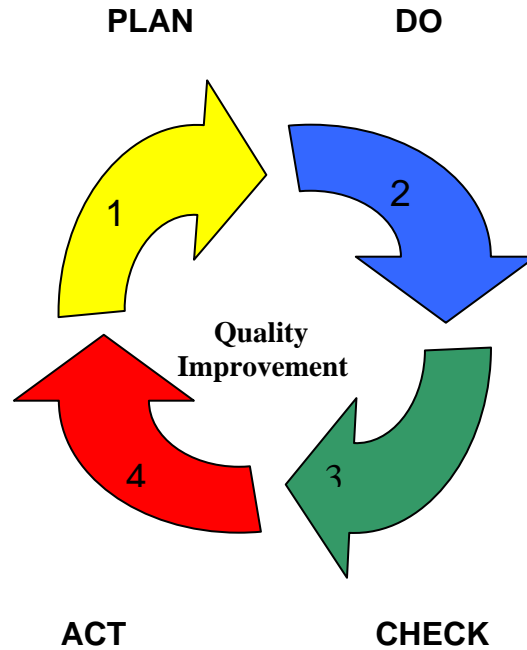
The most commonly used systematic approaches are the PDCA cycle, the audit cycle, the patient pathway frameworks, the Langly Model and the team quality improvement sequence.

PDSA Cycle

One of the most useful ways to make quality improvements is to conduct small-scale local pilot studies using a tool called the PDSA or PDCA cycle, which stands for Plan-Do-Study/Check- Act (See figure 1.2). The PDCA cycle is a quality improvement tool that utilises a systematic approach to tackling a problem.

The plan phase requires one to look in detail at a particular problem, and assess how changes might be made. The do phase entails implementing the changes identified in the plan phase. The check phase is crucial as here the success of implementation of improvement plans is evaluated and if the desired results are not obtained, one must return to the plan phase and look at alternative ways to achieve the desired goals. The act phase requires either rolling out the original quality improvement plan or making revisions to the original plan. Small-scale pilot studies can be conducted in everyday clinical practice, allowing clinicians to reflect, learn and improve on the process of delivering care and treatment.

Figure 1.2 Shewhart/Deming Cycle



Clinical Audit

Auditing is a cyclical activity involving the systematic review and evaluation of current practice. It involves gathering evidence about current practice, comparing it against standards, implementing changes, where required, and monitoring the outcome of such changes with the overall aim of improving the quality of care and treatment provided.

Safety Tools

Incident Reporting

The most common safety tool used in healthcare is incident reporting data collection and analysis. Incident reporting includes the identification, reporting, investigation, immediate corrective action and long-term preventative action of all incidents. The purpose of incident reporting in mental health services is to improve the quality and safety of service provision.

Root Cause Analysis

Root cause analysis can be used to investigate incidents in a thorough and rigorous way, and in doing so supports the strengthening of reflective practice.

Risk Management Strategies

Risk management involves the planned and systematic application of policies, procedures and practices to the tasks of communicating, identifying, analysing, evaluating, treating, monitoring and reviewing of risks.

Education & Training

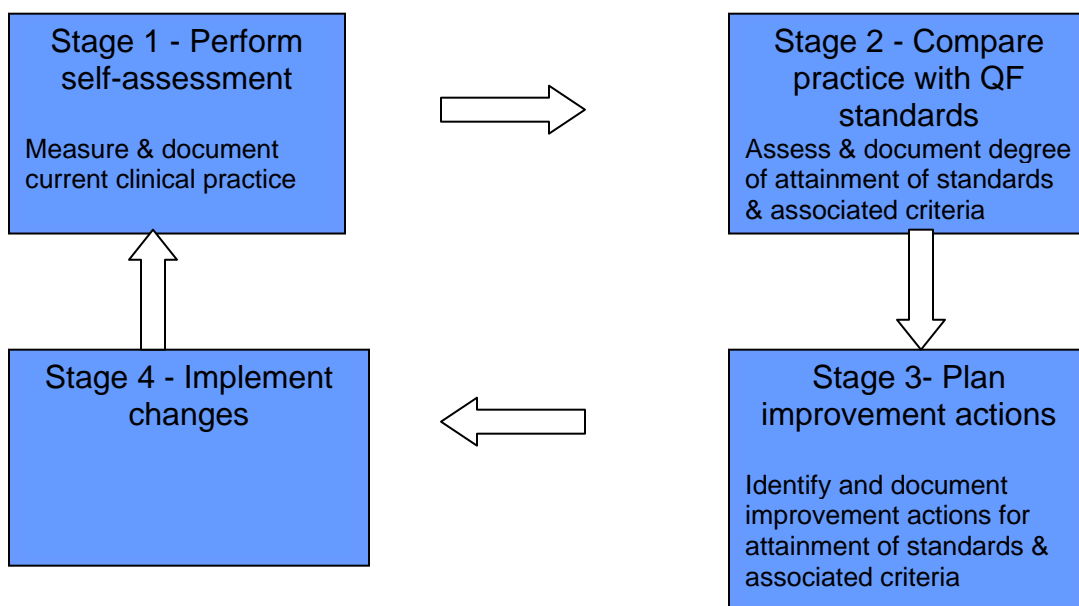
It is imperative that staff are supported in the use of quality tools through the provision of appropriate education and training. Given the vast array of tools available, it is essential that trainers and facilitators are available to staff for education in the use and interpretation of such tools. This will enable staff to identify the most appropriate tools for use when engaging in quality improvement initiatives.

Chapter 2 – The Audit Cycle

The audit cycle for the Quality Framework is based on the PDCA model. There are several stages in the audit cycle as shown in figure 2.1. The self assessment process involves assessing current clinical practice in the organisation. This can be done using any of the methods outlined in the *Methods for Self-Assessment* section (p 15-16). In doing so, the organisation can then determine the current levels of attainment of the standards and criteria contained in the quality framework. The quality framework audit tool (p 20) provides a systematic mechanism for evaluating and capturing information on the organisation’s achievement of criteria and standards.

Where a standard is not achieved or only partially achieved, it is intended that organisations will identify action plans to meet the standard. Organisations can use the audit tool to list the different areas requiring change and can then decide on appropriate strategies for change. Changes should then be implemented and audited at a later date to determine attainment of standards, thus completing the audit cycle. Some of the quality tools outlined in chapter one may be useful in identifying, implementing and assessing changes.

Figure 2.1 Stages in the Audit Cycle



Self Assessment

The self-assessment process allows organisations to identify what they are doing and how well they are doing it. Key questions that assessors/assessment teams should be addressing are:

- What activities do we carry out in relation to this standard/criterion?
- Do we have supporting documentation? e.g. policies, standard operating procedures.
- Do we have evidence to support why we are doing what we're doing?
- Who should we ask to get a clearer picture of how we are doing? Service users? Staff?
- How can we improve what we are doing?

Methods for Self-Assessment

There are several ways in which information may be gathered by services to determine whether standards and criteria are being met, as shown overleaf. One or more of the methods listed may be chosen to evaluate services. Which method(s) is chosen depends on the service being provided as well as on the area of service provision being assessed. It is best to use a combination of methods when carrying out self-assessment. Assessment may be carried out by any member or members of staff and may involve service users and/or advocates in the process. It is recommended that, where possible, the assessment team is multi-disciplinary in nature.

1. Review of documentation / records

- e.g. policies, standard operating procedures, clinical files, incident reports, complaints reports.

2. Interview

- Service users
 - Directly
 - Advocate/Family
 - Organisations representing the views of service users.
- Staff at point of service delivery
- Senior management (Clinical Director, heads of professional discipline etc.)
- Service provider

3. Questionnaire

- Service users
 - Directly
 - Advocate/Family
 - Organizations representing the views of service users.
- Staff at point of service delivery
- Senior management (Clinical Director, heads of professional discipline etc.)
- Service provider

4. Inspection/Direct Observation

- Visual e.g. environmental audit

Table 2.1 provides a list of abbreviations that can assist in recording in the audit tool the self-assessment method(s) chosen for evaluation of each standard and its associated criteria.

Table 2.1 Useful Abbreviations for Self-Assessment Methods

Methods for Self-Assessment	Abbreviation
Review of documentation/records	RD
Interview with service provider	ISP
Interview with senior management	ISM
Interview with staff	IST
Interview with service user	ISU
Questionnaire with service provider	QSP
Questionnaire with senior management	QSM
Questionnaire with staff	QST
Questionnaire with service user	QSU
Inspection (visual)	VI

Chapter 3 – Audit Tool Framework

The audit tool can be completed by the assessor/assessment team as it self assesses its services in accordance with various criteria and standards in the quality framework. The audit tool (p 20-108) has been specifically designed for use in conjunction with the quality framework. The tool allows an organisation to depict current levels of attainment of criteria and standards.

The levels of attainment of standards and criteria are based on a model of continuous quality improvement as shown in figures 3.1 and 3.2 overleaf. The scoring for each criterion ranges from *Not Attained (NA)* through to *Continuous Quality Improvement (CQI)*. The assessor/assessment team should score each criterion in accordance with table 3.1. It is imperative that the team identifies current levels of attainment of standards and criteria as this will provide a definite list for development of improvement plans, as well as provide a benchmark against which to measure future assessments. The interpretations given in table 3.1 are aimed at facilitating assessors/assessment team in determining levels of attainment.

Table 3.1 Levels of Attainment

Abbreviation	Attainment Level	Interpretation
N/A	Not Attained	The organisation is unable to demonstrate appropriate processes, systems or structures to meet the criterion.
P/A	Partially Attained	There is evidence to indicate that the organisation partially meets the criterion. Examples of this may be where a documented process (policy/procedure/guideline etc.), system or structure is evident but the organisation does not demonstrate implementation of this. Or, where there is evidence of appropriate process, system or structure implementation but without the required supporting documentation.
F/A	Fully Attained	The service can clearly provide evidence of implementation (e.g. policies, training, visual evidence, records) of the processes, systems or structures to meet the criterion.
CQI	Continued Improvement	Having “fully attained” the criterion, the service can additionally demonstrate an effective review process. This includes data analysis, reporting of findings, evidence of action(s) to be taken based on findings and improvements to service provision as a result of this review process.

Figure 3.1 Mental Health Services

Mental Quality Hierarchy

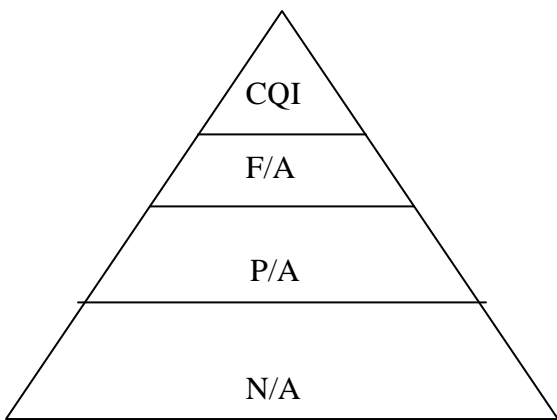
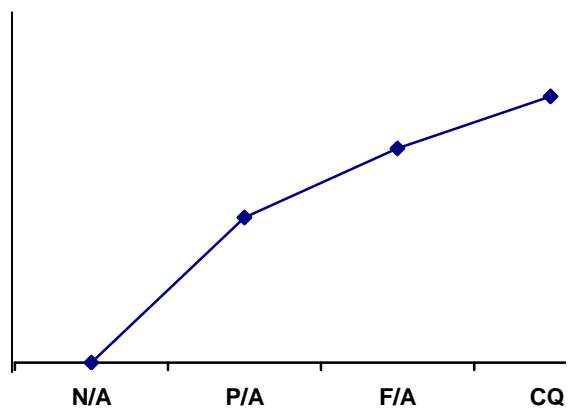


Figure 3.2 Journey to a Quality

Health Service



Quality Framework Audit Tool

Example

The following example illustrates how the audit tool should be completed.

Theme 3:			
An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard			
3.2 – Service users are empowered regarding their own care and treatment by exercising choice, rights and informed consent			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.2.1 Service users are provided with written and verbal information of their rights on entering the mental health service	CQI		RD, ISU
	F/A	✓	
	P/A		
	N/A		
3.2.2 Service users are actively consulted, involved and offered choices in relation to their own care and treatment	CQI		RD , QSU
	F/A		
	P/A	✓	
	N/A		
3.2.3 Where a service user's choice is not provided, clear explanations are given to the service user as to the reasons and are recorded in the person's clinical file	CQI		ISU, RD
	F/A		
	P/A		
	N/A	✓	

Example

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it		
Standard 3.2 – Service users are empowered regarding their own care and treatment by exercising choice, rights and informed consent		
Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
3.2.1	<p>The service has a service user rights information booklet.</p> <p>On admission, this booklet is given to the service user and a written record of this is made in the service user's clinical file.</p> <p>All service users interviewed report having been spoken to regarding their rights on admission.</p>	<p>Immediate:</p> <p>None</p> <p>Medium-Long term:</p> <p>None</p>
3.2.2	<p>There is documentary evidence in service users' clinical files of having been consulted in the development of their care and treatment plans.</p> <p>Some service users report being offered only medication choices with regards to their treatment.</p> <p>Several service users stated that they wished to have greater access to psychological therapies/services.</p>	<p>Immediate:</p> <p>None</p> <p>Medium-Long term:</p> <p>Develop psychology services in the organisation. Talk to management about the possibility of recruiting a full-time psychologist.</p>
3.2.3	<p>Service users do not report having been given reasons for lack of choice in care and treatment.</p> <p>No documented record in service users' clinical files of reasons for lack of choice.</p>	<p>Immediate:</p> <p>Discuss with all service users any reasons for lack of choice in care and treatment and document this in service users' clinical files.</p> <p>Medium-Long term:</p> <p>None</p>

Audit Tool

Theme 1: Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard 1.1 – Each service user has an individual care and treatment plan that describes the levels of support and treatment required in line with his/her needs and is co-ordinated by a designated member of the multidisciplinary team.			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.1.1 Approved centres adhere to Regulation 15 - Individual Care Plan, and Regulation 17- Children’s Education and Regulation 19- General Health, of the Mental Health Act 2001 (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
1.1.2 The development of the individual care and treatment plan has input from the service user, the multidisciplinary team (MDT), and the family/chosen advocate, where appropriate.	CQI		
	F/A		
	P/A		
	N/A		
1.1.3 The Care and Treatment Plan (i) Reflects the assessed needs of the service user as per the MDT rather than by any one professional group (ii) Is developed, implemented and reviewed in a timely manner (iii) Is signed by the service user and member of the MDT (iv) A copy is held by the service user (unless there are recorded reasons not to provide same)	CQI		
	F/A		
	P/A		
	N/A		

Theme 1: Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard			
1.1 – Each service user has an individual care and treatment plan that describes the levels of support and treatment required in line with his/her needs and is co-ordinated by a designated member of the multidisciplinary team.			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.1.4 The individual care and treatment plan is evaluated with the service user in a comprehensive and timely manner. Evaluations are: (i) Service user focused (ii) Documented (iii) Indicate the response to support/intervention(s) (iv) Indicate the progress towards meeting desired outcome(s)/goal(s).	CQI		
	F/A		
	P/A		
	N/A		
1.1.5 (a) Approved centres adhere to Regulation 27- Maintenance of Records, of the Mental Health Act 2001 (Approved Centre) Regulations 2006, in respect of the care and treatment plan. (b) The care and treatment plan is maintained in accordance with <i>Excellence in Mental Healthcare Records</i> guidance (MHC, 2005b) and is maintained within the service user’s clinical file. (c) The care and treatment plan is maintained in the one composite set of documentation (d) Service user records are comprehensive, factual and objective, provide a sequential account of the service user’s involvement with the mental health service and reflects his/her journey through the service.	CQI		
	F/A		
	P/A		
	N/A		
1.1.6 The mental health service has a policy in place regarding the implementation of this standard. This shall include but is not limited to: (i) Roles and responsibilities of team members. (ii) Timeframe for assessment, planning, implementation and evaluation of the individual care and treatment plan (iii) Monitoring of this standard	CQI		
	F/A		
	P/A		
	N/A		

Theme 1: Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard			
1.1 – Each service user has an individual care and treatment plan that describes the levels of support and treatment required in line with his/her needs and is co-ordinated by a designated member of the multidisciplinary team			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.1.7 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		
1.1.7 How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion Immediate: Medium-Long Term:		

Overall Assessment Summary and Action Plan for Standard 1.1

Standard

1.1 – Each service user has an individual care and treatment plan that describes the levels of support and treatment required in line with needs that is co-ordinated by a designated member of the MDT

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 1: Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard 1.3 – Each service user receives mental health care from a community based service that addresses the person’s changing needs at various stages in the course of his/her illness and recovery process			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.3.1 There is an integrated mental health service to serve each defined catchment/community area	CQI		
	F/A		
	P/A		
	N/A		
1.3.2 Multidisciplinary teams have core members drawn from psychiatry, clinical psychology, nursing, social work and occupational therapy. Additional members that reflect the service user’s needs are also available.	CQI		
	F/A		
	P/A		
	N/A		
1.3.3 The service user experiences receipt of care/treatment based on his/her identified needs as documented in the individual care and treatment plan. Such care is provided by identified members of the multidisciplinary team and is documented in the service user’s clinical file.	CQI		
	F/A		
	P/A		
	N/A		

Theme 1: Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard 1.3 – Each service user receives mental health care from a community based service that addresses the person’s changing needs at various stages in the course of his/her illness and recovery process			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.3.4 Care and treatment in an approved centre is provided only when community based options if appropriate to service user’s needs, have been considered and implemented.	CQI		
	F/A		
	P/A		
	N/A		
1.3.5 The mental health service has a policy in place regarding the implementation of this standard.	CQI		
	F/A		
	P/A		
	N/A		
1.3.6 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Overall Assessment Summary and Action Plan for Standard 1.3

Standard

1.3 – Each service user receives mental health care from a community based service that addresses the person’s changing needs at various stages in the course of his/her illness and recovery process

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 1: Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard 1.5 – Therapeutic services and programmes to address the needs of service users are provided			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.5.1 Approved centres adhere to Regulation 16- Therapeutic Services and Programmes, and 17- Children’s Education, of the Mental Health Act 2001 (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
1.5.2 Service users have access to a multidisciplinary community mental health team and an appropriate mix of therapeutic programmes to addressed identified needs.	CQI		
	F/A		
	P/A		
	N/A		
1.5.3 Meaningful individual programmes (using group or individual therapies) are used to evaluate, facilitate, restore and maintain an individual’s abilities to meet demands in his/her life and are agreed with the service user and determined within the individual care and treatment plan.	CQI		
	F/A		
	P/A		
	N/A		

Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard			
1.5 – Therapeutic services and programmes to address the needs of service users are provided			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.5.4 All therapeutic programmes will be reviewed and monitored at regular intervals both formally and informally to ensure that they are planned, consistent and needs-led.	CQI		
	F/A		
	P/A		
	N/A		
1.5.5 The community mental health team will develop positive partnership and active communication with key agencies in the community. All community resources should be used effectively to maximise real integration.	CQI		
	F/A		
	P/A		
	N/A		
1.5.6 The mental health service has established formal links with: (i) Mainstream health services (ii) Social welfare services (iii) Education services (iv) Housing authorities	CQI		
	F/A		
	P/A		
	N/A		

Provision of a holistic seamless service and the full continuum of care, provided by a multidisciplinary team			
Standard			
1.5 – Therapeutic services and programmes to address the needs of service users are provided			
Criteria	Level of Compliance ✓		Method of Self-Assessment
1.5.7 The mental health service has a policy regarding the implementation of this standard	CQI		
	F/A		
	P/A		
	N/A		
1.5.8 The mental health service monitors its performance in relation to this standard as part of quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Overall Assessment Summary and Action Plan for Standard 1.5

Standard

1.5 – Therapeutic services and programmes to address the needs of service users are provided

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 2 :			
Respectful, empathetic relationships are required between people using the mental health service and those providing them			
Standard			
2.1 – Service users receive services in a manner that respects and acknowledges their specific values, beliefs and experiences			
Criteria	Level of Compliance ✓		Method of Self-Assessment
2.1.1 Approved centres adhere to regulations 10- Religion, 13- Searches, 14- Care of the Dying, 16- Therapeutic Services and Programmes, 20- Provision of Information to Residents, and 21- Privacy, of the Mental Health Act 2001 (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
2.1.2 Service users are consulted regarding individual values and beliefs.	CQI		
	F/A		
	P/A		
	N/A		
2.1.3 Service providers respond sensitively to the beliefs, value systems and experiences of the service user during service delivery, and provide appropriate privacy for service users to practice their cultural, religious and spiritual beliefs.	CQI		
	F/A		
	P/A		
	N/A		

Theme 2:

Theme 2 : Respectful, empathetic relationships are required between people using the mental health service and those providing them			
Standard 2.1 – Service users receive services in a manner that respects and acknowledges their specific values, beliefs and experiences			
Criteria	Level of Compliance ✓		Method of Self-Assessment
2.1.4 Service users have access to advocates acceptable to the service user.	CQI		
	F/A		
	P/A		
	N/A		
2.1.5 Service users experience receipt of care that respects confidentiality, privacy, autonomy and dignity.	CQI		
	F/A		
	P/A		
	N/A		
2.1.6 Service users experience receipt of care that is in compliance with equality legislation and prohibits discrimination on the grounds of gender, marital status, family status, sexual orientation, religion, age, disability, ethnicity, membership of the travelling community or social class.	CQI		
	F/A		
	P/A		
	N/A		

Theme 2:

Theme 2 : Respectful, empathetic relationships are required between people using the mental health service and those providing them			
Standard 2.1 – Service users receive services in a manner that respects and acknowledges their specific values, beliefs and experiences			
Criteria	Level of Compliance ✓		Method of Self-Assessment
2.1.7 The mental health service has a policy in place regarding the implementation of this standard.	CQI		
	F/A		
	P/A		
	N/A		
2.1.8 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Theme 2:**Respectful, empathetic relationships are required between people using the mental health service and those providing them****Standard****2.1 – Service users receive services in a manner that respects and acknowledges their specific values, beliefs and experiences**

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
2.1.7		Immediate: Medium-Long term:
2.1.8		Immediate: Medium-Long term:

Overall Assessment Summary and Action Plan for Standard 2.1

Standard

2.1 – Service users receive services in a manner that respects and acknowledges their specific values, beliefs and experiences

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 2 :			
Respectful, empathetic relationships are required between people using the mental health service and those providing them			
Standard			
2.2 – Service users rights are respected and upheld			
Criteria	Level of Compliance		Method of Self-Assessment
		✓	
2.2.1 The mental health service complies with relevant legislation, regulations, professional standards and codes of ethics protecting and respecting the rights of the service user. (Appendix D). This includes, but not limited to: (a) Regulations 7- Clothing, 8- Residents’ Property and Possessions, 11- Visits, 20- Provision of Information to Residents, 30- Mental Health Tribunals, and 31- Complaints Procedures, of the Mental Health Act 2001 (Approved Centres) Regulations 2006. (b) The Mental Health Commission’s rules governing the use of ECT, the rules governing the use of seclusion and mechanical means of bodily restraint, the code of practice on the use of physical restraint in approved centres, and the code of practice relating to the admission of children under the MHA 2001.	CQI		
	F/A		
	P/A		
	N/A		
2.2.2 Information is communicated in a way that is easily understood by the service user and repeated as required being aware that explanations may be necessary on more than one occasion. Supportive written material is made available in a variety of languages, formats and media to meet communication needs at all levels in the mental health service.	CQI		
	F/A		
	P/A		
	N/A		
2.2.3 The service user has access to responsive and fair formal complaints procedures.	CQI		
	F/A		
	P/A		
	N/A		

Theme 2:**Respectful, empathetic relationships are required between people using the mental health service and those providing them****Standard****2.2 – Service users rights are respected and upheld**

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
2.2.1		Immediate: Medium-Long term:
2.2.2		Immediate: Medium-Long term:
2.2.3		Immediate: Medium-Long term:

Theme 2 : Respectful, empathetic relationships are required between people using the mental health service and those providing them			
Standard 2.2 – Service users rights are respected and upheld			
Criteria	Level of Compliance ✓		Method of Self-Assessment
2.2.4 The mental health service has a policy in place regarding the implementation of this standard.	CQI		
	F/A		
	P/A		
	N/A		
2.2.5 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Theme 2:**Respectful, empathetic relationships are required between people using the mental health service and those providing them****Standard****2.2 – Service users rights are respected and upheld**

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
2.2.4		Immediate: Medium-Long term:
2.2.5		Immediate: Medium-Long term:

Overall Assessment Summary and Action Plan for Standard 2.2

Standard

2.2 – Service users rights are respected and upheld

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard 3.1 – Service users are facilitated to be actively involved in their own care and treatment through the provision of information			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.1.1 Approved centres adhere to Regulation 20- Provision of Information to Residents, 34- Certificate of Registration, of the Mental Health Act 2001 (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
3.1.2 Mental health services make accessible information available to service users.	CQI		
	F/A		
	P/A		
	N/A		
3.1.3 Mental health services provide service users with accessible information on the care and treatment they receive.	CQI		
	F/A		
	P/A		
	N/A		

Theme 3:

An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it

Standard

3.1 – Service users are facilitated to be actively involved in their own care and treatment through the provision of information

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
3.1.1		Immediate: Medium-Long term:
3.1.2		Immediate: Medium-Long term:
3.1.3		Immediate: Medium-Long term:

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard 3.1 – Service users are facilitated to be actively involved in their own care and treatment through the provision of information			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.1.4 Where necessary, service users have access to interpretation services (including sign language translators).	CQI		
	F/A		
	P/A		
	N/A		
3.1.5 In relation to the proposal to make a recommendation or an admission order in respect of a person, or to administer treatment to a person under the Mental Health Act 2001, the provisions of Section 4(2) are complied with.	CQI		
	F/A		
	P/A		
	N/A		
3.1.6 Mental health services have systems in place to ensure that service users and family/chosen advocates, where appropriate, have information about formal complaints procedures that is clear, unambiguous and easy to navigate.	CQI		
	F/A		
	P/A		
	N/A		

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard 3.1 – Service users are facilitated to be actively involved in their own care and treatment through the provision of information			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.1.7 The mental health service has a policy in place regarding the implementation of this standard.	CQI		
	F/A		
	P/A		
	N/A		
3.1.8 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Overall Assessment Summary and Action Plan for Standard 3.1

Standard

3.1 – Service users are facilitated to be actively involved in their own care and treatment through the provision of information

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard 3.2 – Service users are empowered regarding their own care and treatment by exercising choice, rights and informed consent			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.2.1 Service users are provided with written and verbal information of their rights on entering the mental health service.	CQI		
	F/A		
	P/A		
	N/A		
3.2.2 Service users are actively consulted, involved and offered choices in relation to their own care and treatment	CQI		
	F/A		
	P/A		
	N/A		
3.2.3 Where the service user’s choice is not provided, clear explanations are given to the service user as to the reasons and are recorded in the person’s clinical file.	CQI		
	F/A		
	P/A		
	N/A		

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard 3.2 – Service users are empowered regarding their own care and treatment by exercising choice, rights and informed consent			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.2.4 (a) Valid consent is obtained from service users in relation to care and treatment and the provision of confidential information. (b) In the absence of patient consent to treatment, the provisions of Section 59 (Electro-convulsive therapy), 60 (Administration of medicine), and 61 (Administration of medicine to a child) of the Mental Health Act 2001, must be complied with. (c) In the case of a child, informed consent is obtained from the parents (either of them), or the legal guardian, or the Courts. The view of the child is taken into consideration.	CQI		
	F/A		
	P/A		
	N/A		
3.2.5 The Mental Health Commission’s Code of Practice relating to Admission of Children under the Mental Health Act 2001, pursuant to 33(3)(e) of the Act, is adhered to.	CQI		
	F/A		
	P/A		
	N/A		
3.2.6 The mental health service respects the right of service users by providing services that are compatible with relevant rights-based legislation.	CQI		
	F/A		
	P/A		
	N/A		

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it		
Standard 3.2 – Service users are empowered regarding their own care and treatment by exercising choice, rights and informed consent		
Criteria	Level of Compliance ✓	Method of Self-Assessment
3.2.7 The mental health service has a policy regarding the implementation of this standard.	CQI	
	F/A	
	P/A	
	N/A	
3.2.8 The mental health service has a policy regarding the implementation of this standard.	CQI	
	F/A	
	P/A	
	N/A	

Overall Assessment Summary and Action Plan for Standard 3.2

Standard

3.2 – Service users are empowered regarding their own care and treatment by exercising choice, rights and informed consent

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard 3.3 – Peer support/advocacy is available to service users			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.3.1 (a) Approved centres adhere to the relevant sections of Regulations 20 – Provision of Information to Residents, of the Mental Health Act 2001 (Approved Centres) Regulations 2006. (b) Service users are provided with clear, written information on advocacy services and on how to access such services.	CQI		
	F/A		
	P/A		
	N/A		
3.3.2 Mental health services provide service users with access to advocacy training.	CQI		
	F/A		
	P/A		
	N/A		
3.3.3 The mental health service has a policy regarding implementation of this standard.	CQI		
	F/A		
	P/A		
	N/A		

Theme 3: An empowering approach to mental health service delivery is beneficial to both people using the service and those providing it			
Standard 3.3 – Peer support/advocacy is available to service users			
Criteria	Level of Compliance ✓		Method of Self-Assessment
3.3.4 The mental health service monitors its performance in relation to this standard as part of a quality improvement process	CQI		
	F/A		
	P/A		
	N/A		
3.3.4 How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion Immediate: Medium-Long Term:		

Overall Assessment Summary and Action Plan for Standard 3.3

Standard

3.3 – Peer support/advocacy is available to service users

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 4: A quality environment that promotes good health and upholds the security and safety of the service users			
Standard 4.1 – Service users receive care and treatment in settings that are safe, and that respect the person’s right to dignity and privacy			
Criteria	Level of Compliance ✓		Method of Self-Assessment
4.1.1 Approved Centres adhere to regulations 6- Food Safety, 7- Clothing, 8- Residents Property and Possessions, 9- Recreational Activities, 11- Visits, 12- Communication, 13- Searches, 14- Care of the Dying, 18- Transfer of Residents, 20- Provision of Information to Residents, 21- Privacy, 22- Premises, 24- Health & Safety, 25- Use of Closed Circuit Television, of the Mental Health Act 2001 (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
4.1.2 Service users receive care and treatment in an environment that is clean, tidy, peaceful, safe and well-maintained.	CQI		
	F/A		
	P/A		
	N/A		
4.1.3 Waste is properly managed to minimise risks to service users, families, staff and any individual who comes in contact with the mental health service.	CQI		
	F/A		
	P/A		
	N/A		

Theme 4: A quality environment that promotes good health and upholds the security and safety of the service users			
Standard 4.1 – Service users receive care and treatment in settings that are safe, and that respect the person’s right to dignity and privacy			
Criteria	Level of Compliance ✓		Method of Self-Assessment
4.1.4 Bedrooms, where shared, provide for the privacy and dignity of service users.	CQI		
	F/A		
	P/A		
	N/A		
4.1.5 Service users have access to facilities to keep their property safe.	CQI		
	F/A		
	P/A		
	N/A		
4.1.6 Service users are supported in exercising control over their personal space in inpatient or community residential settings.	CQI		
	F/A		
	P/A		
	N/A		

Theme 4: A quality environment that promotes good health and upholds the security and safety of the service users			
Standard 4.1 – Service users receive care and treatment in settings that are safe, and that respect the person’s right to dignity and privacy			
Criteria	Level of Compliance ✓		Method of Self-Assessment
4.1.7 The mental health care and treatment setting complies with statutory building, fire safety, and other relevant legislation.	CQI		
	F/A		
	P/A		
	N/A		
4.1.8 The mental health service demonstrates evidence of a managed environment, which ensures as far as is reasonably practicable, the safety, health and welfare of service users, visitors, staff and all who come into contact with the service.	CQI		
	F/A		
	P/A		
	N/A		
4.1.9 The environment in which the service user is accessing a mental health service is appropriate to those using the service.	CQI		
	F/A		
	P/A		
	N/A		

Theme 4: A quality environment that promotes good health and upholds the security and safety of the service users		
Standard 4.1 – Service users receive care and treatment in settings that are safe, and that respect the person’s right to dignity and privacy		
Criteria	Level of Compliance ✓	Method of Self-Assessment
4.1.10 The mental health service has a policy regarding the implementation of this standard.	CQI	
	F/A	
	P/A	
	N/A	
4.1.11 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI	
	F/A	
	P/A	
	N/A	

Overall Assessment Summary and Action Plan for Standard 4.1

Standard

4.1 – Service users receive care and treatment in settings that are safe, and that respect the person’s right to dignity and privacy

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 4: A quality environment that promotes good health and upholds the security and safety of the service users			
Standard 4.2 – Service users in residential or day settings receive a well-balanced nutritious diet			
Criteria	Level of Compliance ✓		Method of Self-Assessment
4.2.1 Approved centres adhere to Regulations 5- Food and Nutrition, and regulation 6- Food Safety, of the Mental Health Act (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
4.2.2 Service users’ dietary needs are assessed and addressed in residential or day settings.	CQI		
	F/A		
	P/A		
	N/A		
4.2.3 Service users in residential or day settings receive a well-balanced diet that incorporates choice of menu and is available at time intervals appropriate to the service users identified needs.	CQI		
	F/A		
	P/A		
	N/A		

Theme 4:**A quality environment that promotes good health and upholds the security and safety of the service users****Standard****4.2 – Service users in residential or day settings receive a well-balanced nutritious diet**

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
4.2.1		Immediate: Medium-Long term:
4.2.2		Immediate: Medium-Long term:
4.2.3		Immediate: Medium-Long term:

Theme 4:			
A quality environment that promotes good health and upholds the security and safety of the service users			
Standard			
4.2 – Service users in residential or day settings receive a well-balanced nutritious diet			
Criteria	Level of Compliance ✓		Method of Self-Assessment
4.2.4 The mental health service has a policy regarding the implementation of this standard. This policy should make reference to reception, storage, preparation and distribution of food to prevent food borne illnesses.	CQI		
	F/A		
	P/A		
	N/A		
4.2.5 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Overall Assessment Summary and Action Plan for Standard 4.2

Standard

4.2 – Service users in residential or day settings receive a well-balanced nutritious diet

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 6: Family/chosen advocate involvement and support			
Standard 6.1 – Families, parents and carers are empowered as team members receiving information, advice and support as appropriate			
Criteria	Level of Compliance ✓		Method of Self-Assessment
6.1.1 Clear boundaries are in place regarding family involvement and communication between families and the mental health service is in accordance with the wishes of the service user.	CQI		
	F/A		
	P/A		
	N/A		
6.1.2 Families/chosen advocates receive information about: (i) What services are available (ii) How they work (iii) How to access them, especially in a crisis	CQI		
	F/A		
	P/A		
	N/A		
6.1.3 (a) Families/chosen advocates experience support from the mental health team through an assigned member of staff. The level of support required is provided based on identified need. (b) Families/chosen advocates have access to the service user's key worker service users' consent.	CQI		
	F/A		
	P/A		
	N/A		

Theme 6: Family/chosen advocate involvement and support			
Standard 6.1 – Families, parents, and carers are empowered as team members receiving information, advice and support as appropriate			
Criteria	Level of Compliance ✓		Method of Self-Assessment
6.1.4 Specific outcome criteria for child services are as follows: (i) Parents/guardians are partners in the treatment process. (ii) Parents/guardians receive clear information about treatment processes. (iii) Follow-up and outreach services are available for parents.	CQI		
	F/A		
	P/A		
	N/A		
6.1.5 The mental health service has a policy regarding the implementation of this standard.	CQI		
	F/A		
	P/A		
	N/A		
6.1.6 The mental health service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Overall Assessment Summary and Action Plan for Standard 6.1

Standard

6.1 – Families, parents, and carers are empowered as team members receiving information, advice and support as appropriate

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 7: Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service			
Standard 7.3 – Learning and using proven quality and safety methods underpins the delivery of a mental health service			
Criteria	Level of Compliance ✓		Method of Self-Assessment
7.3.1 The mental health service complies with relevant legislation and regulations governing the provision of safe mental health interventions and facilities.	CQI		
	F/A		
	P/A		
	N/A		
7.3.2 Approved centres adhere to Regulation 4- Identification of Residents, 6- Food Safety, 11- Visits, 12- Communication, 13- Searches, 18 – Transfer of Residents, 19 – General Health, 23- Ordering, Prescribing, Storing & Administration of Medicines, 24- Health & Safety, 25- Use of Closed Circuit Television, 26- Staffing, 28- Register of Residents, 32- Risk Management, and 33- Insurance, of the Mental Health Act 2001 (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
7.3.3 The mental health service has a whole systems approach to safety that ensures clinical risks are addressed, at all levels, from the point of care delivery up and to including board level consideration of risk management.	CQI		
	F/A		
	P/A		
	N/A		

Theme 7:

Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service

Standard

7.3 – Learning and using proven quality and safety methods underpins the delivery of a mental health service

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
7.3.1		Immediate: Medium-Long term:
7.3.2		Immediate: Medium-Long term:
7.3.3		Immediate: Medium-Long term:

Theme 7: Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service			
Standard 7.3 – Learning and using proven quality and safety methods underpins the delivery of a mental health service			
Criteria	Level of Compliance ✓		Method of Self-Assessment
7.3.4 The mental health service has an effective risk management system that includes but is not limited to the following: (i) Captures the information on the service user safety, including near misses and adverse events. (ii) Uses the information from (i) to learn from and to develop safer mental health services. (iii) Is in accordance with any code of practice or guidance issued by the Mental Health Commission in this regard.	CQI		
	F/A		
	P/A		
	N/A		
7.3.5 Mental health service staff receive training in quality improvement and safety methods.	CQI		
	F/A		
	P/A		
	N/A		
7.3.6 Mental health service staff have access to a resource to assist in the development of capacity to use modern quality and safety methods and indicators.	CQI		
	F/A		
	P/A		
	N/A		

Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service			
Standard 7.3 – Learning and using proven quality and safety methods underpins the delivery of a mental health service			
Criteria	Level of Compliance ✓		Method of Self-Assessment
7.3.7 The mental health service has a policy regarding the implementation of this standard.	CQI		
	F/A		
	P/A		
	N/A		
7.3.8 Mental health service service monitors its performance in relation to this standard as part of a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Theme 7:**Staff skills, expertise and morale are key influencers in the delivery of a quality mental health service****Standard****7.3 – Learning and using proven quality and safety methods underpins the delivery of a mental health service**

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
7.3.7		Immediate: Medium-Long term:
7.3.8		Immediate: Medium-Long term:

Overall Assessment Summary and Action Plan for Standard 7.3

Standard

7.3 – Learning and using proven quality and safety methods underpins the delivery of a mental health service

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

Theme 8: Systematic evaluation and review of mental health services underpinned by best practice will enable providers to deliver quality services			
Standard 8.1 – The mental health service is delivered in accordance with evidence-based codes of practice, policies and protocols			
Criteria	Level of Compliance ✓		Method of Self-Assessment
8.1.1 The mental health service complies with relevant Codes of Practice issued by the Mental Health Commission under Section 33(3)(e) of the Mental Health Act 2001.	CQI		
	F/A		
	P/A		
	N/A		
8.1.2 The mental health service has evidence-based policies and protocols to underpin practice.	CQI		
	F/A		
	P/A		
	N/A		
8.1.3 The mental health service has uniform policies across service areas.	CQI		
	F/A		
	P/A		
	N/A		

Theme 8: Systematic evaluation and review of mental health services underpinned by best practice will enable providers to deliver quality services			
Standard 8.1 – The mental health service is delivered in accordance with evidence-based codes of practice, policies and protocols			
Criteria	Level of Compliance ✓		Method of Self-Assessment
8.1.4 Approved Centres adhere to Regulation 29- Operating Policies & Procedures, of the Mental Health Act 2001 (Approved Centres) Regulations 2006.	CQI		
	F/A		
	P/A		
	N/A		
8.1.5 The mental health service monitors its performance in relation to this standard as part a quality improvement process.	CQI		
	F/A		
	P/A		
	N/A		

Theme 8:**Systematic evaluation and review of mental health services underpinned by best practice will enable providers to deliver quality services****Standard****8.1 – The mental health service is delivered in accordance with evidence-based codes of practice, policies and protocols**

Criteria	How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion
8.1.4		Immediate: Medium-Long term:
8.1.5		Immediate: Medium-Long term:

Overall Assessment Summary and Action Plan for Standard 8.1

Standard

8.1 – The mental health service is delivered in accordance with evidence-based codes of practice, policies and protocols

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:


Theme 8: Systematic evaluation and review of mental health services underpinned by best practice will enable providers to deliver quality services			
Standard 8.3 – Corporate governance underpins the management and delivery of the mental health service			
Criteria	Level of Compliance ✓		Method of Self-Assessment
8.3.1 (a) The mental health service has a documented organisational structure that identifies lines of accountability and authority for allocating resources and planning. (b) The mental health service management structure reflects the membership of the multidisciplinary team.	CQI		
	F/A		
	P/A		
	N/A		
8.3.2 The mental health service facilitates service user involvement at all stages of policy and service development, delivery and evaluation.	CQI		
	F/A		
	P/A		
	N/A		
8.3.3 The mental health services’ service plan is developed through a process of consultation with service users, staff and the funding authority. The plan shall be consistent with Department of Health and Children, funding agency policies and strategic directions.	CQI		
	F/A		
	P/A		
	N/A		

Systematic evaluation and review of mental health services underpinned by best practice will enable providers to deliver quality services

Standard

8.3 – Corporate Governance underpins the management and delivery of the mental health service

Criteria	Level of Compliance ✓		Method of Self-Assessment
<p>8.3.4 The mental health service has operational plans based on the service plan which establishes timeframes, responsibilities and targets for implementation.</p>	CQI		
	F/A		
	P/A		
	N/A		
<p>8.3.5 (a) The mental health service manages its budget in accordance with nationally accepted accounting practices</p> <p>(b) The mental health service allocates a portion of its budget for the provision of staff development and for the participation of service users in the service.</p>	CQI		
	F/A		
	P/A		
	N/A		
<p>8.3.6 (a) The mental health service has a documented quality improvement plan and associated continuous improvement programme.</p> <p>(b) The mental health service implements the quality improvement plan on an ongoing basis and regularly monitors its performance against it.</p>	CQI		
	F/A		
	P/A		
	N/A		

Theme 8: Systematic evaluation and review of mental health services underpinned by best practice will enable providers to deliver quality services		
Standard 8.3 – Corporate governance underpins the management and delivery of the mental health service		
Criteria	Level of Compliance 	Method of Self-Assessment
8.3.7 The mental health service implements a clinical governance system for improving clinical practice. This may include but is not limited to: (i) risk management (ii) clinical audit (iii) education and training (iv) evidence- based care and treatment (v) legal compliance.	CQI	
	F/A	
	P/A	
	N/A	
8.3.7 How is achievement demonstrated?	Actions Required to Fully Achieve this Criterion Immediate: Medium-Long Term:	

Overall Assessment Summary and Action Plan for Standard 8.3

Standard

8.3 – Corporate Governance underpins the management and delivery of the mental health service

1. Has the intent of the overall standard been achieved?

2. What are the services strengths in relation to this standard?

3. Immediate Action Plans for this standard:

Timeframes:

Person(s) Responsible:

4. Medium to Long-Term Action Plans for this standard:

Timeframes:

Person(s) Responsible:

