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The National Quality Framework:

Driving Excellence in Mental Health Services

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Promoting Quality, Safety and Human Rights in Mental Health

REFERENCES

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INTRODUCTION TO *THE NATIONAL QUALITY FRAMEWORK: DRIVING EXCELLENCE IN MENTAL HEALTH SERVICES*

Significant change has taken place in mental health services nationally and internationally since the publication of the original Quality Framework (2007). The Mental Health Commission (MHC) collaborated with the Royal College of Surgeons in Ireland (RCSI) to ensure the current document is rights-focused and evidence informed. This collaboration, in addition to an extensive stakeholder consultation process, resulted in the development of the *National Quality Framework: Driving Excellence in Mental Health Services 2023* ("The National Quality Framework").

The National Quality Framework sets out the themes, standards and associated criteria considered essential for delivering quality and recovery oriented mental health services in Ireland. It is applicable to all mental health services including inpatient mental health services, community residences, and community mental health services.

A self-appraisal toolkit has been designed to assist the service provider to scrutinise their services and determine if they have attained the standards and criteria set out in the National Quality Framework (See Appendix 1). The MHC has collaborated with a software contractor to develop an electronic version of the toolkit. This electronic version will be available to services on an optional basis based on a contractual agreement between the service provider and software contractor.

This electronic format utilises a digital dashboard system which will enable mental health services to have better oversight of their self-appraisal and quality assurance activities across multiple services.

PURPOSE

The purpose of the National Quality Framework is to provide clear guidance for people using mental health services, their families and representatives, service providers and the public as to what to expect in terms of best practice from a mental health service in the public, voluntary and independent sectors in Ireland.

The National Quality Framework provides a mechanism for services to move beyond compliance with minimum standards, such as those described in legislation, and instead strive for continuous improvement and better outcomes for people who use services. With an emphasis on the diverse needs of people who use services, this framework promotes an empowering approach to service delivery, where services support an individual's personal journey towards recovery.

SCOPE

The National Quality Framework is applicable to all mental health services in the public, voluntary and independent sectors. It includes services for children and adolescents, adults, older persons, persons with an intellectual disability and a mental illness, and forensic mental health services.

FORMAT

The eight themes of The National Quality Framework are ensuring quality through:

1. Clinical and corporate leadership and governance within mental health services to deliver evidence-based care and quality improvement.

2. A compassionate, holistic, non-discriminatory, and person-centred service responsive to the needs of the service user (including their families, carers, and representatives).

3. A visible, accessible and holistic mental health system that prioritises prevention and promotes recovery.

4. An equal, socially inclusive and diverse mental health care service that recognises and responds to traumatic events and circumstances in peoples' lives.

5. A mental health service that understands recovery and supports the service user towards recovery.

6. Co-produced care planning which is underpinned by rights-based mental health care, confidentiality and takes into account an individual's will and preferences.

7. An adequately resourced, well led, and governed mental health care service.

8. An internally and externally connected mental health service.

DEVELOPMENT PROCESS

The framework and its associated standards and criteria are the result of an extensive consultation process and a review of quality frameworks in health systems in other countries.

THEME 1

Theme 1: Ensuring quality through clinical and corporate leadership and governance within mental health services to deliver evidence-based care and quality improvement.

Standard 1.1: The mental health service delivers quality throughout all aspects of the service, underpinned by effective clinical and corporate leadership and governance.	
Criteria:	
1.1.1:	The mental health service promotes and encourages a culture of continuous quality improvement consistent with its philosophy of care.
1.1.2:	The mental health service has clear standards for clinical and corporate governance that are outcome rather than process driven.
1.1.3:	Services are designed, delivered, and evaluated in accordance with any relevant legislative requirements and national or international standards as appropriate.
1.1.4:	The mental health service has explicit reporting relationships and organisational leadership structures.
1.1.5:	Integrated systems are in place to mitigate, monitor, manage and ameliorate risk.
1.1.6:	Key performance indicators for the service are defined and regularly reviewed.
1.1.7:	Mechanisms are in place to monitor performance against key performance indicators and to manage underperformance.
1.1.8:	Policies, procedures, protocols, and guidelines are in place that relate to the standards and criteria of the National Quality Framework.
1.1.9:	The mental health service appraises its performance against the National Quality Framework.
1.1.10:	The mental health service has an audit and standard and/or integrated quality and safety committee who report through the governance structures and benchmark across services.
1.1.11:	The mental health service operates a policy of open disclosure.
1.1.12:	The mental health service fosters a culture of clinical supervision.
1.1.13:	The mental health service ensures that accurate and timely reports on safety and quality systems and performance are available to the public, where appropriate.

Standard 1.2: The mental health service delivers quality throughout all aspects of the service, underpinned by evidence informed policies and practices.	
Criteria:	
1.2.1:	The mental health service uses best research evidence to inform and improve service planning and delivery.
1.2.2:	The mental health service uses audit, benchmarking, and other data to inform and improve service planning and delivery.
1.2.3:	The mental health service utilises data to provide targeted evaluation of service user need.

Standard 1.2: The mental health service delivers quality throughout all aspects of the service, underpinned by evidence informed policies and practices.
1.2.4: The mental health service adopts research methodologies that provide both breadth and depth of data.
1.2.5: The mental health service has dedicated persons to embed quality and drive quality improvement.
1.2.6: The mental health service shares service innovations with other providers to encourage further innovation and to avoid duplication.
1.2.7: The mental health service has an up-to-date repository of policies, procedures, protocols, and guidelines that is accessible by service providers.
1.2.8: The mental health service ensures that all service providers act in accordance with policies, procedures, protocols, and guidelines.

Standard 1.3: The mental health service values and actively seeks feedback from service users.
Criteria:
1.3.1: The mental health service audits the experience of service users, family members and carers across the continuum of care.
1.3.2: The mental health service plans services in consultation with service users and other key stakeholders.
1.3.3: The mental health service monitors engagement with and the effectiveness of specific services.
1.3.4: The mental health service incorporates evidence from service users, families and carers into its policies, procedures, protocols, guidelines, and education programmes.
1.3.5: The mental health service has a complaints process that is visible and easily accessible by all service users, families and carers.

Standard 1.4: The mental health service values and actively seeks feedback from staff.
Criteria:
1.4.1: The mental health service seeks, values and actions feedback from staff and volunteers.
1.4.2: The mental health service asks professionals delivering services what they think their service users need.
1.4.3: The mental health service provides opportunities for staff to undertake new roles within their scope of practice that are of benefit to service users.

Standard 1.5: The mental health service delivers a high-quality service through optimal use, leadership, and governance of non-human resources.	
Criteria:	
1.5.1:	The mental health service has a secure and sustainable funding model and governance.
1.5.2:	The mental health service works efficiently and effectively with partner services to ensure value for money and quality service user outcomes.
1.5.3:	The mental health service has policies, procedures, protocols, and guidelines in place for good financial governance.
1.5.4:	The mental health service flexibly adapts innovative approaches to personalised care that are proved to be cost effective while maintaining or improving quality of care.

THEME 2

Theme 2: Ensuring quality through a compassionate, holistic, non-discriminatory, and person-centred service responsive to the needs of the service user (including their families, carers, and representatives).

Standard 2.1: The mental health service is a mainstream service for all that flexibly responds to the needs of the individual and social groups.
Criteria:
2.1.1: The mental health service has an explicit philosophy of care which informs its culture.
2.1.2: The mental health service values person-centeredness, empathy, equity, inclusion, and individuality.
2.1.3: The mental health service promotes positive physical and mental health, and psychological wellbeing through general and targeted health promotion and preventive mechanisms.
2.1.4: The mental health service is reflective of the people it serves.
2.1.5: The mental health service is sensitive to the needs of specific cultures and minority groups, recognising and responding to factors that may inhibit access to person-centred care.

Standard 2.2: The mental health service adopts a multidisciplinary holistic approach across the continuum of care from acute to continuing.
Criteria:
2.2.1: The mental health service incorporates holistic approaches to care within a compassionate biopsychosocial philosophy.
2.2.2: The mental health service upholds human rights, dignity, and respect.
2.2.3: The mental health service informs service users of their rights.
2.2.4: The mental health service provides access to the wider multidisciplinary team to meet service user needs.
2.2.5: The mental health service provides for home-based care as an alternative to inpatient admission where appropriate.

THEME 3

Theme 3: Ensuring quality through a visible and accessible holistic mental health system and service that prioritises prevention and promotes recovery.

Standard 3.1: The mental health system provides an integrated service across the continuum of care in conjunction with its partners.
Criteria:
3.1.1: The mental health service adopts a holistic approach to service design and delivery that assesses and provides intervention through a biopsychosocial model.
3.1.2: The mental health service prioritises community care and avoids institutionalism by taking a whole system approach to prevent avoidable (re) admission.
3.1.3: The mental health service provides community supports which are delivered by appropriately qualified and accredited professionals.
3.1.4: The mental health service collaborates with partner services across the continuum of care.
3.1.5: The mental health service provides end-to-end journey systems that are accountable at all stages.
3.1.6: The mental health service is aligned to emerging integrated care structures under the reforms outlined in the National Policy.

Standard 3.2: The mental health service is responsive and accessible to all at the point of need.
Criteria:
3.2.1: The mental health service is available to all who need it, is easy to access, and is available when needed.
3.2.2: The mental health service consults with service users and other key stakeholders to optimise access pathways.
3.2.3: The mental health service provides early and frequent contact with service users accused of an offence.
3.2.4: The mental health service provides access to acute treatment beds for people of all ages with a dual diagnosis of intellectual disability and a mental health illness.
3.2.5: The mental health service focuses on prevention through the promotion of positive physical and mental health, wellbeing and wellness.
3.2.6: The mental health service focuses on prevention, early detection and early intervention in mental illness.
3.2.7: The mental health service is tiered and delivered in a location appropriate to the holistic needs of the service user, with a focus on the provision of community-based care where appropriate.
3.2.8: The mental health service provides specialised services outside the boundaries of traditional geographically distinct service areas based on the individual needs of the service user.

Standard 3.2: The mental health service is responsive and accessible to all at the point of need.
3.2.9: The mental health service is delivered by a multidisciplinary team appropriate to the holistic needs of the service user.
3.2.10: The mental health service is focused on agreed outcomes for the service user.
3.2.11: The service user is provided with information about and has access to appropriate advocacy services.

Standard 3.3: Access, discharge, and transition through mental health services is optimised.
Criteria:
3.3.1: The mental health service facilitates transition from child to adult services by developing sustainable relationships with the young person and creating a safe clinical environment.
3.3.2: The mental health service ensures an optimal journey through the system from access to exit across the continuum of care.
3.3.3: The mental health service provides a designated member of staff to facilitate continuity of care as the service user transitions through services (e.g. child to adult services).
3.3.4: The mental health service ensures that the care which it provides: • is planned in consultation with the service user and their nominated representative, where appropriate. In the case of children, the child's parent or guardian should be consulted when updates to the care and treatment plan are made. • is documented and communicated to the service user and their family member and/or the person's representative (where appropriate). All updates to the service user's care and treatment should also be communicated with the referring clinician (e.g. GP).
3.3.5: The mental health service ensures that the care which it provides is evidence based, safe, and in line with relevant regulations and legislation.
3.3.6: Service delivery is organised to enable personal recovery and wellness.
3.3.7: The mental health service has a process in place to maintain service user engagement with treatment, and where appropriate offers alternatives to optimise engagement.
3.3.8: The mental health service provides evidence-based psychosocial therapies to promote rehabilitation.
3.3.9: The mental health service works with local government bodies to affect the smooth transition of service users from residential to community care where necessary.
3.3.10: The mental health service incorporates relevant screening tools into recovery-oriented care planning and delivery.

THEME 4

Theme 4: Ensuring quality through an equal, socially inclusive and diverse mental health care service that recognises and responds to traumatic events and circumstances in peoples' lives.

Standard 4.1: The mental health service responds to the diverse needs of the community it serves.
Criteria:
4.1.1: The mental health service considers the needs, social circumstances and support structures of its sector population and the availability of staff with relevant skills.
4.1.2: The mental health service delivers a data-driven service to meet the full range of the population's mental health needs.
4.1.3: The mental health service works with the community to challenge stigmatising attitudes and discrimination.
4.1.4: The mental health service promotes service user advocacy groups.
4.1.5: The mental health service provides culturally appropriate care.
4.1.6: A multidisciplinary approach to mental health services for people with a dual-diagnosis of an intellectual disability and a mental health illness is adopted across the continuum of care.
4.1.7: Mental health services work with community partners to promote positive mental health in individuals and groups that are subject to discrimination, stigmatisation, and marginalisation.
4.1.8: The mental health service works with community partners to understand the specific needs of individual groups.
4.1.9: The mental health service provides culturally appropriate services to ethnic minorities to ensure stigma does not impede their recovery experience.

Standard 4.2: The mental health service partners with communities to promote social inclusion and advocacy on the social determinants of health.
Criteria:
4.2.1: The mental health service avails of community-based facilities to enable community involvement and enhance service visibility.
4.2.2: Mental health services collaborate with community-based services to promote mental health care in marginalised groups and underserved populations.
4.2.3: Mental health services address the mental health needs of minority groups experiencing systems-related and psycho-social barriers to accessing services.
4.2.4: Mental health services recognise cultural identity as a key factor in promoting positive mental health.
4.2.5: Mental health services promote the principles of equity, inclusion and respect for diversity.
4.2.6: The mental health service empowers service users to manage their own lives through stronger social relationships and sense of purpose.

Standard 4.3: The mental health service is underpinned by a trauma-informed approach to mental health care and treatment, which recognises that service users may have experienced some form of trauma in their life and seeks to resist traumatising or re-traumatising service users and staff.
Criteria:
4.3.1: The mental health service adopts a trauma-informed and sensitive approach to service users, recognising that all service users may have suffered trauma in their lives and acknowledging the impact of events or circumstances in their lives and factors that might have contributed to trauma.
4.3.2: The mental health service acknowledges, values and learns from the lived experience of the service user.
4.3.3: The mental health service identifies trauma in a service user's life and uses this insight to inform the planning and delivery of care.
4.3.4: The mental health service acknowledges that service providers may suffer trauma through their work and takes steps to ameliorate the risk and manage the effect.

THEME 5

Theme 5: Ensuring quality through a mental health service that understands recovery and supports the service user towards recovery.

Standard 5.1: The mental health service promotes autonomy and self-determination and includes the service user as an active participant in their care.
Criteria:
5.1.1: The mental health service provides a values-based, safe, and driven service that is trustworthy and accessible.
5.1.2: The mental health service adopts a multidisciplinary and co-production approach so that recovery begins at the care planning stage.
5.1.3: Service users have a key worker, written care plan and regular reviews designed to enable personalised, recovery-focused care.
5.1.4: The mental health service understands the importance of empathetic, kind, caring, and well-trained staff in service user recovery.
5.1.5: Recovery support teams are available to support service users with complex mental health needs.
5.1.6: Mental health services make use of non-mental health community-based facilities and social activities to holistically support the service user towards wellness and recovery.
5.1.7: Forensic mental health services provide access to comprehensive stepped mental health supports that are recovery oriented.
5.1.8: Mental health services track clinical progress against treatment plans to inform the understanding of service quality and performance.
5.1.9: The mental health service ensures service users (and the parents and guardians of child service users) are informed about medicines, and understand their individual medicine needs and risks.

Standard 5.2: The mental health service focuses on the service user's strengths to achieve a shared vision for recovery.
Criteria:
5.2.1: The mental health service prioritises continuity of staff in service user recovery.
5.2.2: The mental health service provides for community-based care in supporting service users towards recovery.
5.2.3: The mental health service recognises the role of the family, carer and person's representative in service user recovery.

THEME 6

Theme 6: Ensuring quality through co-produced care planning, which is underpinned by rights-based mental health care, confidentiality, and regard for an individual's will and preferences.

Standard 6.1: Service users are active participants in planning and delivering their care.	
Criteria:	
6.1.1:	The mental health service demonstrates service user inclusivity in planning and delivering care, including, where appropriate, the inclusion of the person's nominated representative, and ensuring that the person's will and preference is at the centre of their care.
6.1.2:	The mental health service provides skilled staff to facilitate the generation of a holistic, multidisciplinary, co-produced, individualised, and recovery-oriented care plan.
6.1.3:	The mental health service utilises an evidence-based, values-based, recovery oriented, multidisciplinary care plan template to assess the needs and strengths of the individual service user.
6.1.4:	A named individual is responsible for ensuring the service user receives biopsychosocial multidisciplinary care as planned and documented in their clinical file.
6.1.5:	Care and treatment received by the service user is factually and sequentially documented in their clinical file.
6.1.6:	Interactions with the service user's family, carer and/or advocate are factually, objectively, and sequentially documented in the service user's clinical file.
6.1.7:	The mental health service regularly evaluates the care plan in conjunction with the service user and their family, carer and/or representative where appropriate.
6.1.8:	The mental health service liaises with community partners to create a network of appropriate supports for each service user and their family, carer and/or representative.
6.1.9:	The mental health service plans service user exit from the service in conjunction with the service user, and where appropriate the person's family, carer and/or representative.
6.1.10:	The mental health service provides the service user with a key worker to facilitate coordination and personalisation of services in line with their co-produced recovery care plan.

Standard 6.2: The mental health service respects the privacy and confidentiality of service users.
Criteria:
6.2.1: The mental health service respects privacy and confidentiality and upholds human rights.
6.2.2: The mental health service adheres to legislative and regulatory requirements in relation to privacy, confidentiality, data protection, and consent as it relates to the sharing of service user data.
6.2.3: The mental health service acknowledges the evolving understanding of human rights and maintains policies and practice in line with current requirements.
6.2.4: The mental health service acknowledges different perspectives in relation to confidentiality, consent to the sharing of data, and family involvement along a continuum from full involvement, to partial involvement, to none.
6.2.5: The mental health service involves, informs and educates the service user's family, carer and/or representative in so far as is legally possible.

Standard 6.3: The mental health service adopts a rights-based approach to care.
Criteria:
6.3.1: The mental health service adopts rights-based standards that may be supported by legislation.
6.3.2: The mental health service upholds the human rights of the service user and takes account of the service user's individual will and preferences within a legal framework.

THEME 7

Theme 7: Ensuring quality through the provision of adequately resourced, well led, and governed mental health care services.

Standard 7.1: The mental health service is appropriately staffed to deliver a high quality, efficient and effective service at the time of need.	
Criteria:	
7.1.1:	The mental health service is staffed by a kind, compassionate, educated, culturally aware, and multidisciplinary workforce.
7.1.2:	The mental health service maintains staffing levels appropriate to the delivery of an efficient and effective recovery oriented service.
7.1.3:	The mental health service maintains a skill mix appropriate to the delivery of an efficient and effective recovery oriented service.
7.1.4:	The mental health service has policies and procedures in place for human resource management including recruitment and retention.
7.1.5:	Mental health service staff demonstrate respect for service user dignity and privacy.
7.1.6:	Mental health service staff demonstrate adherence to ethical standards and codes of professional practice.
7.1.7:	The mental health service improves health outcomes for service users with dual diagnosis by sharing knowledge and expertise through effective collaboration between mental health and other relevant services.
7.1.8:	The mental health service operates an effective performance management system.
7.1.9:	The mental health service provides a supportive working environment to its staff.
7.1.10:	The mental health service identifies and addresses any gaps in service provision.
7.1.11:	The mental health service has an appropriate case management system in place to monitor service users' progression through the service.

Standard 7.2: The mental health service ensures that staff are equipped with the knowledge and skill to deliver efficient, effective, person-centred and recovery-oriented care.	
Criteria:	
7.2.1:	The mental health service provides orientation and induction to all staff.
7.2.2:	The mental health service provides opportunities for continued education and professional development.
7.2.3:	The mental health service provides access to electronic learning resources.
7.2.4:	The mental health service maintains a schedule of mandatory education and training and monitors compliance with mandatory education and training requirements.
7.2.5:	The mental health service provides an environment conducive to working.

Standard 7.2: The mental health service ensures that staff are equipped with the knowledge and skill to deliver efficient, effective, person-centred and recovery-oriented care.
7.2.6: The mental health service provides, and ensures that service providers have undertaken, training in areas including, but not limited to: • trauma-informed care, unconscious bias, discrimination, and stigma. • cultural competence. • positive behaviour support. • human rights. • the prevention and therapeutic management of violence and aggression. • advocacy and the recovery ethos. • assisted decision making and positive risk-taking, where required. • safeguarding vulnerable adults, where applicable. • child protection, where applicable. • specific mental health therapies where applicable. • specific mental health conditions and cohorts of service user, where applicable.
7.2.7: The mental health service collaborates with partner services to share education and training opportunities.
7.2.8: The mental health service provides training to staff on making and managing complaints.
7.2.9: The mental health service ensures that staff are competent to safely prescribe, dispense and administer appropriate medicines and monitor medicine use.

Standard 7.3: The mental health service supports the professional development of staff.
Criteria:
7.3.1: The mental health service provides annual personal and professional development planning and facilitates opportunities for non-technical skills training (e.g. policy development, leadership skills, and change management).
7.3.2: The mental health service has opportunities for career progression.
7.3.3: The mental health service engages in workforce development and planning.
7.3.4: The mental health service provides staff with systematic guidance regarding engagement strategies and the development of new, collaborative ways of working.
7.3.5: The mental health service encourages and shares innovation.

Standard 7.4: The mental health service ensures that physical environments and facilities are conducive to recovery-oriented care.
Criteria:
7.4.1: The mental health service provides a physical environment and facilities that are safe for all who access them.
7.4.2: The mental health service provides a physical environment and facilities that promotes privacy, good health and recovery.
7.4.3: The mental health service maintains physical environments and facilities that are fit for purpose, welcoming, relaxed, well-decorated and well designed.

THEME 8

Theme 8: Ensuring quality through an internally and externally connected mental health service.

Standard 8.1: The mental health service connects with key internal stakeholders and partners.
Criteria:
8.1.1: The mental health service has standards in place for information and communication technology infrastructure and usage.
8.1.2: The mental health service provides education and training on the use of information and communication technology including digital health solutions.
8.1.3: The mental health service monitors the effectiveness of digital health solutions from an outcomes perspective.
8.1.4: The mental health service is networked to governmental and non-governmental agencies.
8.1.5: The mental health service is effective and transparent in its communication with its staff and volunteers.

Standard 8.2: The mental health service connects with key external stakeholders and partners.
Criteria:
8.2.1: The mental health service has clear standards for communicating with key external stakeholders and partners.
8.2.2: The mental health service uses technology where appropriate as part of its service provision model.
8.2.3: The mental health service provides information to the general public, service users and their families, representatives and carers and about services provided and how they are accessed.
8.2.4: The mental health service provides information in a manner which is accessible and understandable to all.
8.2.5: The mental health service communicates in a variety of media.
8.2.6: The mental health service enhances in-reach and outreach services for service users with unmet needs.
8.2.7: The mental health service provides targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.
8.2.8: The mental health service works with partners to improve integration of care for individuals between primary care and mental health services. Clinical reports from the multidisciplinary team are shared routinely with the person's GP.
8.2.9: The mental health service contributes to directories of information on community and residential supports and services.

APPENDIX 1:

THE NATIONAL QUALITY FRAMEWORK: DRIVING EXCELLENCE IN MENTAL HEALTH SERVICES SELF-APPRAISAL TOOLKIT

(THE MHC RECOMMENDS THE USE OF THE ELECTRONIC VERSION OF THIS TOOLKIT WHICH CAN BE ACCESSED VIA WWW.MHCIRL.IE)

ABOUT THE NATIONAL QUALITY FRAMEWORK SELF-APPRAISAL TOOLKIT

The Self-Appraisal Toolkit has been designed to assist mental health services to conduct a self-assessment to determine if they have attained the standards and criteria set out in the National Quality Framework.

The level of attainment of each theme, standard, and criterion can be mapped over time. The Self-Appraisal Toolkit should be used to develop action plans for continuous quality improvement. It is designed to reflect the diverse settings in which mental health services are delivered, and as such, provides individual services with the scope to demonstrate how they have achieved quality by customising the self-appraisal process.

The format of carrying out the self-assessment, the make-up of the self-assessment team and the frequency of self-assessments will be determined by the registered proprietor nominee, relevant head of service or other person responsible for the overall delivery of a particular service. As such, effective governance and oversight arrangements are key to the successful implementation of the National Quality Framework.

For further information on how to implement the National Quality Framework and how to use this self-appraisal toolkit please refer to the MHC's National Quality Framework, Implementation Guide, available at www.mhcirl.ie.

The type or types of evidence used to inform the assessment of each criterion are selected using the appropriate abbreviation(s) outlined in the table below (**Table 1**).

Table 1: *Abbreviations used on self-appraisal form to indicate type of evidence gathered*

RD	Review of documentation/ records	**QSM**	Questionnaire with senior management
ISP	Interview / focus group with service provider	**ISM**	Interview / focus group with senior management
IST	Interview / focus group with staff	**ISU**	Interview / focus group with service user
QSP	Questionnaire with service provider	**QST**	Questionnaire with staff
QSU	Questionnaire with service user	**DA**	Digital artefact
VI	Inspection (visual)	**Other**	Other sources of data

Once the evidence has been gathered, the service can compare the findings against the National Quality Framework standards and criteria and award a rating to the criteria and overall standard **(Table 2)**. The rating, type of evidence, timebound corrective actions and the named person(s) responsible for these actions should be recorded in the self-appraisal toolkit.

Table 2: *Levels of attainment of standards and criteria*

Attainment Level		Interpretation
DNA	Does not apply	This criterion does not apply to the service.
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 policy is in place but not being followed, or where the appropriate process is evident but without supporting documentation.
F/A	Fully attained	The service can clearly provide evidence of implementation of the processes, systems or structures to meet the criterion.
CQI	Continued quality improvement	Having fully attained the criterion, the service demonstrates effective review processes. This includes data analysis, reporting of findings, evidence of action(s) and improvements to service provision as a result of this review process.

THE NATIONAL QUALITY FRAMEWORK: SELF-APPRAISAL TOOLKIT

Theme 1

Theme 1 is *'Ensuring quality through clinical and corporate leadership and governance within mental health services to deliver evidence-based care and quality improvement'.* There are five standards and 33 criteria under this theme.

Standard 1.1: The mental health service delivers quality throughout all aspects of the service, underpinned by effective clinical and corporate leadership and governance.

About this standard: Effective clinical and corporate governance ensures that all members of the organisation are accountable for quality service user care. Key to this is a culture where individuals act in accordance with the organisational values, where the focus is on service user outcome, and where processes are in place to monitor, manage and ameliorate risk.

Criterion 1.1.1: The mental health service promotes and encourages a culture of continuous quality improvement consistent with its philosophy of care.								
Some examples of achieving this criterion might include: An explicit statement of purpose that staff can articulate; incorporation of service user and staff feedback into service delivery; number of staff trained in quality improvement methodology; an audit and standards committee and/or integrated quality and safety committee is in place.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 1.1.2: The mental health service has clear standards for clinical and corporate governance that are outcome rather than process driven.

Some examples of achieving this criterion might include: Evidence of self-evaluation against this framework; staff are involved in the development and review of policies; terms of reference are in place for each organisational committee; integrated corporate and clinical governance arrangements are in place, which clearly define roles, accountability and responsibilities throughout the service.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.3: Services are designed, delivered, and evaluated in accordance with any relevant legislative requirements and national or international standards as appropriate.

Some examples of achieving this criterion might include: Evidence of on-going compliance with regulations, evidence of meeting the requirements of other relevant regulations, rules, standards, legislation, and codes of practice; child and adolescent mental health services to assess their performance against the latest NICE Guidelines (or equivalent).

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.4: The mental health service has explicit reporting relationships and organisational leadership structures.

Some examples of achieving this criterion might include: A published organisational structure; staff at all levels understand their accountabilities, responsibilities, and reporting structure; job descriptions clearly identify reporting relationships; arrangements are in place to ensure that the people involved in the organisational leadership structures have the necessary competencies to provide assurance in relation to the delivery of reliable and safe care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.5: Integrated systems are in place to mitigate, monitor, manage and ameliorate risk.

Some examples of achieving this criterion might include: Policies are evidence-based and reviewed regularly; mandatory and non-mandatory training includes training to reduce risk (e.g. manual handling, fire safety, incident and risk management); a risk register is in place; oversight arrangements are in place to review and identify gaps in management related to governance and risk.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.6: Key performance indicators for the service are defined and regularly reviewed.

Some examples of achieving this criterion might include: Key performance indicators are drafted in line with service level agreements and memoranda of understanding; key performance indicators follow a template that includes: a description of and rationale for the indicator, the target, data sources, reporting frequency, and indicator owner or lead.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.7: Mechanisms are in place to monitor performance against key performance indicators and to manage underperformance.

Some examples of achieving this criterion might include: Minutes of Senior Management Team meetings; graphic rating scales, checklists and other tools are used to track performance; resources are directed to underperforming areas; information is disseminated through the organisational structure; internal waiting lists for services are monitored.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.8: Policies, procedures, protocols, and guidelines are in place that relate to the standards and criteria of the National Quality Framework.

Some examples of achieving this criterion might include: Written policies related to the standards and criteria of this framework; staff can articulate the purpose of this framework; staff can identify how this framework is operationalised in practice.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.9: The mental health service appraises its performance against the National Quality Framework.

Some examples of achieving this criterion might include: A schedule for self-appraisal is available; staff are trained in conducting self-appraisals; action plans are drafted where required; minutes of audit and standards and/or integrated quality and safety meetings reflect discussion on self-appraisal results.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.10: The mental health service has an audit and standard and/or integrated quality and safety committee who report through the governance structures and benchmark across services.

Some examples of achieving this criterion might include: Membership of the committee reflects the multidisciplinary team and service users; minutes of meetings are available; quality and safety is a standing item at senior management team meetings; evidence exists of key performance indicators being benchmarked with other similar services nationally.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.11: The mental health service operates a policy of open disclosure.

Some examples of achieving this criterion might include: Staff are trained in open disclosure; an assigned member of staff acts as a point of contact for service users; a record of open disclosure meetings is documented in the service user's health care record; language used during open disclosure meetings is accessible and understandable to the service user.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.12: The mental health service fosters a culture of clinical supervision.

Some examples of achieving this criterion might include: Staff participate in regular discussion of practice issues with a senior colleague; the service provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate; the service considers the safety and quality of health care for patients in its business decision-making.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.1.13: The mental health service ensures that accurate and timely reports on safety and quality systems and performance are available to the public, where appropriate.

Some examples of achieving this criterion might include: The mental health service publishes reports relating to the service on its website; services should enable stakeholders to participate in the evaluation of the service; the service collates data from service user experience surveys, health outcome measures, and external reviewers' reports, and publishes in one composite document to enable the public to form a clear picture of the service's performance; reports must contain de-identified information to protect the privacy of the people involved.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 1.1
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐
2. What are the service's strengths in relation to this standard?

3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 1.2: The mental health service delivers quality throughout all aspects of the service, underpinned by evidence informed policies and practices.

About this standard: A quality and recovery oriented mental health service actively seeks the best available national and international evidence and combines this with insight into the needs of the populations it serves to ensure the delivery of contemporary, evidence-informed and person-centred services.

Criterion 1.2.1: The mental health service uses best research evidence to inform and improve service planning and delivery.
Some examples of achieving this criterion might include: The mental health service draws evidence from a variety of sources and is identifiable in policies and practices; staff have access to databases and repositories; training in literature searching and quality appraisal is provided; modifiable barriers to evidence-based psychological treatments are assessed and actioned; staff are trained in evidence-based treatments; information is provided to service users regarding evidence-based treatments; engagement with and effectiveness of evidence based treatments is monitored.

Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.2.2: The mental health service uses audit, benchmarking, and other data to inform and improve service planning and delivery.

Some examples of achieving this criterion might include: Minutes of audit and standards and/or integrated quality and safety committees demonstrate discussion and actioning of audit data; performance evaluation is conducted and discussed at senior management team meetings; audit data reflects progress towards and maintenance of a 'continued quality improvement' level of attainment; information is used and shared as appropriate within and between services; metrics are used to facilitate the benchmarking of services across the country; service utilises data from other sources to plan services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.2.3: The mental health service utilises data to provide targeted evaluation of service user need.

Some examples of achieving this criterion might include: Targeted services are provided based on disaggregated data; targeted services are evaluated for effectiveness; a process is in place to verify data.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.2.4: The mental health service adopts research methodologies that provide both breadth and depth of data.

Some examples of achieving this criterion might include: Use of qualitative, quantitative and mixed methods approaches to research within the service; research focuses on a wide variety of outcomes; the mental health service partners with other services and organisations including higher education institutions to affect a research agenda.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.2.5: The mental health service has dedicated persons to embed quality and drive quality improvement.

Some examples of achieving this criterion might include: A named person who leads the audit and standards and/or intergraded quality and safety team; a named person who leads on education, training and practice development; link staff and quality champions are present throughout the service who have been trained in and contribute to quality improvement.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.2.6: The mental health service shares service innovations with other providers to encourage further innovation and to avoid duplication.

Some examples of achieving this criterion might include: Collaborative communication structures are in place; evidence of co-produced services; conferences, study days and seminars to discuss innovative approaches to care; a practice development group is established across services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.2.7: The mental health service has an up-to-date repository of policies, procedures, protocols, and guidelines that is accessible by service providers.

Some examples of achieving this criterion might include: A document management system where policies can be stored and accessed; a dedicated person or department monitors the expiry date of policies, procedures, protocols and guidelines and issues authors reminders to update; staff know how and where to access policies.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.2.8: The mental health service ensures that all service providers act in accordance with policies, procedures, protocols, and guidelines.								
Some examples of achieving this criterion might include: A record is kept for each policy indicating that staff have read it; staff act in accordance with policies, procedures, protocols and guidelines; staff can articulate salient points from policies, procedures, protocols and guidelines.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 1.2		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 1.3: The mental health service values and actively seeks feedback from service users.

About this standard: A quality and recovery oriented mental health service is outcomes rather than process driven. To achieve high-quality outcomes, the service must consider the experience, preferences and feedback of all who use it. Service users and their families, representatives or carers can offer invaluable insights that have the potential to enhance the quality, efficiency and effectiveness of care.

Criterion 1.3.1: The mental health service audits the experience of service users, family members and carers across the continuum of care.

Some examples of achieving this criterion might include: Multiple methods are used to gain service user feedback (e.g. qualitative, quantitative); service users' feedback is gathered in a variety of ways (e.g. comment cards, experience surveys, purposive feedback on specific services).

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.3.2: The mental health service plans services in consultation with service users and other key stakeholders.

Some examples of achieving this criterion might include: Service users and families are supported to contribute to the governance of the service (e.g. training, reimbursement of expenses); minutes of meetings demonstrate service user involvement; policies, procedures, protocols or guidelines are in place that describe the process for service user involvement.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.3.3: The mental health service monitors engagement with and the effectiveness of specific services.								
Some examples of achieving this criterion might include: Auditing attendance levels; seeking service user feedback on services offered; evaluating service user outcome following engagement with specific services.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 1.3.4: The mental health service incorporates evidence from service users, families and carers into its policies, procedures, protocols, guidelines, and education programmes.								
Some examples of achieving this criterion might include: Service user fora are in place; service users and families contribute to Mental Health Commission inspections; service user feedback is incorporated into relevant policies and procedures.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 1.3.5: The mental health service has a complaints process that is visible and easily accessible by all service users, families and carers.								
Some examples of achieving this criterion might include: Policies and procedures are in place that describe the processes for making, handling and investigating complaints; the complaints policy and procedure are communicated to service users, their families and representatives; complaints are resolved in a timely fashion; staff can articulate the process for making, handling and investigating complaints; remedial actions based on complaints are actioned in a timely fashion.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 1.3		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 1.4: The mental health service values and actively seeks feedback from staff.

About this standard: Staff and volunteers providing mental health services conduct their daily work in the structures and processes designed by the mental health service. They know what works well, what would benefit from improvement, and where innovation can happen. A quality and recovery oriented mental health service acknowledges the expertise embedded in practice and operates an empowering culture which actively seeks feedback from those on the frontline of service provision.

Criterion 1.4.1: The mental health service seeks, values and actions feedback from staff and volunteers.

Some examples of achieving this criterion might include: Staff fora are scheduled at regular intervals; opportunities for anonymous staff feedback are available; staff confirm that the organisational culture facilitates feedback; staff and volunteers feel that their opinion matters; there is evidence of incorporation of staff feedback into the design and delivery of services and the work environment.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.4.2: The mental health service asks professionals delivering services what they think their service users need.

Some examples of achieving this criterion might include: Clinical staff are included in service planning meetings; frontline managers hold regular meetings with their staff individually and as a group to discuss service delivery; the working environment values innovation and entrepreneurship; staff identify need through assessment and intervention planning.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.4.3: The mental health service provides opportunities for staff to undertake new roles within their scope of practice that are of benefit to service users.								
Some examples of achieving this criterion might include: Staff are invited to participate in various committees across the organisation; specialist and advanced roles are created based on current and anticipated need; 'acting-up' opportunities are available.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 1.4		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 1.5: The mental health service delivers a high-quality service through optimal use, leadership, and governance of non-human resources.

About this standard: A quality and recovery oriented mental health service must be adequately funded to ensure staff and services are there to support those in need. Furthermore, the mental health service must ensure the efficient and effective use of the capital resources it does receive. Initiatives that provide for early, collaborative and community-based interventions are not only cost effective but result in better outcomes for the service user through the prevention of crisis and the avoidance of admission. This requires the mental health service to work collaboratively with governmental and non-governmental agencies to address the biopsychosocial determinants of mental health.

Criterion 1.5.1: The mental health service has a secure and sustainable funding model and governance.

Some examples of achieving this criterion might include: A finance committee is in place; minutes of finance committee meetings are available; policies and procedures are in place to monitor and manage income and expenditure; budgets and service level agreements are in place; evidence of internal and external financial audit is available; claims against the service are managed and recorded; service arrangements are in place which address workforce management, communication management, information management, risk management, patient-safety improvement, service design, improvement and innovation, environment and physical infrastructure management and financial and resource management.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.5.2: The mental health service works efficiently and effectively with partner services to ensure value for money and quality service user outcomes.

Some examples of achieving this criterion might include: Service level agreements are in place; the mental health service establishes appropriate partnerships to avoid unnecessary duplication of effort; communication pathways are in place between services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 1.5.3: The mental health service has policies, procedures, protocols, and guidelines in place for good financial governance.								
Some examples of achieving this criterion might include: The mental health service complies with codes for good financial governance; policies are in place for procurement; agency and overtime spending is monitored and managed.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 1.5.4: The mental health service adapts innovative approaches to personalised care that are proved to be cost effective while maintaining or improving quality of care.								
Some examples of achieving this criterion might include: Cost benefit analysis is conducted for new therapies or initiatives; technology is utilised to facilitate working, remote working, and service user care; staff are consulted regarding the introduction of new therapies, initiatives and ways of working.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 1.5		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Theme 2

Theme 2 is *'Ensuring quality through a compassionate, holistic, non-discriminatory, and person-centred service responsive to the needs of the service user (including their families, carers, and representatives).'* There are two standards and ten criteria under this theme.

Standard 2.1: The mental health service is a mainstream service for all that flexibly responds to the needs of the individual and social groups.

About this standard: The mental health service should promote inclusion by offering a mainstream service for all. However, it should also flexibly respond to the needs of specific individuals or groups who may experience challenges in accessing a mainstream service (e.g. homeless persons, members of the travelling community, non-English speakers). Such a service is underpinned by a philosophy of care based on person-centeredness, inclusion and equity.

Criterion 2.1.1: The mental health service has an explicit philosophy of care which informs its culture.								
Some examples of achieving this criterion might include: An up-to-date and approved statement of purpose is in place and publicly available; care is delivered in line with the statement of purpose; the philosophy of care is visible throughout the service; staff and volunteers can articulate the philosophy of care; key stakeholders are involved in developing the statement of purpose.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 2.1.2: The mental health service values person-centeredness, empathy, equity, inclusion, and individuality.

Some examples of achieving this criterion might include: Policies and procedures related to service user dignity, privacy and autonomy are developed and implemented; a welcoming physical environment; evidence of service user (and family where appropriate) involvement in needs-based individual care planning and decisions about their care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 2.1.3: The mental health service promotes positive physical and mental health, and psychological wellbeing through general and targeted health promotion and preventive mechanisms.

Some examples of achieving this criterion might include: The provision of information and education for family members, carers, the person's representatives and the general public; two-way engagement with community groups; sharing of knowledge and expertise; actions or events that reduce mental health stigma within specific groups; engagement with partners to offer wrap-around services; collaborative working with addiction and other community services; tailoring solutions to vulnerable populations.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 2.1.4: The mental health service is reflective of the people it serves.								
Some examples of achieving this criterion might include: A diverse workforce; meal offerings that take account of religious or spiritual beliefs; multilingual signage and literature; adequate and timely access to interpreter services; availability of peer-workers; appropriate policies that reflect diversity and inclusion.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion: 2.1.5: The mental health service is sensitive to the needs of specific cultures and minority groups, recognising and responding to factors that may inhibit access to person-centred care.								
Some examples of achieving this criterion might include: Evidence of staff training in diversity, unconscious bias and/or cultural norms; gathering of disaggregated data on service user involvement with different levels of the service; evidence of consideration of literacy or digital literacy levels; working with advocacy groups to optimise access to services.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 2.1		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 2.2: The mental health service adopts a multidisciplinary holistic approach across the continuum of care from acute to continuing.

About this standard: A quality, rights-based, and recovery-focused mental health service recognises and considers the wider determinants of health and mental health in the provision of its service. It appreciates that service user engagement is optimised when the person feels respected, empowered, included, and treated as an individual. Outcomes are best when mental health deterioration can be prevented or detected early so that timelier and community-based care can be provided in an environment that maintains the social supports of the service user.

Criterion 2.2.1: The mental health service incorporates holistic approaches to care within a compassionate biopsychosocial philosophy.

Some examples of achieving this criterion might include: A mission statement identifying recovery processes and outcomes; opportunities for service users to engage in recreational and social activities; a flexible approach to visiting; facilitating the practice of religion or spirituality; service user education in healthy living, life skills, addiction, self-help and/or relationships; mental health service engagement with community services, governmental and non-governmental partners; provision of talk-therapies; access to physical health care including national screening programmes; evidence of a physical examination is documented at the time of the admission.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 2.2.2: The mental health service upholds human rights, dignity, and respect.

Some examples of achieving this criterion might include: Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes; service users are supported to engage in activities that are meaningful to them; staff treat service users with dignity, respect, honesty and openness; service user beliefs and cultures are valued; service user's personal space is respected; policies in place related to the use of CCTV and monitoring of external communication.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 2.2.3: The mental health service informs service users of their rights.								
Some examples of achieving this criterion might include: A charter of rights is visible; a directory of advocacy services is maintained and available to service users; service users are involved in planning their care.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 2.2.4: The mental health service provides access to the wider multidisciplinary team to meet service user needs.								
Some examples of achieving this criterion might include: Access to psychological therapies, addiction counselling, housing and financial supports, advocacy group, peer support; the provision of information related to community services, education and training, sports and recreation.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 2.2.5: The mental health service provides for home-based care as an alternative to inpatient admission where appropriate.								
Some examples of achieving this criterion might include: Mental health service engagement with community services; mental health services delivered in community settings; mental health services provide information and education to family members, peer support workers and the general public regarding mental health and early recognition of crisis; the mental health service adopts innovative approaches to service delivery.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 2.2		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Theme 3

Theme 3 is *'Ensuring quality through a visible and accessible holistic mental health system and service that prioritises prevention and promotes recovery.'* There are three standards and 27 criteria under this theme.

Standard 3.1: The mental health system provides an integrated service across the continuum of care in conjunction with its partners.

About this standard: A quality, rights-based, and recovery-focused mental health service acknowledges the many factors that may negatively affect a person's mental health. It engages in multidisciplinary team working and liaises with partner services to address the biopsychosocial aspects of mental health to help remove or reduce causative factors of poor mental health while optimising access to services.

Criterion 3.1.1: The mental health service adopts a holistic approach to service design and delivery that assesses and provides intervention through a biopsychosocial model.								
Some examples of achieving this criterion might include: The service works collaboratively with partner services, governmental and non-governmental agencies to promote the health and development of the service user; families, carers, and peer support workers are involved where appropriate in the care and support of the service user; the mental health service offers innovative approaches to care that address the multifactorial nature of mental health; service users have access to a range of professional services.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 3.1.2: The mental health service prioritises community care and avoids institutionalism by taking a whole system approach to prevent avoidable (re) admission.

Some examples of achieving this criterion might include: The provision of community-based services; education and support for peer workers and family members; multiple routes of entry or referral to the service; telephone triage or helplines; follow up of service users who have disengaged with the service; discharge planning that considers the wider determinants of mental health; proactive engagement with at-risk individuals; mobile crisis intervention.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.1.3: The mental health service provides community supports which are delivered by appropriately qualified and accredited professionals.

Some examples of achieving this criterion might include: Evidence of staff education and training; a multidisciplinary workforce; outreach services; availability of multilingual information (written and other formats); activities to reduce mental health stigma in the community; corporate plan.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.1.4: The mental health service collaborates with partner services across the continuum of care.

Some examples of achieving this criterion might include: Service level agreements; policies and protocols for inter-agency communication; multidisciplinary team working; holistic and individualised care plans; engagement with bodies such as housing services, money advice and budgeting services; a variety of access points to the service; engagement with schools, universities, workplace settings.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.1.5: The mental health service provides end-to-end journey systems that are accountable at all stages.

Some examples of achieving this criterion might include: Service users are provided with support when transitioning between services; care is delivered in accordance with policies, procedures, protocols and guidelines; discharge is planned in conjunction with the service user and where appropriate their family or carers; an explicit management and corporate structure.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.1.6: The mental health service is aligned to emerging integrated care structures under the reforms outlined in the National Policy.								
Some examples of achieving this criterion might include: Service design and evaluation incorporates a 'right care, right place, right time' ethos; services are provided based on need; service proactively considers the competencies needed for teams of the future; technology is effectively deployed to optimise service user experience.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 3.1		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 3.2: The mental health service is responsive and accessible to all at the point of need.

About this standard: Mental health care should be available to those that need it, when they need it. Where care is provided, and what that care looks like will depend on the needs of the service user and thus, mental health services must ensure that they are not only accessible, but also responsive. This requires building relationships with other service providers to avoid duplication of effort and to ensure that the right care is delivered by the right people.

Criterion 3.2.1: The mental health service is available to all who need it, is easy to access, and is available when needed.

Some examples of achieving this criterion might include: Disaggregated data in relation to waiting time to access the mental health service; a variety of entry points to the service; provision of out-of-hours services; availability of information related to services provided; records show that admission to the mental health service is efficient with minimised delay.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.2: The mental health service consults with service users and other key stakeholders to optimise access pathways.

Some examples of achieving this criterion might include: Public patient involvement initiatives; feedback forums; services planned in conjunction with partner services and service users.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.3: The mental health service provides early and frequent contact with service users accused of an offence.

Some examples of achieving this criterion might include: Operational protocols between the mental health service and the justice system; communication pathways are in place with An Garda Síochána; individual care plans are recovery-oriented in their approach whilst maintaining security and managing risk.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.4: The mental health service provides access to acute treatment beds for people of all ages with a dual diagnosis of intellectual disability and a mental health illness.

Some examples of achieving this criterion might include: Audit data regarding admission of service users with an intellectual disability including delayed admissions; mental health service liaises with intellectual disability services; systems are in place to co-ordinate care appropriately.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.5: The mental health service focuses on prevention through the promotion of positive physical and mental health, wellbeing and wellness.

Some examples of achieving this criterion might include: The mental health service works with partner services to reduce stigma of mental health; the mental health service engages with schools, universities and workplaces to provide education regarding mental health; the mental health service adopts a biopsychosocial approach to care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.6: The mental health service focuses on prevention, early detection and early intervention in mental illness.

Some examples of achieving this criterion might include: Targeted prevention or intervention measures for those at risk of mental illness; education for family members and peer support workers; aftercare and follow-up pathways; screening protocols; immediate supports available for those bereaved or affected by suicide.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.7: The mental health service is tiered and delivered in a location appropriate to the holistic needs of the service user, with a focus on the provision of community-based care where appropriate.

Some examples of achieving this criterion might include: Availability of outreach services; the mental health service collaborates with advocacy groups and community organisations to deliver care in a variety of non-clinical locations; referral pathways are in place between levels of the service.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.8: The mental health service provides specialised services outside the boundaries of traditional geographically distinct service areas based on the individual needs of the service user.

Some examples of achieving this criterion might include: Mental health services collaborate to provide access to facilities and services; service users are assigned a key worker who coordinates care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.9: The mental health service is delivered by a multidisciplinary team appropriate to the holistic needs of the service user.

Some examples of achieving this criterion might include: Multidisciplinary service user needs-based care planning on admission; provision of information and services related to the wider determinants of mental health; targeted messaging to at-risk, vulnerable and or underserved persons and groups; engagement with advocacy groups, community organisations, and service users in the planning and delivery of mental health services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.10: The mental health service is focused on agreed outcomes for the service user.

Some examples of achieving this criterion might include: Service user and family (where appropriate) involvement in needs-based care planning; the service user's individual will and preferences are taken into account; a recovery oriented philosophy of care; discharge is planned in consultation with the service user and family (where appropriate); a multidisciplinary approach to care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.2.11: The service user is provided with information about and has access to appropriate advocacy services.

Some examples of achieving this criterion might include: Availability of written and multimedia information in relation to advocacy services; a directory of advocacy services is available to service users; advocates are able to speak the service user's language or interpreters are available; provision is made to address specific communication needs.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 3.2
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐
2. What are the service's strengths in relation to this standard?

3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 3.3: Access, discharge, and transition through mental health services is optimised.

About this standard: Key to the delivery of a quality mental health service is managed access, exit and transition through the service. Delivering care in the community, early discharge planning, engaging community supports, and a recovery-focused approach to care will help prevent unnecessary (re)admission, increase accessibility of services to others, and will ensure that the service user can live their normal life in so far as is possible.

Criterion 3.3.1: The mental health service facilitates transition from child to adult services by developing sustainable relationships with the young person and creating a safe clinical environment.
Some examples of achieving this criterion might include: Liaison workers are employed across child and adult services; information on transition is available in a variety of forms; no child is resident in adult environments; policies, procedures, protocols and guidelines are in place.

Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.2: The mental health service ensures an optimal journey through the system from access to exit across the continuum of care.

Some examples of achieving this criterion might include: Managed admissions; early individual multidisciplinary care planning; service users contribute to and are aware of the goals of treatment; discharge planning starts early and considers the biopsychosocial needs of the service user; family and carers are involved in the service user's care where appropriate; the mental health service liaises with partner services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.3: The mental health service provides a designated member of staff to facilitate continuity of care as the service user transitions through services (e.g. child to adult services).

Some examples of achieving this criterion might include: Liaison workers are employed across child and adult services; family and carers are involved in planning for transition where appropriate; site visits are conducted to orient the service user to the new service; information is available in a variety of forms.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.4: The mental health service ensures that the care which it provides:

- **is planned in consultation with the service user and their nominated representative, where appropriate. In the case of children, the child's parent or guardian should be consulted when updates to the care and treatment plan are made.**
- **is documented and communicated to the service user and their family member and/or the person's representative (where appropriate). All updates to the service user's care and treatment should also be communicated with the referring clinician (e.g. GP).**

Some examples of achieving this criterion might include: Service users' wishes are considered and documented; the service liaises with external partners in relation to the admission, transfer, discharge and temporary absence of service users; comprehensive information is provided to the service user and their family member and/or the person's representative.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.5: The mental health service ensures that the care which it provides is evidence based, safe, and in line with relevant regulations and legislation.

Some examples of achieving this criterion might include: Policies and pathways are in place related to the admission, transfer, discharge and temporary absence of different cohorts of service user; the service liaises with external partners in relation to the admission, transfer, discharge and temporary absence of service users; pathways for 24/7 access are explicit; policies and procedures are updated to reflect best evidence, where appropriate pre-discharge; interagency involvement in service user transfer.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.6: Service delivery is organised to enable personal recovery and wellness.

Some examples of achieving this criterion might include: A biopsychosocial approach to care; multidisciplinary care planning; causes of mental ill-health are considered and addressed (e.g. alcohol and drug misuse, re-engagement with education and employment); there is a shared understanding as to what recovery and wellness means to the service user; the service instils hope in the service user's future and ability to live a meaningful life.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.7: The mental health service has a process in place to maintain service user engagement with treatment, and where appropriate offers alternatives to optimise engagement.

Some examples of achieving this criterion might include: Targeted pathways for at-risk, vulnerable, or underserved populations; follow-up processes are in place; the mental health service offers outreach and in-reach services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.8: The mental health service provides evidence-based psychosocial therapies to promote rehabilitation.

Some examples of achieving this criterion might include: A multidisciplinary team; access to mindfulness, resilience, and life skills training; linking service user with community services (e.g. literacy services, employment support services; adult education providers).

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.9: The mental health service works with local government bodies to affect the smooth transition of service users from residential to community care where necessary.

Some examples of achieving this criterion might include: Collaboration with housing services or supported employment services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 3.3.10: The mental health service incorporates relevant screening tools into recovery-oriented care planning and delivery.

Some examples of achieving this criterion might include: Use of mental health screening tools; use of medication related screening tools; use of addiction screening tools; use of living skills screening tools.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 3.3		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

THEME 4

Theme 4 is *'Ensuring quality through an equal, socially inclusive and diverse mental health care service that recognises and responds to traumatic events and circumstances in peoples' lives.'* There are three standards and 19 criteria under this theme.

Standard 4.1: The mental health service responds to the diverse needs of the community it serves.

About this standard: There are many factors that affect mental health and a quality, recovery-oriented mental health service acknowledges the wider determinants of mental health and proactively plans its services to optimise outcomes.

Criterion 4.1.1: The mental health service considers the needs, social circumstances and support structures of its sector population and the availability of staff with relevant skills.

Some examples of achieving this criterion might include: The mental health service contributes to public policy and debate; a multidisciplinary service that provides a range of therapies and information; services planned in conjunction with local advocacy and support groups.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.2: The mental health service delivers a data-driven service to meet the full range of the population's mental health needs.

Some examples of achieving this criterion might include: The collection and use of disaggregated data; audit of the effectiveness of services; incorporating feedback from service users; collaborative working with partner services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.3: The mental health service works with the community to challenge stigmatising attitudes and discrimination.

Some examples of achieving this criterion might include: Media or social media presence that targets different demographics across various platforms; pop-up information stands in public locations; working with schools, universities and workplaces to open discussion on mental health issues.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.4: The mental health service promotes service user advocacy groups.

Some examples of achieving this criterion might include: Collaboration with health and social advocacy groups to enhance visibility of service; provides service users with information about advocacy groups; refers service users to advocacy groups as may be required.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.5: The mental health service provides culturally appropriate care.

Some examples of achieving this criterion might include: Service users are treated as individuals; a multi-faith facility is available for service user use; staff and volunteers partake in cultural competency training; multilingual aids are available for use.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.6: A multidisciplinary approach to mental health services for people with a dual-diagnosis of an intellectual disability and a mental health illness is adopted across the continuum of care.

Some examples of achieving this criterion might include: The mental health service has established links with primary care, disability services and community mental health teams; care is delivered by specialist teams; care is provided in the community where appropriate; there is a multidisciplinary approach to care; dedicated professionals are recruited and trained; systems are in place to appropriately co-ordinate care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.7: Mental health services work with community partners to promote positive mental health in individuals and groups that are subject to discrimination, stigmatisation, and marginalisation.

Some examples of achieving this criterion might include: Raising awareness of the importance of self-care; reducing service user self-stigmatisation; targeted interventions for underserved populations.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.8: The mental health service works with community partners to understand the specific needs of individual groups.

Some examples of achieving this criterion might include: Inviting community partners to provide in-service education to staff and volunteers and vice versa; asking community partners to input into service design.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.1.9: The mental health service provides culturally appropriate services to ethnic minorities to ensure stigma does not impede their recovery experience.
Some examples of achieving this criterion might include: Service user preferences in relation to religious or spiritual practice, food and drink, clothes and personal presentation, personal and shared space, and emotional support are considered; there is an open culture where staff can raise incidents of racism or discrimination with their managers.

Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 4.1
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐
2. What are the service's strengths in relation to this standard?

3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 4.2: The mental health service partners with communities to promote social inclusion and advocacy on the social determinants of health.

About this standard: Social inclusion and support is an important aspect of recovery oriented care. Such support and advocacy can take a number of forms and is best provided by those organisations with intuitive insight into unique and often complex needs of the populations they serve. A quality and recovery oriented mental health service works inter-sectorally to challenge discrimination and exclusion to more efficiently and effectively address the deficiency and growth needs of the individual service user.

Criterion 4.2.1: The mental health service avails of community-based facilities to enable community involvement and enhance service visibility.

Some examples of achieving this criterion might include: The mental health service has access to community facilities to deliver services; provide information and/or promote positive mental health strategies; use of mobile clinics or outreach services; the mental health service monitors social inclusion outcomes of service users.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.2.2: Mental health services collaborate with community-based services to promote mental health care in marginalised groups and underserved populations.

Some examples of achieving this criterion might include: The mental health service partners with community-based services to provide outreach; the mental health service works with community-based services during times of service delivery (e.g. evenings and nights).

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.2.3: Mental health services address the mental health needs of minority groups experiencing systems-related and psycho-social barriers to accessing services.

Some examples of achieving this criterion might include: The mental health service provides expert advice to government bodies to drive policy; the mental health service redesigns its services and access points according to service user need.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.2.4: Mental health services recognise cultural identity as a key factor in promoting positive mental health.

Some examples of achieving this criterion might include: The mental health service values traditions, heritage, language, and customs; the mental health service recognises that individuals may identify with more than one cultural group.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.2.5: Mental health services promote the principles of equity, inclusion and respect for diversity.

Some examples of achieving this criterion might include: A policy on equality and inclusion; service users are informed of their rights; the mental health service facilitates the provision of targeted health education and promotion.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.2.6: The mental health service empowers service users to manage their own lives through stronger social relationships and sense of purpose.								
Some examples of achieving this criterion might include: Service users are provided with access to education and information regarding life skills and social supports; peer workers assist service users to access educational, employment and recreational activities.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 4.2		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 4.3: The mental health service is underpinned by a trauma-informed approach to mental health care and treatment, which recognises that service users may have experienced some form of trauma in their life and seeks to resist traumatising or re-traumatising service users and staff.

About this standard: Individuals can suffer trauma as a result of events and/or circumstances in their lives. Trauma such as homelessness, sexual abuse, addiction or forced migration for example can cause disempowerment and disconnection and can enduringly impact on the mental health of the individual resulting in maladaptive coping strategies, suicidal ideation, and self-harm. A quality and recovery-focused mental health service recognises the potential for both service users and service providers to suffer trauma. It responds to trauma by establishing a safe environment where trust can be built and connection re-established.

Criterion 4.3.1: The mental health service adopts a trauma-informed and sensitive approach to service users, recognising that all service users may have suffered trauma in their lives and acknowledging the impact of events or circumstances in their lives and factors that might have contributed to trauma.

Some examples of achieving this criterion might include: The mental health service acknowledges that trauma may have occurred in the service user's life; the mental health service recognises admission as a potential source of trauma; staff are trained in trauma-informed care; facilities are available for the provision of psychological therapies, links are established with community mental health teams.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.3.2: The mental health service acknowledges, values and learns from the lived experience of the service user.

Some examples of achieving this criterion might include: The mental health service listens to the service user; services users' hopes are articulated in their own words within the plan of care; service users are empowered to make choices in their care; the mental health service reflects on how it approaches trauma; staff are trained in positive behaviour support.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.3.3: The mental health service identifies trauma in a service user's life and uses this insight to inform the planning and delivery of care.

Some examples of achieving this criterion might include: Policies and procedures reflect the potential for re-traumatisation; staff are trained to recognise trauma; evidence of assessment for trauma is present in initial and revised care plans; service users are active participants in their care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 4.3.4: The mental health service acknowledges that service providers may suffer trauma through their work and takes steps to ameliorate the risk and manage the effect.

Some examples of achieving this criterion might include: Programmes are in place to preserve service provider mental health and prevent trauma; the concerns of staff are listened to and actioned; policies are co-designed with staff and volunteers to promote a safe working environment; staff and volunteers have access to psychological support and critical incident stress debriefing; a sense of community is fostered within the service.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 4.3		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

THEME 5

Theme 5 is *'Ensuring quality through a mental health service that understands recovery and supports the service user towards recovery.'* There are two standards and 12 criteria under this theme.

Standard 5.1: The mental health service promotes autonomy and self-determination by including the service user as an active participant in their care.

About this standard: Personal recovery is a fundamental aim of quality mental health care. While recovery is unique to each individual, the process of supporting service users towards recovery will always involve instilling hope, empowerment and self-determination. Co-produced and regularly reviewed care plans that reflect the individual service user's experiences and aspirations can help promote a positive sense of self and a shared understanding of the intended outcome of care.

Criterion 5.1.1: The mental health service provides a values-based, safe, and driven service that is trustworthy and accessible.

Some examples of achieving this criterion might include: Service users are informed of their rights on admission (where applicable) and throughout their episode of care; decision support services are available to service users; services are provided close to the person's community.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.1.2: The mental health service adopts a multidisciplinary and co-production approach so that recovery begins at the care planning stage.

Some examples of achieving this criterion might include: Care plans reflect the wishes of the service user in their own words; planning for discharge begins on admission to the service; service users' strengths are identified and reinforced; a multidisciplinary approach to care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.1.3: Service users have a key worker, written care plan and regular reviews designed to enable personalised, recovery-focused care.								
Some examples of achieving this criterion might include: Service users have access to a copy of their care plan and exceptions to this are documented; evaluation of the care plan is service user focused and indicates the service user's progress towards achieving their desired goals.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 5.1.4: The mental health service understands the importance of empathetic, kind, caring, and well-trained staff in service user recovery.								
Some examples of achieving this criterion might include: Staff are trained in recovery principles; individual care workers understand the unique circumstances of the individual service user; services are designed to ensure the service user has adequate time to articulate their feelings.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 5.1.5: Recovery support teams are available to support service users with complex mental health needs.

Some examples of achieving this criterion might include: Recovery support teams are in place which include mental health nurses, social workers, doctors, occupational therapists and psychologists; services adopt a biopsychosocial approach and are individualised to service user need; the service focuses on the potential of the service user and aims to maintain independence; service users are involved in planning for possible relapse.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.1.6: Mental health services make use of non-mental health community-based facilities and social activities to holistically support the service user towards wellness and recovery.

Some examples of achieving this criterion might include: The mental health service has access to facilities to deliver services; service users are informed of educational, welfare, employment and housing supports.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.1.7: Forensic mental health services provide access to comprehensive stepped mental health supports that are recovery oriented.

Some examples of achieving this criterion might include: Provision of care is based on initial and continued risk assessment; the physical environment supports recovery; service users have the opportunity to engage in social and vocational activities.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.1.8: Mental health services track clinical progress against treatment plans to inform the understanding of service quality and performance.

Some examples of achieving this criterion might include: The mental health service develops and implements a protocol for the routine collection of Patient Reported Outcome Measures (PROMs).

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.1.9: The mental health service ensures service users (and the parents and guardians of child service users) are informed about medicines, and understand their individual medicine needs and risks.

Some examples of achieving this criterion might include: Using medication safety systems and partnering with service users, so that staff can effectively reduce the risks of preventable adverse medication events; healthcare audits document engagement of the person and their families in medication reconciliation.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 5.1		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 5.2: The mental health service focuses on the service user's strengths to achieve a shared vision for recovery.

About this standard: A quality and recovery oriented mental health service acknowledges that service users must be afforded the time and space in which to define and refine what recovery means to them. Building existing strengths and supports and gaining the knowledge and skill to develop new ones empowers the service user, instils hope, and promotes self-actualisation. A named healthcare worker, the provision of community-based care, and family involvement can help service users maintain connection with others.

Criterion 5.2.1: The mental health service prioritises continuity of staff in service user recovery.

Some examples of achieving this criterion might include: Proactive recruitment and retention initiatives; assigned care workers or care coordinators.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.2.2: The mental health service provides for community-based care in supporting service users towards recovery.

Some examples of achieving this criterion might include: Avoiding unnecessary (re) admission to acute care; provision of information about community supports to service users and their family (where appropriate); education of the service user about recovery-oriented care; mobile clinics and/or outreach services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 5.2.3: The mental health service recognises the role of the family, carer and person's representative in service user recovery.								
Some examples of achieving this criterion might include: Education of the family (where appropriate) about recovery-oriented care; transitional home visits; planned discharge from the service; family meetings with the service user.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 5.2		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

THEME 6

Theme 6 is *'Ensuring quality through co-produced care planning, which is underpinned by rights-based mental health care, confidentiality, and regard for an individual's will and preferences.'* There are three standards and 17 criteria under this theme.

Standard 6.1: Service users are active participants in planning and delivering their care.

About this standard: A quality and recovery-focused mental health service recognises that empowerment is a key step on the road to service user recovery. Empowering service users to actively participate in planning and delivering care is achieved by having the right staff with the right skills in the right place and at the right time. It requires a biopsychosocial approach to care where active listening helps to craft a plan that is meaningful to the individual. Accurately documenting this plan aids in monitoring progress and allows for amendments to be made where required.

Criterion 6.1.1: The mental health service demonstrates service user inclusivity in planning and delivering care, including, where appropriate, the inclusion of the person's nominated representative, and ensuring that the person's will and preference is at the centre of their care.								
Some examples of achieving this criterion might include: The mental health service uses a template to document the care and recovery plan; service users are involved in planning their care and plan for discharge; service users are asked about their preferences; service user, family, and carer feedback is sought and actioned; contingency planning is included in the needs-based care plan.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 6.1.2: The mental health service provides skilled staff to facilitate the generation of a holistic, multidisciplinary, co-produced, individualised, and recovery-oriented care plan.

Some examples of achieving this criterion might include: The mental health service clearly communicates with the service user; the multidisciplinary team reflects the needs of the service user; the mental health service considers the service users recreational, social and vocational needs; families and carers are involved in co-producing the care plan, where appropriate; service users receive education in goal setting.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.3: The mental health service utilises an evidence-based, values-based, recovery oriented, multidisciplinary care plan template to assess the needs and strengths of the individual service user.

Some examples of achieving this criterion might include: The care plan utilises the language of hope, realism and optimism; a comprehensive biopsychosocial template is used that accounts for varying service user needs; the care plan emphasises the strengths and abilities of the service user.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.4: A named individual is responsible for ensuring the service user receives biopsychosocial multidisciplinary care as planned and documented in their clinical file.

Some examples of achieving this criterion might include: Service users receive advice and support in relation to finance and money, accommodation, personal care and physical wellbeing; service users are educated regarding medical and other forms of treatment including psychological interventions; each member of the multidisciplinary team contributes to the service user's health record.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.5: Care and treatment received by the service user is factually and sequentially documented in their clinical file.

Some examples of achieving this criterion might include: Documentation is conducted in accordance with relevant policies, procedures, protocols, guidelines and professional regulations; the mental health service audits the standard of its documentation; documentation produced by the mental health service is clearly formatted and unambiguous in its language.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.6: Interactions with the service user's family, carer and/or advocate are factually, objectively, and sequentially documented in the service user's clinical file.

Some examples of achieving this criterion might include: Documentation is conducted in accordance with relevant policies, procedures, protocols, guidelines and professional regulations; the record reflects the nature of the interaction, the persons involved, the topics for discussion, and any actions or outcomes arising from the interaction; evidence of service user consent is present where appropriate.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.7: The mental health service regularly evaluates the care plan in conjunction with the service user and their family, carer and/or representative where appropriate.

Some examples of achieving this criterion might include: The history of previous treatment is considered and documented; care plans are reviewed regularly; review meetings are conducted in a manner so that the service user feels safe expressing their wishes, hopes and concerns; the attitudes and language of staff reflect a co-production approach to care.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.8: The mental health service liaises with community partners to create a network of appropriate supports for each service user and their family, carer and/or representative.

Some examples of achieving this criterion might include: Multidisciplinary care planning reflects the needs of the service user; service users are provided with contact details for relevant community-based services; key workers or care coordinators provide a link between the mental health and other services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.9: The mental health service plans service user exit from the service in conjunction with the service user, and where appropriate the person's family, carer and/or representative.

Some examples of achieving this criterion might include: The plan for discharge is finalised and communicated to service users and families where appropriate in advance of discharge; the needs and concerns of service users and families, where appropriate, are addressed; families and carers are educated about the early warning signs of crisis; social supports (such as housing) are in place where required.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.1.10: The mental health service provides the service user with a key worker to facilitate coordination and personalisation of services in line with their co-produced recovery care plan.								
Some examples of achieving this criterion might include: Service user input into choice of key worker is documented; service users are aware of how to contact their key worker.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 6.1		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 6.2: The mental health service respects the privacy and confidentiality of service users.

About this standard: Rebuilding relationships and re-establishing connection is an intended outcome of recovery oriented care. Building relationships and establishing connection is also fundamental to gaining and maintaining service users' trust in the service. Empowering the service user to make decisions about their care and maintaining confidentiality are necessary to build this trust.

Criterion 6.2.1: The mental health service respects privacy and confidentiality and upholds human rights.

Some examples of achieving this criterion might include: Evidence of service user inclusion in decision making; rationale for acting without consent is documented; where a legal or ethical imperative exists to disclose information, the rationale for sharing such information is documented and the service user informed.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.2.2: The mental health service adheres to legislative and regulatory requirements in relation to privacy, confidentiality, data protection, and consent as it relates to the sharing of service user data.

Some examples of achieving this criterion might include: Practice is in accordance with codes of practice, relevant legislation and regulation; there is a named data controller; evidence of consent to treatment is present in the service user's care plan and clinical file; advocacy and decision support services are made available to service users.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.2.3: The mental health service acknowledges the evolving understanding of human rights and maintains policies and practice in line with current requirements.

Some examples of achieving this criterion might include: Regular training related to human rights; an explicit philosophy of care and statement of purpose; regular reviewing of policies, procedures, protocols and guidelines; practice is in accordance with current national and international human rights legislation.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.2.4: The mental health service acknowledges different perspectives in relation to confidentiality, consent to the sharing of data, and family involvement along a continuum from full involvement, to partial involvement, to none.

Some examples of achieving this criterion might include: Policies, procedures, protocols or guidelines are in place to guide service providers in communicating with families; service users are informed of advocacy and decision support services; service users and families are educated about the recovery ethos and re-establishing connection.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.2.5: The mental health service involves, informs and educates the service user's family, carer and/or representative in so far as is legally possible.								
Some examples of achieving this criterion might include: Including family members and carers in care and discharge planning with service user consent; providing education and information to family members and carers about risk factors for and early warning signs of crisis.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 6.2		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 6.3: The mental health service adopts a rights-based approach to care.

About this standard: Each individual is born with the inalienable right to self-determination, and to be treated with fairness, respect, equality and dignity. A quality and recovery oriented mental health service has a moral, ethical, legal, and professional obligation to uphold these rights. The nature of the service user's illness, however, may mean that the mental health service is compelled to balance competing rights (such as liberty and security) in order to fulfil its duty of care. Where decisions are made by the service that interfere with the service user's human rights, these decisions must be legally justifiable, proportionate, rational and regularly reviewed.

Criterion 6.3.1: The mental health service adopts rights-based standards that may be supported by legislation.

Some examples of achieving this criterion might include: Restrictive practices are only used when the risk to the person or others outweighs the risk of not using it; staff understand the rights of the service user, their colleagues and themselves; service users actively and meaningfully participate in decisions about their care, and are empowered where necessary with advocacy or decision support services; mental health service accountability to the maintenance of human rights is evident in policies, procedures, protocols, guidelines and processes.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 6.3.2: The mental health service upholds the human rights of the service user and takes account of the service user's individual will and preferences within a legal framework.

Some examples of achieving this criterion might include: Service users' will and preferences are recorded in an advanced directive; decision support services are utilised to support the service user; the mental health service acts in accordance with the guiding principles of the Assisted Decision-Making (Capacity) Act 2015.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 6.3		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

THEME 7

Theme 7 is *'Ensuring quality through the provision of adequately resourced, well led, and governed mental health care services.'* There are four standards and 28 criteria under this theme.

Standard 7.1: The mental health service is appropriately staffed to deliver a high quality, efficient and effective service at the time of need.

About this standard: Users of mental health services may have many and varied needs. A quality and recovery oriented mental health service plans the number and skill mix of its staff to ensure that service users' needs are met. This planning takes account of the biopsychosocial needs of the service user, the size of the service, the safety of all, and the 24-hour nature of mental health care.

Criterion 7.1.1: The mental health service is staffed by a kind, compassionate, educated, culturally aware, and multidisciplinary workforce.								
Some examples of achieving this criterion might include: Records of staff training in unconscious bias and cultural awareness; observation of friendly, patient, professional, and compassionate interactions between service users and staff; records of service user complaints and compliments; a diverse workforce.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 7.1.2: The mental health service maintains staffing levels appropriate to the delivery of an efficient and effective recovery oriented service.								
Some examples of achieving this criterion might include: A site-specific plan is in place with regard to the number and grade of staff needed to meet service users' needs; rostering is performed to facilitate work-life balance; changes to rosters are documented and communicated; protocols are in place to manage times of increased activity; consideration is given to continuity of care when planning rosters.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Criterion 7.1.3: The mental health service maintains a skill mix appropriate to the delivery of an efficient and effective recovery oriented service.

Some examples of achieving this criterion might include: A site-specific plan is in place with regard to the skill mix and qualifications of staff needed to meet service users' needs; staff have the required skills to manage day-to-day and emergency situations; the skill mix of staff is in accordance with the approved centre's registration; there is evidence of staff engagement in continuous professional development.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.4: The mental health service has policies and procedures in place for human resource management including recruitment and retention.

Some examples of achieving this criterion might include: Policies are in place with regard to staff development; exit interviews are conducted; attendance and absence records are maintained; staff are aware of leave entitlements and are able to avail of leave; an employee assistance programme is in place.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.5: Mental health service staff demonstrate respect for service user dignity and privacy.

Some examples of achieving this criterion might include: Staff use blinds, curtains and screens appropriately; staff adhere to the policy on the use of electronic devices such as mobile phones; staff speak, dress and act professionally; consent is gained from the service user before any intervention or entry to the service user's (inter) personal space; intimate examinations must be undertaken in the presence of more than one staff member, and respect the right of the person to dignity, bodily integrity and privacy. Gender and cultural sensitivity and the preferences of the person must be respected; staff act to maintain the service user's autonomy in so far as is possible; staff have undertaken mandatory training in relation to data protection and privacy.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.6: Mental health service staff demonstrate adherence to ethical standards and codes of professional practice.

Some examples of achieving this criterion might include: Staff adopt a principles-based approach to ethics to balance competing moral principles; staff can justify their actions; conversations with and about service users are conducted with dignity, respect and confidentiality; staff maintain their own physical and mental health.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.7: The mental health service improves health outcomes for service users with dual diagnosis by sharing knowledge and expertise through effective collaboration between mental health and other relevant services.

Some examples of achieving this criterion might include: Collegial working relationships are established between different members of the multidisciplinary team internally and externally; targeted engagement strategies for persons with a disability are collaboratively planned with relevant services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.8: The mental health service operates an effective performance management system.

Some examples of achieving this criterion might include: Staff engage in personal development planning; attendance and absence is monitored; clinical supervision (where appropriate); a policy is in place to manage under performance and acknowledge good performance; continuous professional development opportunities are available for staff; staff are supported to engage in continued education; front line managers have the knowledge and skill to effectively discharge their role.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.9: The mental health service provides a supportive working environment to its staff.

Some examples of achieving this criterion might include: Mental health supports are offered to staff; the mental health service surveys its staff regarding the working environment.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.10: The mental health service identifies and addresses any gaps in service provision.

Some examples of achieving this criterion might include: The service establishes its clinical capacity and associated minimum resources (appropriate caseload); the service identifies any gaps in service provision which will form the basis of any development funding requests; appropriate systems are in place to manage demand and associated risk.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.1.11: The mental health service has an appropriate case management system in place to monitor service users' progression through the service.

Some examples of achieving this criterion might include: Agree and implement a clinical diary and case management system to track appointments and case allocation; missed appointments are followed up with the service user; systems are in place to appropriately co-ordinate care.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 7.1
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐
2. What are the service's strengths in relation to this standard?

3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 7.2: The mental health service ensures that staff are equipped with the knowledge and skill to deliver efficient, effective, person-centred and recovery-oriented care.

About this standard: Users of mental health services may have many and varied needs. A quality and recovery oriented mental health service plans the number and skill mix of its staff to ensure that service users' needs are met. This planning takes account of the biopsychosocial needs of the user, the size of the service, the physical environment, the safety of all, and the 24-hour nature of mental health care.

Criterion 7.2.1: The mental health service provides orientation and induction to all staff.
Some examples of achieving this criterion might include: A programme of corporate induction is available and regularly reviewed; new staff are familiar with the physical layout of the site; staff are introduced to their managers and colleagues; eLearning orientation and induction activities are available to staff to complete at their own pace upon commencing employment.

Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.2: The mental health service provides opportunities for continued education and professional development.

Some examples of achieving this criterion might include: The mental health service facilitates clinical, classroom, and online education and professional development; staff can avail of shadowing days; senior leaders have the knowledge and skill to coach and mentor staff.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.3: The mental health service provides access to electronic learning resources.

Some examples of achieving this criterion might include: Access to an in-house or other virtual learning environment; computers have sufficient capabilities to deliver online training.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.4: The mental health service maintains a schedule of mandatory education and training and monitors compliance with mandatory education and training requirements.

Some examples of achieving this criterion might include: A list of mandatory education and training that articulates the frequency of retraining; mandatory education and training requirements are matched to grade of staff and regularly updated; attendance and completion records are available; staff are provided with dedicated time to complete mandatory training.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.5: The mental health service provides an environment conducive to working.

Some examples of achieving this criterion might include: Policies are in place regarding bullying and harassment; workspaces are free from clutter; lighting is adequate; staff are involved in the planning and design of the work environment.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.6: The mental health service provides, and ensures that service providers have undertaken, training in areas including, but not limited to:

- **trauma-informed care, unconscious bias, discrimination, and stigma**
- **cultural competence**
- **positive behaviour support**
- **human rights**
- **the prevention and therapeutic management of violence and aggression**
- **advocacy and the recovery ethos**
- **assisted decision making and positive risk-taking, where required**
- **safeguarding vulnerable adults, where applicable**
- **child protection, where applicable**
- **specific mental health therapies where applicable**
- **specific mental health conditions and cohorts of service user, where applicable**

Some examples of achieving this criterion might include: Attendance and completion records; evidence of transfer of learning into practice; schedules and timetables for training are available to ensure staff can plan and roster accordingly; in-service education to update staff on the latest evidence-based practice; journal clubs; multidisciplinary grand rounds; invited speakers from various professional groups, interactive training sessions.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.7: The mental health service collaborates with partner services to share education and training opportunities.

Some examples of achieving this criterion might include: Co-produces conferences and study days; webinars hosted by different services offered free of charge; joint training exercises.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.8: The mental health service provides training to staff on making and managing complaints.

Some examples of achieving this criterion might include: Training and completion records; complaints are managed locally in so far as is possible; complaints are managed in accordance with policy.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.2.9: The mental health service ensures that staff are competent to safely prescribe, dispense and administer appropriate medicines and monitor medicine use.
Some examples of achieving this criterion might include: Medication reviews to take place within appropriate timeframes; clinical practice is monitored through the use of clinical audit; the development and implementation of a standardised process for recording documentation of adverse drug reactions; the mental health service has processes for documenting a service user's history of medicine allergies and adverse drug reactions on presentation to the service; the development and implementation of standardised tools that align medication reconciliation with clinical handover.

Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 7.2
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐
2. What are the service's strengths in relation to this standard?

3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 7.3: The mental health service supports the professional development of staff.

About this standard: A quality and recovery oriented mental health service regards staff as its primary asset. Attending to the professional development of staff returns a benefit to the organisation in terms of better standards of care, succession planning, organisational commitment, and an attractive work environment.

Criterion 7.3.1: The mental health service provides annual personal and professional development planning and facilitates opportunities for non-technical skills training (e.g. policy development, leadership skills, and change management).

Some examples of achieving this criterion might include: Evidence that personal and professional development planning occurs; staff can articulate their career aspirations and growth needs; frontline managers are aware of the professional development needs of their staff; a broad suite of formal educational opportunities is available to staff; staff are encouraged to become involved in organisational committees and working groups; site visits are facilitated between services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.3.2: The mental health service has opportunities for career progression.

Some examples of achieving this criterion might include: Job vacancies are advertised; pathways to specific career opportunities are in place; ethical and equal opportunity recruitment policies.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.3.3: The mental health service engages in workforce development and planning.

Some examples of achieving this criterion might include: The mental health service anticipates and adapts to emerging trends in service user need and mental health care; care is delivered in innovative ways and settings; opportunities for specialism are explored.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.3.4: The mental health service provides staff with systematic guidance regarding engagement strategies and the development of new, collaborative ways of working.

Some examples of achieving this criterion might include: Staff work in partnership with stakeholders; evidence of an open and growth-based mind-set; problems are approached collaboratively with shared decision-making; staff are open to sharing novel; quality improvement methodology training is available.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.3.5: The mental health service encourages and shares innovation.

Some examples of achieving this criterion might include: Publications in peer-reviewed and other journals; staff attendance at quality improvement seminars and conferences; services are networked across the country.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 7.3
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐
2. What are the service's strengths in relation to this standard?

3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 7.4: The mental health service ensures that physical environments and facilities are conducive to recovery-oriented care.

About this standard: A quality and recovery oriented mental health service recognises the importance of instilling hope, maintaining connection, empowering the person and rebuilding identity. This is best achieved in psychologically safe physical environments that are conducive to care. Environments that offer privacy, recreation, healthy and varied meals, religion and spiritual expression, and the opportunity to communicate with and meet family members, create the conditions for healing to take place.

Criterion 7.4.1: The mental health service provides a physical environment and facilities that are safe for all who access them.
Some examples of achieving this criterion might include: A well-maintained building; policies and procedures are in place on responding to emergencies; a health and safety committee is in place; infection prevention and control measures are evident; the building and facilities are accessible by persons with physical, sensory, communication and cognitive disabilities.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.4.2: The mental health service provides a physical environment and facilities that promote privacy, good health and recovery.

Some examples of achieving this criterion might include: Healthy and varied meal offerings that reflect the religious and spiritual beliefs of the service user; open, outdoor spaces are accessible to service users; a variety of recreational activities are offered; comfortable bedrooms.

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 7.4.3: The mental health service maintains physical environments and facilities that are fit for purpose, welcoming, relaxed, well-decorated and well designed.

Some examples of achieving this criterion might include: The environment is clean and free from hazards; signage is easily readable and takes account of the communication needs of the service user; the environment is free from light and noise pollution; there are adequate facilities for the size of the service (e.g. toilets).

			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 7.4		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

THEME 8

Theme 8 is *'Ensuring quality through an internally and externally connected mental health service.'*

There are two standards and 14 criteria under this theme.

Standard 8.1: The mental health service connects with key internal stakeholders and partners.

About this standard: A quality and recovery oriented mental health service communicates effectively with key internal stakeholders and partners. It clearly communicates its mission, vision, values and purpose and builds the team towards a unified goal. Equally, the quality and recovery oriented mental health service listens to its internal stakeholders and partners, and values their knowledge, expertise and experience in creating an environment that is conducive to care.

Criterion 8.1.1: The mental health service has standards in place for information and communication technology infrastructure and usage.

Some examples of achieving this criterion might include: Staff can articulate consent and data protection principles and policies; there are good practice standards in place for the use of information and communication technology; information and communication hardware and software are updated and replaced to prevent data loss.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.1.2: The mental health service provides education and training on the use of information and communication technology including digital health solutions.

Some examples of achieving this criterion might include: The healthcare team receives training on online etiquette; staff are trained in the use of webinar software; policies are in place to ensure data privacy in the online environment.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.1.3: The mental health service monitors the effectiveness of digital health solutions from an outcomes perspective.

Some examples of achieving this criterion might include: Audit of attendance at online clinics; gathering service user feedback related to digital health solutions; determining service user access to connected devices; gathering service provider feedback on the use of digital health solutions; monitoring compliance with policies, procedures, protocols and guidelines related to the use of digital health solutions.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.1.4: The mental health service is networked to governmental and non-governmental agencies.

Some examples of achieving this criterion might include: The mental health service contributes data to a national metrics and benchmarking programme; communication structures are in place between the mental health service and other services nationally.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.1.5: The mental health service is effective and transparent in its communication with its staff and volunteers.								
Some examples of achieving this criterion might include: Information governance, data protection and freedom of information policies are in place; newsletters, intranet and town hall meetings are used to share information across the organisation; a process is in place for staff feedback.								
Level of attainment			**Method(s) of self-assessment**					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA	CQI		QSM	QST	QSU	VI	DA	Other
How is attainment of this criterion demonstrated in your service? If this criterion is not fully attained, what further actions are needed?								

Overall assessment summary and action plan for Standard 8.1		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

Standard 8.2: The mental health service connects with key external stakeholders and partners.

About this standard: A quality and recovery oriented mental health service communicates effectively with key external stakeholders and partners. Through careful and considered messaging, it addresses specific barriers to accessing and interpreting information in the demographics it serves. It uses technology to expand its reach, enhance its accessibility, and inform the public of the services available.

Criterion 8.2.1: The mental health service has clear standards for communicating with key external stakeholders and partners.

Some examples of achieving this criterion might include: A system of notification to regulatory authorities and other agencies; staff understand standards and criteria for communicating adverse events to external stakeholders and agencies; brand guidelines support staff in external communication; service user information takes account of literacy level and language; public relations advice and media training is available to staff.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.2: The mental health service uses technology where appropriate as part of its service provision model.

Some examples of achieving this criterion might include: The development of blended models of care delivery; assessment of the barriers to and of digital health for vulnerable populations and remote communities; the provision of digital health tools and resources to service users; audit of engagement with digital health versus face-to-face service; quality of IT system; staff training records; clear referral pathways.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.3: The mental health service provides information to the general public, service users and their families, representatives and carers and about services provided and how they are accessed.

Some examples of achieving this criterion might include: Advocacy groups are included as co-producers of educational and informational resources; mainstream and social media are used to promote general and targeted mental health prevention; communications are used to promote community-based resources and services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.4: The mental health service provides information in a manner which is accessible and understandable to all.

Some examples of achieving this criterion might include: The mental health service maintains a register of interpreters and support services; educational and informational literature is available in plain and various languages; educational and informational resources are available in a variety of media (e.g. print, auditory, and multimedia).

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.5: The mental health service communicates in a variety of media.

Some examples of achieving this criterion might include: Positive mental health messaging on social media directed to different demographics; national advertisements and press releases on mainstream media; pamphlets produced for various settings (e.g. schools, GP surgeries); physical attendance at events organised by student unions in colleges and universities; the mental health service website has direct hyperlinks to other relevant services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.6: The mental health service enhances in-reach and outreach services for service users with unmet needs.

Some examples of achieving this criterion might include: Outreach to minority groups; in-reach to prisons, schools.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.7: The mental health service provides targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.

Some examples of achieving this criterion might include: The mental health service consults advocacy and other community groups as to specific needs; health promotion activities cover a range of service user groups and biopsychosocial needs (e.g. exercise, diet, communicating well, addiction).

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.8: The mental health service works with partners to improve integration of care for individuals between primary care and mental health services. Clinical reports from the multidisciplinary team are shared routinely with the person's GP.

Some examples of achieving this criterion might include: Collaborative working arrangements; memoranda of understanding between mental health and other health services; memoranda of understanding between mental health and social welfare and/or housing services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Criterion 8.2.9: The mental health service contributes to directories of information on community and residential supports and services.

Some examples of achieving this criterion might include: The mental health service collaborates with governmental organisations, non-governmental organisations and other mental health services nationally to develop a centralised and publicly accessible database of community and residential supports and services.

Level of attainment			Method(s) of self-assessment					
DNA	NA	PA	RD	ISP	ISM	IST	ISU	QSP
FA		CQI	QSM	QST	QSU	VI	DA	Other

How is attainment of this criterion demonstrated in your service?

If this criterion is not fully attained, what further actions are needed?

Overall assessment summary and action plan for Standard 8.2		
1. Has the intent of the overall standard been achieved? DNA ☐ NA ☐ PA ☐ FA ☐ CQI ☐		
2. What are the service's strengths in relation to this standard?		
3. What are the immediate action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:
4. What are the medium – long-term action plans for this standard?		
Action:	Timeframe:	Person(s) responsible:

APPENDIX 2:

SELF-APPRAISAL RECORD

Theme 1: Ensuring quality through clinical and corporate leadership and governance within mental health services to deliver evidence-based care and quality improvement.	Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
	Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 1.1 (overall)												
Criterion 1.1.1												
Criterion 1.1.2												
Criterion 1.1.3												
Criterion 1.1.4												
Criterion 1.1.5												
Criterion 1.1.6												
Criterion 1.1.7												
Criterion 1.1.8												
Criterion 1.1.9												
Criterion 1.1.10												
Criterion 1.1.11												
Criterion 1.1.12												
Criterion 1.1.13												
Standard 1.2 (overall)												
Criterion 1.2.1												
Criterion 1.2.2												
Criterion 1.2.3												
Criterion 1.2.4												
Criterion 1.2.5												
Criterion 1.2.6												
Criterion 1.2.7												
Criterion 1.2.8												
Standard 1.3 (overall)												
Criterion 1.3.1												
Criterion 1.3.2												
Criterion 1.3.3												
Criterion 1.3.4												
Criterion 1.3.5												

Theme 1: Ensuring quality through clinical and corporate leadership and governance within mental health services to deliver evidence-based care and quality improvement.													
Standard 1.4 (overall)													
	Criterion 1.4.1												
	Criterion 1.4.2												
	Criterion 1.4.3												
Standard 1.5 (Overall)													
	Criterion 1.5.1												
	Criterion 1.5.2												
	Criterion 1.5.3												
	Criterion 1.5.4												
Date													
Initials													

Theme 2: Ensuring quality through a compassionate, holistic, non-discriminatory and person-centred service responsive to the needs of the service user (including their families, carers, and representatives).													
		Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
		Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 2.1 (overall)													
	Criterion 2.1.1												
	Criterion 2.1.2												
	Criterion 2.1.3												
	Criterion 2.1.4												
	Criterion 2.1.5												
Standard 2.2 (overall)													
	Criterion 2.2.1												
	Criterion 2.2.2												
	Criterion 2.2.3												
	Criterion 2.2.4												
	Criterion 2.2.5												
Date													
Initials													

Theme 3: Ensuring quality through a visible and accessible holistic mental health system and service that prioritises prevention and promotes recovery.	Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
	Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 3.1 (overall)												
Criterion 3.1.1												
Criterion 3.1.2												
Criterion 3.1.3												
Criterion 3.1.4												
Criterion 3.1.5												
Criterion 3.1.6												
Standard 3.2 (overall)												
Criterion 3.2.1												
Criterion 3.2.2												
Criterion 3.2.3												
Criterion 3.2.4												
Criterion 3.2.5												
Criterion 3.2.6												
Criterion 3.2.7												
Criterion 3.2.8												
Criterion 3.2.9												
Criterion 3.2.10												
Criterion 3.2.11												
Standard 3.3 (overall)												
Criterion 3.3.1												
Criterion 3.3.2												
Criterion 3.3.3												
Criterion 3.3.4												
Criterion 3.3.5												
Criterion 3.3.6												
Criterion 3.3.7												
Criterion 3.3.8												
Criterion 3.3.9												
Criterion 3.3.10												
Date												
Initials												

Theme 4: Ensuring quality through an equal, socially inclusive and diverse mental health care service that recognises and responds to traumatic events and circumstances in peoples' lives.	Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
	Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 4.1 (overall)												
Criterion 4.1.1												
Criterion 4.1.2												
Criterion 4.1.3												
Criterion 4.1.4												
Criterion 4.1.5												
Criterion 4.1.6												
Criterion 4.1.7												
Criterion 4.1.8												
Criterion 4.1.9												
Standard 4.2 (overall)												
Criterion 4.2.1												
Criterion 4.2.2												
Criterion 4.2.3												
Criterion 4.2.4												
Criterion 4.2.5												
Criterion 4.2.6												
Standard 4.3 (overall)												
Criterion 4.3.1												
Criterion 4.3.2												
Criterion 4.3.3												
Criterion 4.3.4												
Date												
Initials												

Theme 5: Ensuring quality through a visible and accessible holistic mental health system and service that prioritises prevention and promotes recovery.	Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
	Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 5.1 (overall)												
Criterion 5.1.1												
Criterion 5.1.2												
Criterion 5.1.3												
Criterion 5.1.4												
Criterion 5.1.5												
Criterion 5.1.6												
Criterion 5.1.7												
Criterion 5.1.8												
Criterion 5.1.9												
Standard 5.2 (overall)												
Criterion 5.2.1												
Criterion 5.2.2												
Criterion 5.2.3												
Date												
Initials												

Theme 6: Ensuring quality through co-produced care planning, which is underpinned by rights-based mental health care, confidentiality, and regard for an individual's will and preferences.												
	Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
	Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 6.1 (overall)												
Criterion 6.1.1												
Criterion 6.1.2												
Criterion 6.1.3												
Criterion 6.1.4												
Criterion 6.1.5												
Criterion 6.1.6												
Criterion 6.1.7												
Criterion 6.1.8												
Criterion 6.1.9												
Criterion 6.1.10												
Standard 6.2 (overall)												
Criterion 6.2.1												
Criterion 6.2.2												
Criterion 6.2.3												
Criterion 6.2.4												
Criterion 6.2.5												
Standard 6.3 (overall)												
Criterion 6.3.1												
Criterion 6.3.2												
Date												
Initials												

Theme 7: Ensuring quality through the provision of adequately resourced, well led, and governed mental health care services.	Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
	Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 7.1 (overall)												
Criterion 7.1.1												
Criterion 7.1.2												
Criterion 7.1.3												
Criterion 7.1.4												
Criterion 7.1.5												
Criterion 7.1.6												
Criterion 7.1.7												
Criterion 7.1.8												
Criterion 7.1.9												
Criterion 7.1.10												
Criterion 7.1.11												
Standard 7.2 (overall)												
Criterion 7.2.1												
Criterion 7.2.2												
Criterion 7.2.3												
Criterion 7.2.4												
Criterion 7.2.5												
Criterion 7.2.6												
Criterion 7.2.7												
Criterion 7.2.8												
Criterion 7.2.9												
Standard 7.3 (overall)												
Criterion 7.3.1												
Criterion 7.3.2												
Criterion 7.3.3												
Criterion 7.3.4												
Criterion 7.3.5												
Standard 7.4 (overall)												
Criterion 7.4.1												
Criterion 7.4.2												
Criterion 7.4.3												
Date												
Initials												

Theme 8: Ensuring quality through an internally and externally connected mental health service.												
	Record level of attainment for each standard and criteria below. (DNA: does not apply; NA: not achieved; PA: partially achieved; FA: fully achieved; CQI: continuous quality improvement)											
	Jan 20_	Feb 20_	Mar 20_	Apr 20_	May 20_	Jun 20_	Jul 20_	Aug 20_	Sep 20_	Oct 20_	Nov 20_	Dec 20_
Standard 8.1 (overall)												
Criterion 8.1.1												
Criterion 8.1.2												
Criterion 8.1.3												
Criterion 8.1.4												
Criterion 8.1.5												
Standard 8.2 (overall)												
Criterion 8.2.1												
Criterion 8.2.2												
Criterion 8.2.3												
Criterion 8.2.4												
Criterion 8.2.5												
Criterion 8.2.6												
Criterion 8.2.7												
Criterion 8.2.8												
Criterion 8.2.9												
Date												
Initials												

GLOSSARY OF TERMS

Assisted Decision-Making (Capacity) Act 2015: The 2015 Act is a significant piece of reforming human rights legislation which provides a modern statutory framework for supported decision-making. The Act reforms Ireland's capacity legislation, which has been in place since the 19th century, by establishing a modern statutory framework to support decision-making by adults who have difficulty in making decisions without help (Saunders, 2020).

Biopsychosocial: Refers to the biological, psychological and social determinants of health. Evidence suggests that understanding the social, non-social and baseline everyday life skills when combined with personalised psychosocial interventions supports independent living (Barlati et al. 2018).

Clinical governance: A system for improving the standard of clinical practice including clinical audit, education and training, research and development, risk management, clinical effectiveness and openness.

Co-production: Is the active involvement of citizens in service planning, design and delivery including the direct involvement of users in the production, at least in part, of their own services (Khine et al. 2021).

Digital artefact: A digital artefact is any type of item produced and stored digitally. It includes documents, presentations, programmes, videos and audio files and images and photographs.

Dignity: The right of an individual to privacy, bodily integrity and autonomy, and to be treated with respect as a person in their own right.

Evidence informed: Used to describe practices based on the integration of experience, judgement and expertise with the best available external evidence from systematic research (Parahoo 2014).

Person-centred: Person-centred focuses on the needs of the person; ensuring that the person's preferences, needs, and values guide clinical decisions or support; and providing care that is respectful and responsive to them.

Positive behaviour support: Positive behaviour support involves assessments that look beyond the behaviour of a person and seek to understand the causes or triggers of the behaviours. These causes may be social, environmental, cognitive, or emotional. The approach is one of behaviour change as opposed to behaviour management.

Recovery Support Team: Recovery support teams are teams which are in place to support recovery. These teams can include mental health nurses, social workers, doctors, occupational therapists and psychologists. The teams deliver individualised service to service users to help them maintain independence. Service users are involved in planning for possible relapse.

Representative: An individual chosen by the person who is being cared for (e.g. friend, family member, advocate) or a legal professional appointed by the person, statutory organisation or court to represent the person. Please note that representative does not have the same meaning as any terms within the Assisted Decision-Making (Capacity) Act 2015 and its meaning is to be viewed disjunctively to definitions within the Act.

Responsiveness: A responsive mental health service ensures that persons with a mental health disability are cared for and supported by staff who are skilled, trained and experienced. These staff communicate openly and honestly with colleagues inside and outside of their service. The evidence shows that responsive staff use their professional judgement to ensure that persons receive the care and support that they need and support families to act as advocates to ensure their needs are met (Mental Health Commission 2022).

Rights-based approach: Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of policies and programmes. The principles of equality and freedom from discrimination are central.

Self-Appraisal tool: The self-appraisal tool makes use of information and specific indicators to assess whether particular aspects of service provision are meeting the established standards.

Social determinants of (mental) health: The evidence shows that these determinants are the social, non-social and baseline everyday life skills that influence mental health in a positive or negative manner (Mental Health Commission 2022).

Trauma-informed care: Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties may have experienced some form of trauma in their life. A trauma-informed approach seeks to resist traumatising or re-traumatising service users and staff. Trauma-informed service delivery means that everyone at all levels of the mental health services understands how trauma may affect families, groups, organisations and communities as well as individuals (Department of Health 2020).

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