**Self-evaluation tool**

**Name of service:**

**Date of self-evaluation:**

**Key question:**

**Quality indicator:**

**Key area:**

**How are we doing?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**Key area:**

**How are we doing?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**Key area:**

**How are we doing?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unsatisfactory | Weak | Adequate | Good | Very good | Excellent |
|  |  |  |  |  |  |

**How do we know?**

|  |
| --- |
| **What did we do?**  **What did we find?** |

**What are we going to do now?**

|  |
| --- |
|  |

**Next steps: developing your improvement plan**

The manager retains overall responsibility for completing and reviewing the improvement plan. This should be in a format that can be shared. Aim to review this plan regularly, and make the information accessible so you can share it with the people who experience your care, their families, staff and others involved with your service. It is essential they are part of the review process and feel some ownership of the plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome**  What do we want to achieve? | **Actions**  How are we going to do it? | **Timeframe**  When do we want this to be completed or next reviewed? | **Person responsible**  Who is doing each action or responsible for ensuring it gets completed? | **Where are we now?**  What have we achieved and what has prevented us from doing what we wanted? |
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