Self-evaluation tool

Name of service:
Name of manager:
Date of self-evaluation:

Quality indicator: 5.1. Assessment, risk management and personal planning reflects people's needs and outcomes.

How are we doing?

Leaders and staff use personal and risk management plans to deliver support effectively.

Unsatisfactory	Weak	Adequate	Good	Very good	Excellent
			X		

Risk management and personal plans are reviewed and updated regularly, and as people's risks and needs change.

Unsatisfactory	Weak	Adequate	Good	Very good	Excellent
			X		

How do we know?

What did we do?

We asked people who using the service what their views were – 20 questionnaires, and 10 focussed one to one conversations.

We asked for relative/carers/representatives views – two questionnaires and one conversation.

We asked for staff views – 30 questionnaires and a discussion at a team meeting (eight staff present).

We asked four stakeholders including the commissioning authority for the service to complete a short questionnaire.

We audited 10 personal/ risk management plans to make sure that people were fully involved in the professional assessment of their needs and risks and that transitions/ resettlement was key to their support.

We observed staff practice and interactions through observation of practice, shadowing, working alongside staff and listening to their interactions with individuals being supported and external agencies involved in their care. We did this on eight occasions over a four-week period.

What did we find?

Involvement in personal plans and risk assessments:

We found that **four out of 10 personal / risk management plans** were too risk focussed and didn't include enough detail of personal outcomes.

The two relatives we spoke to told us they were included in support planning and reviews.

Whilst all people using the service reported feeling involved in their support, four people said they **were not always made aware** when there were changes to the staff team supporting them or to their support arrangements including time changes and when specialist input was being provided.

Our observations showed us that:

Relationships between staff and people using the service were supportive and caring. Staff knew the people being supported well, including their individual histories, what was important to them and their aspirations. (This information was also recorded in people's personal plans in the 'what is important to me' section). Staff knew people's families and the complexities of their relationships including where legal restrictions were in place and managed this sensitively with people.

We observed that:

Staff used their knowledge of people, their personal preferences and their risk profile to adapt the way they provided support to suit each individual. We observed staff supporting people sensitively, encouraging engagement with specialist services, and promoting recovery.

People told us:

16/20 people said their support was 'good' or 'very good'. For people who were reluctant to give feedback or had difficulty expressing their views, we used a range of tools to help them feel comfortable and confident in expressing their views.

Staff told us:

15 Staff told us they valued the people they supported and were committed to providing consistent support to help them in their rehabilitation/recovery. They also told us about excellent links with statutory agencies to support people within the community and with their transition and resettlement goals.

Stakeholders told us:

The commissioning authority reported that they were very happy with the service and support provided to people. Other stakeholders, including statutory agencies, reported that the service worked well to meet people's needs and manage risks while promoting recovery and resettlement within the community.

What are we going to do now?

We will gather more information about people's personal outcomes and ensure this is recorded and communicated effectively. We will continue to effectively balance risk and personal outcomes.

Key workers will engage with people to ensure there is good communication when there are changes to staff teams or times for specialist support.

We aim to achieve only grades of 'good' or above when we ask people about their level of involvement with their plans and goals.

We will repeat this exercise in 3 months to measure progress.

Next steps: developing your improvement plan

The manager retains overall responsibility for completing and reviewing the improvement plan. This should be in a format you can share. 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 that they are part of the review process and that they 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?
Staff are fully aware of people's personal outcomes as well as risks.	Meet with people individually to understand their personal preferences and how these can be reflected in their support plan.	Review on 19 November and repeat the questionnaires to measure progress.	Keyworkers to complete and manager to quality assure.	
People are informed when there are changes to staff teams/ times for specialist support.	Develop an action plan to ensure people can meet with any new staff joining the team and monitor and communicate any changes to support.	Review on 19 November.	Keyworkers /manager.	