

## Self-evaluation tool and guidance for key question 7 (COVID-19) older people and adult services

Publication date: 11 December 2020

Publication code OPS-1220-444

## Introduction

This self-evaluation tool and guidance supports older people and adult services to assess how well they are doing during the COVID-19 pandemic (Key Question 7 from our quality frameworks) and identify and support improvements to outcomes for people.

Self-evaluation can be a powerful tool to identify what is working well and to identify and support improvement. We want all services to undertake self-evaluation. Self-evaluation is best done by those who know the service and this includes people who experience the care, their relatives and staff.

This tool and guidance should be used in conjunction with [the quality framework](#) for your service type and [our guide to self-evaluation](#), both of which are designed to support services to self-evaluate.

This gives a step-by-step guide and information on:

- what self-evaluation is
- how to use self-evaluation
- carrying out your self-evaluation
- involving people who experience care and their carers.

Self-evaluation is not done for the benefit of the Care Inspectorate. It is a process that your service leads on, so you should determine the frequency and focus of your self-evaluation. Well-led services know where they are performing well, and where they need to improve. You should use self-evaluation to inform where you need to target your efforts to support improvement. It is an ongoing process that supports continuous improvement, rather than being a one-off activity.

Some services already have well-established and effective processes for evaluating their performance and they should continue to use them. We are not asking all services to use this tool but we do want all services to recognise the value of self-evaluation in supporting improvement and better outcomes for people. Whichever tool you use should be linked to the quality framework for your service type and the Health and Social Care Standards, because these are what we use to evaluate services in Scotland. Your self-evaluation tool should reflect the current COVID-19 pandemic and evaluate the performance of your service in relation to this.

This document describes a process that can complement what you already do and gives advice and ideas about how existing processes can be used effectively.

We recognise that during the COVID-19 pandemic, services are under significant pressure and have had to adapt and do things differently. We have suggested some 'quick-win' options to identify more immediate areas for improvement through self-evaluation on page 7 that offer some alternative, short-term solutions and consider barriers that may be in place during the pandemic. This makes it easier to get started with self-evaluation and make improvements even if you can only carry out elements of the process.

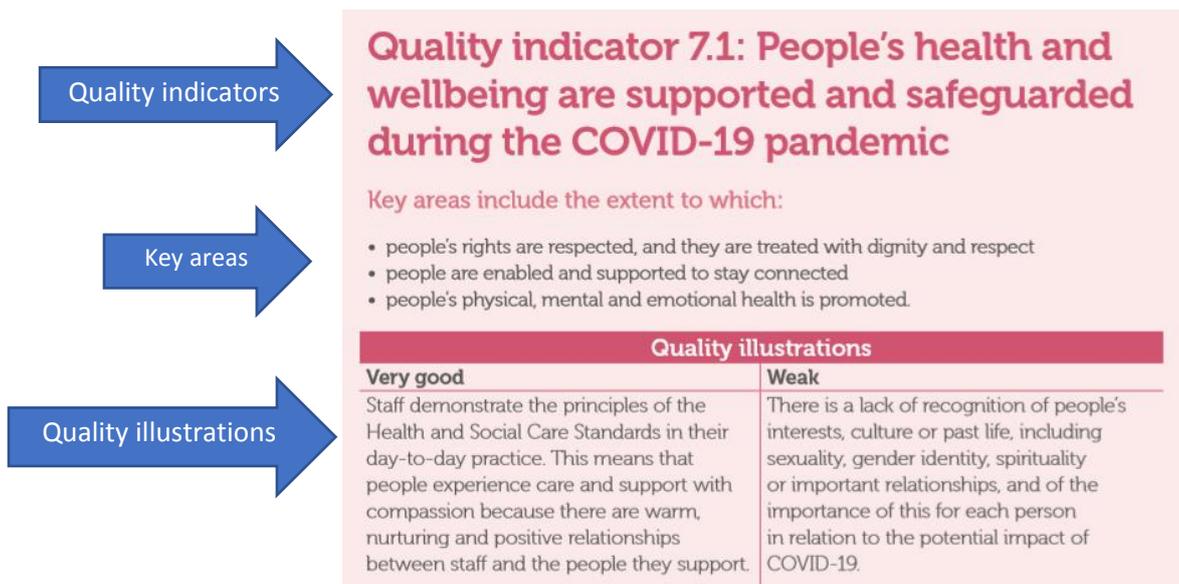
## Section one

### The process

This self-evaluation tool is based around the key areas in our quality frameworks. The key areas sit under each quality indicator.

Key question 7			
How good is our care and support during the COVID-19 pandemic?			
Quality indicators	7.1 - Wellbeing	7.2 – Infection prevention and control	7.3 -leadership and staffing
Key areas	<ul style="list-style-type: none"> <li>• People’s rights are respected, and they are treated with dignity and respect.</li> <li>• People are enabled and supported to stay connected.</li> <li>• People are protected and their physical, mental and emotional health is promoted.</li> </ul>	<ul style="list-style-type: none"> <li>• People are protected because staff take all necessary precautions to prevent the spread of infection.</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing arrangements are right, responsive and flexible.</li> <li>• Staff are led well and feel supported and confident.</li> <li>• Staff knowledge and skills improve outcomes for people.</li> </ul>

We want you to ask three self-evaluation questions (**how are we doing? How do we know? What are we going to do now?**) for each key area. Each key area has several quality illustrations that describe what you should look at when evaluating how well your service is performing.



After each quality indicator is a scrutiny and improvement toolbox of relevant legislation and good practice resources. The scrutiny actions identify where you could find some of the evidence to answer the self-evaluation questions.

Scrutiny and improvement toolbox	
Scrutiny and improvement support actions	Key improvement resources
<ul style="list-style-type: none"> <li>• Observation of staff practice and interactions.</li> <li>• Discussion with:               <ul style="list-style-type: none"> <li>- people who use the service</li> <li>- staff</li> <li>- relatives and carers</li> <li>- other professionals.</li> </ul> </li> <li>• Personal plans and relevant documentation.</li> <li>• Policy or procedure for accessing other services.</li> <li>• Observation of the setting, inside and out.</li> </ul>	<p>Anticipatory care planning for COVID-19: <a href="https://ihub.scot/acp-covid-19">https://ihub.scot/acp-covid-19</a></p> <p>Coronavirus (COVID-19) ethical advice and support framework: <a href="https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/">https://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/</a></p> <p>Dementia and COVID-19 learning bytes: <a href="https://learn.nes.nhs.scot/30500/coronavirus-covid-19/practice-in-the-community-setting/mental-health-dementia-and-learning-disabilities">https://learn.nes.nhs.scot/30500/coronavirus-covid-19/practice-in-the-community-setting/mental-health-dementia-and-learning-disabilities</a></p>

You will find links to worked examples at the end of this document showing how you could complete one of these key areas, with some of the ways you could identify, connect and evaluate your evidence.

While we are living with the pandemic, we want you to focus on key question 7 ‘How good is our care and support during the COVID-19 pandemic’. When we no longer need to prioritise the pandemic, you will be able to apply the same process to the whole quality framework.

By the end of this process, you will have evaluated your service and be able to [develop an improvement plan](#).

### The three questions

When carrying out your self-evaluation you should ask these three questions about each key area:

- How are we doing?
- How do we know?
- What are we going to do now?

#### Question 1 - How are we doing?

This is the key to knowing whether you are doing the right things in the right way and whether, as a result, people are experiencing high-quality, safe and compassionate care that meets their needs, rights and choices. You can use good practice guides and the quality illustrations to make sure you are asking the right questions.

Unsatisfactory	Weak	Adequate	Good	Very Good	Excellent

These evaluations are based on our [six-point scale](#), which should be easily understood by staff, those who experience your care and their relatives.

Evaluate how your service is performing for each of the key areas of key question 7 using the above scale.

Your evidence should include:

- feedback from staff, people experiencing your care, their relatives and others involved with your service
- observations of staff practice
- quality assurance activities
- benchmarking against good practice and the quality illustrations.

You will find detailed guidance and examples in Section 2.

### **Question 2 - How do we know?**

Answer this question using evaluative statements based on the evidence you have gathered.

You should use the quality illustrations (from the framework), the Health and Social Care Standards or good practice documents as benchmarks, which may also help you think about where you need to make improvements.

Look at the scrutiny actions and improvement resources in the quality framework to see some examples of where you might find other sources of evidence or good practice.

### **Question 3 - What are we going to do now?**

You should be able to develop and prioritise plans for improvement based on effective practice, guidance, research, testing, and available improvement support. Being able to identify what is not working well, where improvements need to be made and developing a plan to address these is a strength. It demonstrates good leadership and management and is characteristic of an organisation that is committed to learning and developing to support the best outcomes for people.

By the end of the questions, you should be able to write your improvement plan. By answering each of the three questions you will have identified where your service is doing well and where you need to improve to support better outcomes for people.

The improvement plan should include the actions, who will carry them out, a timetable, and a review of what was achieved or where more action is needed.

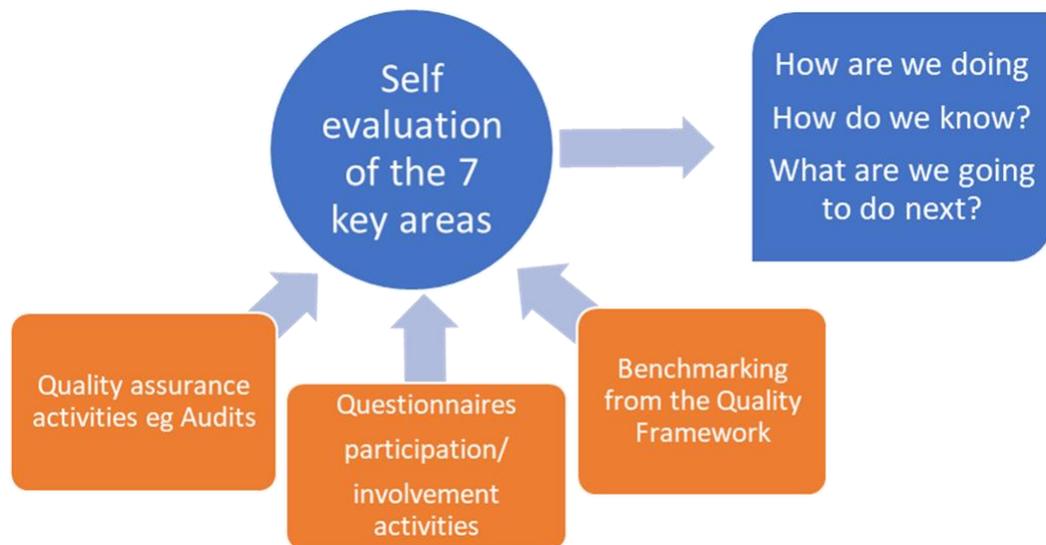
Use this tool as part of your service's normal participation and quality assurance work.

Remember, you are not doing this for the Care Inspectorate. You are doing this to help improve outcomes for people experiencing your care and support. Where our scrutiny work shows us that a service has used self-evaluation to identify areas for improvement and plan to address them, we would usually regard this as a management strength. Where we identify areas for improvement that the service is not aware of or has no plan for, this is likely to affect the evaluations we make.

## Section two

### Evidence gathering for self-evaluation

**Aim** – to enable people to give their view in a measured way on how the service is performing in a range of different areas.



The evidence for your self-evaluation could include questionnaires and your involvement/participation activities.

By asking people to evaluate a key area using a scale, you can measure your performance in a more systematic way. By repeating these questions (and the process) at a later date, you will be able to measure your progress. Breaking down the key areas for self-evaluation into smaller, more specific questions will help you build a picture of how you are performing across the whole key area.

#### Example

In September 2019, we found that only 25% of people felt that communication with the service was good. We identified this as an area we needed to improve and we incorporated it into our action plan. We decided to start a monthly newsletter to keep people up to date on what was happening in the service. In April 2020, we completed the self-evaluation again and this time 80% of people felt that communication was either good or very good. This showed us the impact that the improvement activities had made to people.

At the end of this document we have provided links to example questionnaires with questions that might help you get feedback under each of the key areas. The questionnaires are based on the illustrations in the framework. We suggest getting feedback from people experiencing your care, their relatives and carers, staff and others involved with your service (these may be visiting professionals or those with regular input to the service).

People should have the option to be anonymous or give their details if they would like a response to any comments or issues they have raised. You should also set a

clear deadline for responses and offer alternative ways for people to respond or receive information (for example by email, post or in person).

Tailor the questions to suit your service. This includes supporting communication, for example using talking mats, pictures and symbols.



These questionnaires are not the only way to get feedback; you can also think about holding focus groups, team meetings or service events.

## Quality assurance activities

**Aim** – To check quality and provide more robust evidence about performance across key areas of the service.

Key question 2 (How good is our leadership?) in the quality frameworks talks about quality assurance, with examples of what very good and weak practice look like and where you can find more information. Ways of assuring quality include using audits and observing staff practice.

### Example

If you are looking at how well you are carrying out infection prevention and control, you might consider how staff are using PPE. You should use the guidance from Health Protection Scotland as a benchmark. You may already have audited training to check if it was identified as a priority, whether staff attended, if it is discussed at supervision or team meetings to check understanding. You may have completed observations of staff practice to see if they use the right PPE at the right time, and if they know how to put on, take off and dispose of PPE.

Your quality assurance processes should help you identify areas for improvement as well as areas that are working well. This information can then feed into the self-evaluation as evidence for your assessments of where you are at.

## Quick-win options

During the pandemic, the capacity of services to undertake some of their usual processes has been compromised and some may struggle with the idea of something new being introduced at this time. With that in mind, we have suggested a summary version of the process that will support those who have extremely limited capacity but will still offer some of the benefits of undertaking the process.

This is a temporary option for engaging with the process and beginning an improvement journey. Our expectation is that this is a starting point only.

## **Barriers**

I don't have time to send out questionnaires to family members.

I don't have the resources to support people using the service to complete questionnaires or hold focus groups.

I don't have time to send out and gather all that information because this is a large service and we are already short-staffed.

We haven't been carrying out our usual quality assurance processes due to being short-staffed.

The people we support or their relatives are unhappy with aspects of the service that are outwith our control (for example visiting rules, government restrictions).

The self-evaluation is too much work; I don't have time to do this.

## **Alternatives**

Focus on one key area at a time; they don't have to all be completed together.

If there is an issue you already know about, try using the format of the self-evaluation to address it. For example, answer the second and third questions – How do we know? (how the issue came to your attention) and What are we going to do to now? (how you will address the problem). You can start an improvement plan from here just by filling in the boxes with the information you already have.

You may have recently completed involvement activities, received feedback from relatives, stakeholders or people experiencing your care. Recent audits or incidents may have highlighted issues that need addressing (for example, a hospital admission highlights that information in personal plans is out of date).

Leave a pile of questionnaires and a feedback box out for staff for a week or two (dependant on COVID-19 outbreaks).

Email a questionnaire to all staff and set up a shared file where they can save their completed questionnaires by a set deadline.

Set up an electronic survey, using a platform such as Survey Monkey, which can also collate responses for you.

During your normal day, take time to ask people who are using your service some simple questions about the key area you are looking at (use examples from the questionnaires). Remember to ask people the same thing and make a note of what you asked them for future reference. You can also do this if you have family or professional visitors to the service.

## Improvement planning



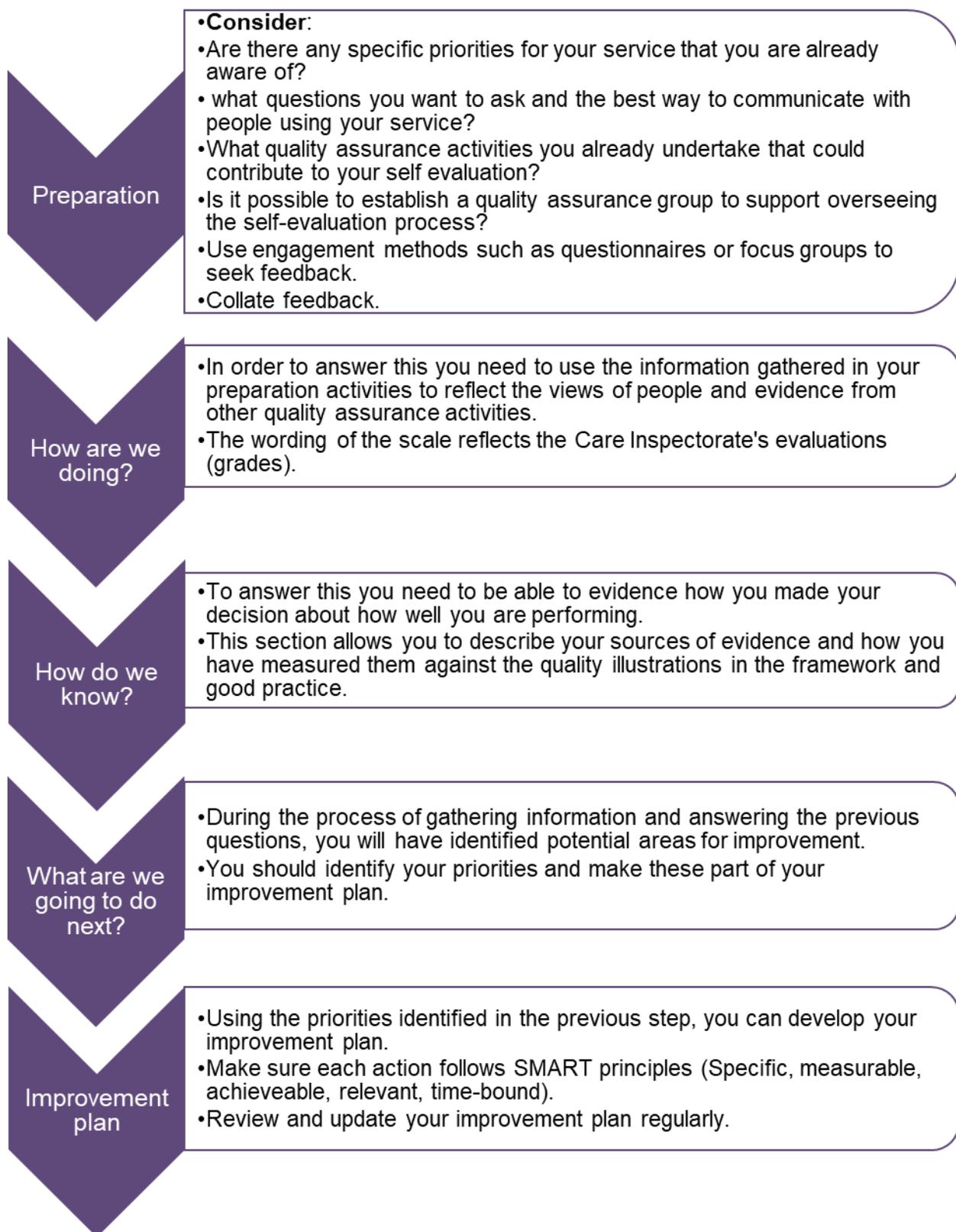
Improvement planning is part of the wider self-evaluation and quality assurance cycle; these are not one-time activities. So you can identify what you need to improve and what improvement actions are working, your self-evaluation and review work needs to be ongoing. The timescales for this are up to your individual service and depend on where you are in your improvement journey. For services needing to make a number of improvements that are essential to improving outcomes for people, more regular reviews would be needed to ensure the service continues to move forward and make changes when things are not working.

All our quality frameworks include the key question 'How good is our leadership?' This is about the importance of good quality assurance and improvement activities, including:

- quality assurance, including self-evaluation and improvement plans, and driving change and improvement where necessary
- leaders being responsive to feedback and using learning to improve
- leaders having the skills and capacity to oversee improvement.

Our guide to self-evaluation directs you to other resources such as our [model for improvement](#) and gives more information on planning improvements.

## Summary process



## Links to templates and examples

### Templates

[Improvement plan template](#)

[Self-evaluation tool key question 7](#)

### Examples

[Worked example \(key area of the tool\)](#)

[Example plan for a holding a focus group](#)

### Example questionnaires

[People who use services](#)

[Relatives](#)

[Staff](#)

[Visiting professionals/stakeholders](#)

## Headquarters

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

web: [www.careinspectorate.com](http://www.careinspectorate.com)

email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

telephone: 0345 600 9527



@careinspect

## Other languages and formats

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.