



## Self-evaluation tool

Name of service:

Name of manager:

Date of self-evaluation:

### Quality indicator 1.1 People experience compassion, dignity and respect

#### How are we doing?

People experience compassion

Unsatisfactory	Weak	Adequate	Good	Very Good	Excellent
			X		

People experience dignity and respect for their rights as an individual

Unsatisfactory	Weak	Adequate	Good	Very Good	Excellent
			X		

People have help to uphold their rights as a citizen free from discrimination

Unsatisfactory	Weak	Adequate	Good	Very Good	Excellent
			X		

#### How do we know?

##### What did we do?

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

**We asked 15 relatives** views using a questionnaire.

**We asked four visiting professionals** to complete a short questionnaire.

**We audited 10 risk assessments** in personal plans to make sure that restrictions were proportionate, reviewed regularly and updated.

**We observed staff practice and interactions** at different times of the day (including mealtimes and during activities), on five occasions over a four-week period.

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

**What did we find?**

We found that **4 out of 10 risk assessments didn't include the signature** of the person's representative when they lacked capacity to consent to any restrictions in place. Two of these risk assessments had not been updated in over a year and required a review.

**We observed that:****Relationships between staff and people using the service are warm & genuine.**

Staff knew people very well, including their individual histories and what was important to them. This is also recorded in people's personal plans in the 'what is important to me' section.

In the focus group, people told us that what they especially appreciated was that **staff took extra time to help people feel at ease and helped them to maintain their dignity**. People commented that staff **were always respectful and kind**.

Whilst all people using the service reported feeling involved in their care, five staff and eight family members said that **people and their families were not sufficiently involved in decisions** about people's care.

**Staff used their knowledge** of people and their personal preferences to adapt the way they provided care to suit each individual. We observed staff trying to support people sensitively where there were restrictions on their choice of what they were able to eat due to health conditions. We also observed staff being proactive in offering support to people to maintain their dignity.

**18/20 people living here said their care and support was 'very good' or 'excellent'**. For people who had difficulty expressing their views, we used talking mats and symbols to gauge their views, and included our observations.

**12/15 relatives said that their relative's care and support was 'very good or excellent'**.

**15 Staff told us they valued the people who live here** and were encouraged to develop strong bonds and relationships with people.

**12 family members rated us 'adequate'** for question five about communication. However, **family members praised the staff team** and the way their relatives were cared for. **20 out of 25 said the care was very good or excellent**.

**Four visiting professionals said that the care provided was compassionate** and staff were always available.

## What are we going to do now?

We will repeat this in two months and continue to ask staff to look to good practice to help guide what they do.

We will be better at communicating and involving people in decision-making. We will send out a fortnightly update to relatives so that people are more informed about what is happening in the home. We will use this update to tell them about their rights to be involved in decision-making and tell them who they should communicate any concerns to.

Where people and relatives don't feel sufficiently involved in decision-making, key workers will talk to them and ask them how we can do better. Then we will take action to make sure people feel listened to.

We aim to achieve only grades of 'good' or above when we ask relatives about how we communicate with them.

All staff, including non-direct care staff will complete Unit 3 of the NES Key Considerations for supporting people with dementia by end December.

All care staff will complete all five units of the NES Key Considerations units.

We'll review our risk assessment process to make sure that the appropriate people are involved where there are issues of capacity, and that these are reviewed on a timely basis.



### 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.

<b>Outcome</b> What do we want to achieve?	<b>Actions</b> How are we going to do it?	<b>Timeframe</b> When do we want this to be completed or next reviewed?	<b>Person responsible</b> Who is doing each action or responsible for ensuring it gets completed?	<b>Where are we now?</b> What have we achieved, and what has prevented us from doing what we wanted?
Improve communication with family members.  Better involve people in decision-making.  Achieve evaluations of 'good' or better for question five.	Send a fortnightly update to family members and carers.  Encourage staff and people using the service to provide updates to share with families.  Talk to people, staff, and families to see how we can do better.	Review in eight weeks – repeat the questionnaires.	Manager to collate content. Admin to send out via email.  Consider options for contacting those without email access.	

<p>Update our risk assessments with appropriate involvement from relatives.</p>	<p>Review our risk assessment process and build in a timely review process that involves the right people.</p>	<p>Review on a three-monthly basis.</p>	<p>Manager and staff.</p>	
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