# **Self-Assessment Guidance**

# How to Assess for Quality Safe



# **QUALITY IMPROVEMENT FRAMEWORK**

## SELF-ASSESSMENT

When completing the self-assessment, any judgement relating to the presence of the required supporting criteria will need to be clearly based on evidence and recorded. This may be independently verified by staff from the QA Directorate. The robustness of the assessment process will depend on good team facilitation and familiarity with the Framework. The process will be most effective when supported by the nominated quality lead in each service.

It is important to answer comprehensively and provide as much detail as possible in relation to work which has commenced, or is planned, with expected timescales for completion.

The three self-assessment forms, one for each of the core principles and supporting criteria which underpin the QA framework, contain much more detailed questions in relation to what is expected to be in place to achieve a high quality and high performing service. The identification of gaps and deficits will inform a comprehensive quality improvement plan. Please note that the list of examples in the self-assessment forms is not exhaustive and if there is activity which is not reflected in the self-assessment questions, this should be noted and described.

## QUALITY IMPROVEMENT FRAMEWORK SAFE

### SAFE

Services are designed and developed to achieve the best and safest outcomes for children and families in a timely and proportionate manner.

The following is intended as a guideline, with prompts or questions which facilitate more detailed examination of the supporting criteria that reflect the characteristics of a Safe service. It is designed to assist you in identifying areas of strength, but also understanding where there may be gaps and where service improvements are required. The criteria are defined as needing to reflect the following:

**In Place & Effective** – **List key areas of strength** and **good practice** which demonstrate that your service has strong evidence to indicate that this criteria is met and that the measures are effective. Link to relevant standards as appropriate.

**In Place but Needs Improving** – Some or limited systems are in place but with some weaknesses and may only be partially effective.

**Currently Being Established**– Indicate what measures have begun or are being planned, clearly indicating expected timescales for completion and implementation.

**Not in Place** – There is no evidence or actions being planned to meet the criteria which will indicate compliance with this particular criteria of the quality principle under review.

**Action required for Service Improvement Plan** – what is required to meet the requirements of the supporting criteria and how your service is planning to achieve this.

**Person Responsible** – Lead person identified to bring about the change in your service. Although the service manager has overall responsibility it is important to name the staff member who has been assigned responsibility for the development work required where this is appropriate.

**Due Date** – State the target date by which the service expects the identified action(s) to be completed

Date Completed: Prompts	In Place & Effective	In Place but Needs Improving	Currently Being Established	Not in Place	Action required for Service	Person Responsible	Due Date
	(reference other actio	n plans with u	d Evidence QA, Ombudsma updated informa ne appropriate s	ation as	Improvement Plan (ie. how improvements will be made)		

#### SERVICES ARE DELIVERED USING AGREED PRACTICE MODELS THAT ARE BASED ON BEST AVAILABLE EVIDENCE AND RESEARCH

<b>1.</b> Is the		
learning		
from national		
review panel or		
other external		
or internal		
review reports		
examined and		
included in		
the service		
improvement		
planning		
process?		
<b>2.</b> Are you		
satisfied that		
you have		
implemented all		
national policies		
relevant to your		
service?		

						-	
Date Completed:	In Place &	In Place but Needs	Currently Being	Not in Place	Action required	Person Responsible	Due Date
Prompts	Effective	Improving	Established	for Service	Responsible		
		xamples and	1	Improvement			
			QA, Ombudsm	an or	Plan		
			ipdated inform		(ie. how improvements		
	appropriat	e indicating th	e appropriate :	section)	will be made)		
<b>3.</b> Are there							
processes in							
place for your							
team to discuss							
best practice							
and implement							
any necessary							
changes?							
<b>4.</b> Are staff							
supported to							
attend training,							
to disseminate							
and discuss							
learning within							
the team, and to							
make practice							
improvements?							
CHILDREN AF							то
MEET THEIR I	DENTIF	IED NEEL	DS IN A PH	KOPORI	IONATE MA	NNER	
<b>5.</b> Are there							
systems in place							
to ensure that							
the highest risks							
for the service							
are responded							
to?							
Are the systems							
in place to							
manage							
identified risks							
effective?							
What is							
required							
to address							

Date Completed:	In Place &	In Place but Needs	Currently	Not in Place	Action	Person	Due Date
Prompts	Effective	Improving	Being Established	Place	required for Service	Responsible	
	Provide E	xamples and	l Evidence	Improvement Plan			
			QA, Ombudsm Ipdated inform		(ie. how		
			ne appropriate s		improvements will be made)		
<b>6.</b> Are referrals							
managed in							
accordance							
with statutory							
guidance							
(including							
Children First),							
legislation and policies and							
procedures?							
<b>7.</b> Where cases							
are awaiting							
allocation, are							
they regularly							
reviewed and							
assigned actions							
for completion							
by an assigned							
'duty' worker							
within an							
agreed							
timeframe?							
SYSTEMS FOR							
QUALITY OF OUTCOMES F					ING THE MO	JNITORING	OF
8. Are there							
regular audits							
of services and							
file records							
to inform							
improvements?							
<b>9.</b> Is practice							
based on							
evidence and							
benchmarked							
according to							
national policy							
guidance?							

Date Completed:	In Place &	In Place but Needs	Currently Being	Not in Place	Action required	Person Responsible	Due Date
Prompts	Effective	Improving	Established	T lace	for Service	Responsible	
	Provide E	xamples and	Evidence		Improvement Plan		
	other actio	n plans with u	QA, Ombudsma pdated informa	ation as	(ie. how improvements		
	appropriat	e indicating th	e appropriate s	section)	will be made)		
10. Are PIs and							
other service							
activity metrics							
routinely							
examined							
to inform							
discussions							
relating							
to service							
performance,							
development							
and							
management?							
<b>11.</b> Where							
concerns							
relating to poor							
performance							
of the service							
are identified, are these							
adequately addressed and							
guided by clear							
improvement							
plans?							
<b>12.</b> Are							
performance							
expectations							
clearly							
communicated							
and appropriate							
supports							
provided							
to service							
managers							
to make							
improvements?							

Date Completed: Prompts	In Place & Effective	In Place but Needs Improving		Not in Place	Action required for Service	Person Responsible	Due Date
	(reference other actio	n plans with u	A Evidence QA, Ombudsma updated informa ne appropriate s	ation as	Improvement Plan (ie. how improvements will be made)		

# RISKS AND INCIDENTS ARE IDENTIFIED, MANAGED AND USED TO IMPROVE SERVICES

SERVICES	 	
<b>13.</b> Is there a		
risk register in		
place that is		
maintained in		
accordance with		
the Tusla Risk		
Management		
Policy and		
Procedure?		
<b>14.</b> Where there		
are delays in		
responding to		
identified risks,		
are these:		
(a) escalated to		
the appropriate		
level?		
(b) a response		
received in		
relation to		
action required?		
<b>15.</b> Is there is		
a Quality and		
Risk forum in		
place to review		
all risks and		
incidents,		
and ensure		
that learning		
from local and		
national reviews		
is disseminated		
to all staff		
and relevant		
services?		

Date Completed: Prompts	In Place & Effective	In Place but Needs Improving	Currently Being Established	Not in Place	Action required for Service	Person Responsible	Due Date
	(reference other actio	n plans with u	LEvidence QA, Ombudsma pdated informa le appropriate s	ation as	Improvement Plan (ie. how improvements will be made)		
<b>16.</b> Is there a system in place to ensure the systematic monitoring of, and learning from incidents is occuring, including implementing any required changes?							
<b>17.</b> Is there a process in place for ensuring implementation of recommendations from internal / external reports / investigations where relevant?							
<b>18.</b> Is there a system for recording allegations and complaints?							
<b>19.</b> Are you assured that all allegations are being responded to in your area and that appropriate action, where required, has been taken? Please provide detail.							

Date Completed: Prompts	In Place & Effective	In Place but Needs Improving	Currently Being Established	Not in Place	Action required for Service	Person Responsible	Due Date
	(reference other actio	n plans with u	I Evidence QA, Ombudsma Ipdated informa ne appropriate s	ation as	Improvement Plan (ie. how improvements will be made)		

# INTER AGENCY AND INTER-PROFESSIONAL CO-OPERATION, BEST PRACTICE AND SERVICE INNOVATION IS IN PLACE.

FRACTICE AI	ID SERVICE INNOVATION IS IN PLA		
<b>20.</b> Are			
there regular			
meetings			
and briefings			
provided to			
other disciplines			
and services			
to enhance			
understanding			
relating to			
thresholds			
and service			
provided, and			
to improve			
communication			
and co-			
operation?			
<b>21.</b> Is			
innovation and			
opportunities			
to explore			
best practice			
supported and			
encouraged?			
<b>22.</b> Are			
Garda Liaison			
meetings in			
accordance with			
Children First			
at operational			
and senior			
management			
level taking			
place at regular			
intervals?			

Date Completed:	In Place &	In Place but Needs	Currently Being	Not in Place	Action required	Person Responsible	Due Date
Prompts	Effective	Improving	Established		for Service		
	Provide E	xamples and	Evidence		Improvement Plan		
			QA, Ombudsma		(ie. how		
			pdated informate s		improvements		
	appropriat				will be made)		
<b>23.</b> Are							
Children and							
Young Peoples							
Services							
Committee							
(CYPSC) in							
place?							

NAME

## DATE COMPLETED:

Thank you for completing this self-assessment

# TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

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