

Confirm & Challenge (CLDT) Self Assessment Tool (V1)

Outcome C1. The team plans and delivers care in a person centred way

C1:1 Assessments are undertaken in a timely fashion; the person family carers and supporters are fully included.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:2 There is an agreed information sharing protocol within the team; this prevents unnecessary repetition of assessment and information gathering from the person and family carers.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:3 Plans detailing care and support are developed collaboratively with the person, family carers and those who know and care for them.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:4 The team supports individual choice and personal preferences in relation to care, and treatment, this is evidenced in planning and decision making.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:5 When eligibility criteria or individual preferences cannot be met, there is a transparent process for informing the person and their family. There is accessible information and a clear route to the complaints procedure.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:6 Staff are well trained and confident in using person centred approaches and tools and contribute to person centred planning and review meetings.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:7 The team is responsive to the diverse needs of the population; providing a culturally competent service.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:8 The allocation of care manager or care co-ordinator reflects the needs of individuals and the complexity of their situation.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:9 Team members who are fulfilling the role of care manager are trained and skilled in individual service design and funding.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:10 Policies, protocols and procedures promote person centred approaches and individualised packages of support.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:11 Review meetings are organised and conducted (including CPA) in a manner that optimises the involvement of the individual and their family and promotes partnership working.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Outcome C2. The team works in partnership with the individual and their family

C2:1 The team has an accessible referral system and clear pathways that describe the services and support available. This information is available to self advocacy, carers groups and the wider community e.g. GP surgeries and libraries.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C2:2 Documentation detailing care and support and personal correspondence is provided in a format useful to the individual and their family.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C2:3 People with learning disabilities and their family carers are involved in reviewing and monitoring the individual services they receive from the team and participating in team development and service design.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C2:4 The team provides training and information for service users and family carers to enable them to enhance their own skills and knowledge.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Outcome C3. The team utilises a range of communication tools and approaches

C3:1 People and their families are appropriately supported to communicate their needs and wishes. This includes how they contribute to and, participate in their own assessments and review meetings.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C3:2 The team can demonstrate skills in a range of communication systems/tools such as Makaton, talking mats, objects of reference, passports etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C3:3 The team has ready access to interpreter services for minority languages and British Sign language.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Outcome C4. The team provides people and families with individualised support within their local communities				
C4:1 The team works in partnership with the person, their carer and other agencies to avoid unnecessary placement in congregate provision.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:2 The team works with colleagues to prevent unnecessary admission to specialist hospital and to protect community tenure				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:3 When admission to hospital is the most appropriate option, the person and their family are provided with a clear explanation of the purpose and intended outcomes of their admission. This includes discharge planning.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:4 The team ensures that information about gaps in local provision is collected and used to update local commissioning strategies.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:5 Care and support is provided in the least restrictive setting.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:6 The team maintains good contact with individuals who are placed out of area, including those in secure services.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C4:7 The team, and wider specialist services have care pathways in place that minimise the risk of people getting 'stuck' in bed based services.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C4:8 Clear arrangements are in place for people to access support 'out of hours' 7 days a week. This includes protocols for support for crisis resolution and home treatment as well as admission to hospital.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Outcome C5. The team provides skilled local support and direct interventions to people with complex needs.

C5:1 The CTLD and any associated community based teams such as 'behaviour teams' have the skills and knowledge to work directly with people with complex needs. Specifically people with

- Profound intellectual and multiple impairments (including those dependent on medical technology)
- Challenging behaviour
- Mental health problems
- Offending behaviour

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C5:2 The team ensures that individual care plans include the agreed action in case of crisis. The plan is available to the person, their family and appropriate agencies.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C5:3 The team works in partnership with mental health services to promote access and to prevent people from 'falling through the gaps' between services.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C5:4 The team has active engagement with providers of housing and support and delivers direct intervention, training and supervision as required. This includes activities to reduce the risk of placement breakdown.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C5:5 Care managers maintain regular contact with people who are admitted to hospital, including those placed out of area.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C5:6 The CLDT and learning disability in-patient services actively liaise and work together to minimise the risk of people experiencing 'delayed discharge'.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C5:7 There are clear protocols that describe the arrangements for people and families to obtain advice and support 'out of hours'. This includes agreements with mainstream NHS as appropriate e.g. Crisis Resolution and Home Treatment Teams.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Outcome C6. The team works in partnership with wider agencies to support people with learning disabilities to access universal and mainstream services.

C6:1 The team has an 'up to date' directory of services, support groups and networks within the local community.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C6:2 People with learning disabilities are supported to access community services such as local colleges, library and leisure facilities.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C6:3 The team has robust links with key agencies such as employment, housing and transport.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Outcome C7. The team is contributing to reducing the health inequalities faced by people with learning disabilities in their locality.

C7:1 The team can demonstrate activity to support better health for people with learning disabilities including

- Helping people to get a health check
- Helping people to get a health action plan
- Working with colleagues in mainstream NHS to identify and put in place reasonable adjustments for people with learning disabilities
- Providing training and advice to colleagues in the mainstream NHS including mental health services
- Supporting the wider health community; dentists, opticians, pharmacies etc to address and promote the health needs of people with learning disabilities

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C7:2 The team provides support to ensure people with complex needs are included in public health initiatives such as screening and vaccination programmes.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C7:3 The team contributes to, and makes use of, local data to inform their own practice and priorities e.g. numbers of people with Down’s syndrome and dementia.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C7:4 Gaps in provision are identified and highlighted to commissioners, for example, poor local access to psychological therapies for people with learning disabilities.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Outcome: C8. The team promotes the legal and civil rights of people with learning disabilities and their inclusion in society.

C8:1 Services provided by the team are in line with legislation relating to equality and human rights specifically the

- Mental Health Act 2007
- Mental Capacity Act 2005 and Deprivation of Liberty (DOLS)
- Equality Act 2010

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C8:2 The team contributes locally to raising awareness of specific issues relating to the rights of people with learning disabilities. For example decisions relating to resuscitation orders.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C8:3 The team is proactive in dealing with breaches of the rights of people with learning disabilities and in supporting people and families to challenge discrimination.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Outcome: C9. The team works in partnership, across agencies and sectors, to support the commissioning of inclusive and person centred services and supports

C9:1 Health and social care professionals work in partnership to ensure that people can access appropriate funding and support including personal budgets and direct payments.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C9:2 Commissioning protocols are in place to ensure that people who receive NHS funding can

exercise control over it.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C9:3 The team works closely with commissioners (including specialist commissioning) to contribute expertise and to ensure that the needs of the local population are known and understood.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C9:4 Allocation of care management/care co-ordination responsibility reflects and makes best use of the individual team member's experience, skills and knowledge.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C9:5 There are arrangements in place that promote joint working to support individuals both within and across teams. For example shared protocols between CTLD and the mental health Crisis Resolution and Home Treatment Team.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Outcome: C10. The service provided by the team and team priorities, reflect the needs and wishes of the local population				
C10:1 The team regularly monitors and reviews who is using their services, referral patterns, dependency levels, age groups etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C10:2 Information is collated from care plans, health action plans and person centred plans, feedback/satisfaction surveys to evaluate and inform the direction of the service.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C10:3 The team works with commissioners to make use of local and national data to inform commissioning and provider strategies.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Outcome: C11. The team comprises of staff with appropriate specialist skills and knowledge.				
C11:1 Team members have appropriate qualifications to assess people with learning disabilities and complex needs and to deliver evidence based interventions.				

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:2 There is a good skill mix within the team to ensure that services are delivered by the right person at the right time including caseload management and weighting.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:3 Regular appraisal and clinical supervision sessions take place for all team members and training and development needs are identified and addressed.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:4 Team members work to their relevant professional and regulatory standards and guidance.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:5 The team have time allocated to meet together and reflect on practice and to undertake training, development and research.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11.6 There is clear leadership and operational management of the team.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Outcome: C12. The team provides training and advice to increase the capacity and confidence of mainstream provision to support people with learning disabilities				
C12:1 The team is commissioned to provide training for mainstream services including health, social care and the criminal justice system.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C12:2 The team works in close partnership with independent sector providers of housing and support and provides training and advice as required.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Outcome: C13. The team works in partnership with people and their families to utilise personal expertise and increase personal effectiveness				
C13:1 The team provides training for people and families across key areas such as recognizing and managing health conditions, managing behaviour, postural support, communication, health				

action planning etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C13:2 The team ensures that the skills and knowledge of the individual and their family are recognised and utilised when assessing, planning and delivering care.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C13:3 The team is orientated towards identifying people's strengths and abilities whilst acknowledging and addressing needs.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Outcome: C14. The team has robust performance systems in place that translate policy and best practice into useful metrics that monitor progress and delivery				
C14:1 An information management system is in place that supports joint record keeping and a single data base.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C14:2 Data within the information management system can be accessed for planning and evaluation purposes relating to the work of the team and the achievement of outcomes.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C14:3 The team is working to an agreed set of expected outcomes for service users that are available in an accessible format.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C14:4 Appropriate care pathways are in place to support integrated care, smooth transitions between services and to prevent and, quickly identify, inappropriate variation in delivery.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C14:5 People with learning disabilities and family carers are at the centre of, and participate in, standard setting, performance monitoring and service evaluation.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C14:6 Quality is 'everyone's business' and all staff are encouraged to look at the way they 'measure what matters' in their work and make best use of information in person centred plans and health action plans to assess outcomes.				

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C14:7 Strategies are in place to safeguard vulnerable adults.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C14:8 There is an identified lead within the team for clinical governance.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree