

## Confirm & Challenge (In-patient) Self Assessment Tool (V1)

### Outcome C1. The service 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. 'Circles of Support' are respected and their knowledge valued, especially when making best interest decisions.

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 processes, activities etc.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:5 When admission 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. E.g. staff work in partnership with individuals to promote their independence and control over care.

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. There is dedicated space to worship and access to faith related to support.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:8 The allocation of 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 co-ordinator are trained and skilled in person centred thinking and approaches.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C1:10 Policies, protocols and procedures within the service promote person centred approaches and individualised care. This stance is explicit within key documents such as the risk management policy.				
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
C1:12 Staff allocation and rota systems are conducive to person centred working. There is evidence of 'staff matching' e.g. that the personal skills and attributes of staff influence the allocation of key workers, named nurses etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome C2. The service works in partnership with the individual and their family</b>				
C2:1 There is an accessible referral system and clear pathways that describe the services and support available. This information is made available to service users, family carers and their representatives.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C2:2 Documentation detailing care and treatment and any 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 and participating in staff development and service re-design.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C2:4 The service provides training and information for service users and family carers to enable them to enhance their own skills and knowledge. There is evidence of this within care plans e.g. health promotion, relapse prevention strategies etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C2:5 Families and friends are encouraged to visit and there are good on-site facilities to support them.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

**Outcome C3. The service 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, intensive interaction etc. In particular, 'frontline' staff have had training and regular updates.

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

C3:4 Information held by the service user such as health action plans is in a format chosen by them e.g. picture schedule or DVD.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C3:5 Key service information and guides such as Mental Health Act information are in a range of formats (including easy read) and languages.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

**Outcome C4. The service provides people and families with individualised support within their local communities**

C4:1 The service is part of the wider local health and social care system. There is a clear focus on providing for the local population\* e.g. evidence of good community relations (\*NB some forensic provision will be regional and national).

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C4:2 The service works with colleagues in community based teams and, with families and housing and support providers, 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 service ensures that information about gaps in local provision is collected and used to update local commissioning strategies. For example poor access to psychological therapies.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:5 Care and treatment is provided in the least restrictive setting, there are individual plans in place that describe the safety needs and the supervision/observation level for each person. Plans are regularly reviewed by the MDT and there is a clear policy relating to positive risk taking.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:6 The physical environment of the service enables the delivery of individualised care and meets the needs of service users. The environment is well maintained, meets appropriate building regulations and specifications and promotes privacy and dignity.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:7 The service maintains good contact with the commissioners and local clinicians of people who are places out of area, including those in secure services, to ensure standards are upheld and service users do not 'slip through the net'.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:8 The service has care pathways in place that minimise the risk of people getting 'stuck' in bed based provision.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:9 Plans are in place for people identified as meeting 'campus criteria' to gain supported tenancies.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C4:10 People are supported to maintain links with their family, natural supports and local community whilst receiving inpatient services.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome C5. The service provides skilled local support and direct interventions to people with complex needs.</b>				
C5:1 The inpatient service has a range of professionals with the requisite skills and knowledge to provide care and treatment for people with the most complex needs.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C5:2 The service can demonstrate the application of best practice and clinical guidance in activities, therapies and interventions. For example; relevant guidelines produced by professional colleges, NICE, NPSA, DH etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C5:3 The service can demonstrate that all staff have appropriate skills and knowledge in positive behavioural support.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C5:4 The learning disability service 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
C5:5 The service has active engagement with providers of housing and support and delivers direct intervention, training and supervision as required. This includes activities to minimise the risk of placement breakdown.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C5:6 The in-patient service and the community based teams actively liaise and work together to minimise the risk of people experiencing 'delayed discharge'.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome C6. The service works in partnership with wider agencies to support people with learning disabilities to access universal and mainstream services.</b>				
C6:1 The service has an 'up to date' directory of community based teams, 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 within the parameters of their individual positive risk assessment.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C6:3 The service has robust links with key agencies such as employment, housing, further education etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome C7. The service is contributing to reducing the health inequalities faced by people with learning disabilities in their locality.</b>				
C7:1 The service can demonstrate activity to support better health for people with learning disabilities including:-				
<ul style="list-style-type: none"> <li>• helping people to get a health check</li> <li>• helping people to get a health action plan</li> <li>• ensuring the availability of GP support and referral services to meet physical health needs such</li> </ul>				

as dentistry, chiropody, hearing services etc.				
<ul style="list-style-type: none"> <li>access to specialist health provision such as substance misuse services.</li> </ul>				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C7:2 The service 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 service contributes to, and makes use of, local data to inform their own practice and priorities e.g. admission trends.				
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 speech and language therapy.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C7:5 The service provides a 'healthy environment' that enables service users to engage in health promoting activities.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome: C8. The service promotes the legal and civil rights of people with learning disabilities and their inclusion in society.</b>				
C8:1 Staff are aware of, and can demonstrate understanding of 'Human Rights in Healthcare' and FREDA principles. Policies and procedures reflect these principles and good practice as described in government and clinical guidance.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C8:2 People who use services and their families are informed of their rights and provided with accessible information relevant to their status (e.g. MHAC).				
General local and national information that sets out the rights of patients such as the CQC Essential Standards of Quality and Safety and the NHS Constitution is provided to service users and families.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C8:3 Services provided by the team are in line with legislation relating to equality and human rights specifically the				
<ul style="list-style-type: none"> <li>Mental Health Act 2001</li> <li>Mental Capacity Act 2005 and Deprivation of Liberty Standards(DOLS)</li> <li>Equality Act 2010</li> </ul>				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C8:4 All staff are aware of the rights of service users, and can identify situations and respond appropriately, to situations where they may be at particular risk of infringement. E.g. During physical interventions and restraint, searching, seclusion etc.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C8:5 Staff are trained in recognising the signs and symptoms of abuse and are aware of correct procedures to follow to safeguard vulnerable adults.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C8:6 Staff are proactive in dealing with breaches of the rights of people with learning disabilities and in supporting service users and families to challenge discrimination.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C8:7 There is access to skilled independent advocacy.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome: C9. The service works in partnership, across agencies and sectors, to support the commissioning of inclusive and person centred services and supports.</b>				
C9:1 Specialist professionals are working with commissioners to prevent the inappropriate use of out of area placements and support timely return (including those returning from residential schools and colleges)				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C9:2 The service works closely with commissioners (including specialist commissioners) to contribute expertise and to ensure that needs of the population they serve are known and understood.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C9:3 There are arrangements in place that promote joint working to support individuals both within and across services and teams. For example; shared protocols between learning disability health services and mental health services.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome: C10. The service provided by the team and team priorities, reflect the needs and wishes of the local population</b>				
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 service 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

<b>Outcome: C11. The service comprises of staff with appropriate specialist skills and knowledge.</b>				
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 All staff are well trained to support people who display challenging behaviour. They are providing a capable environment based on the principles of positive behavioural support and other evidence based approaches.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:3 There is a good skill mix within the team and appropriate staffing levels to ensure services delivered are safe and able to meet agreed service user outcomes.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:4 There are agreed minimum staffing levels within the service and each area/unit has a regular input from the multi-disciplinary team including a dedicated lead consultant.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:5 Bank and agency staff are properly inducted and trained and their use is monitored and minimised.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:6 Staff training opportunities are balanced to ensure those who spend most time working directly with service users receive the necessary training and supervision to deliver high quality care.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:7 Regular person centred appraisal and clinical supervision sessions take place for all staff and individual training and development needs are identified and addressed.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree



C11:8 All staff work to their relevant professional and regulatory standards and guidance.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11.9 All staff have time allocated to meet together and reflect on practice and to participate in training, team building and research activities.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11.10 There is good professional leadership and clear operational management arrangements within the service				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11:11 Service users and family carers are involved in the recruitment of staff at all levels.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree
C11.12 The service has administrative support to each unit and ensures that nursing and other clinical staff are not allocated inappropriate administrative duties.				
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

<b>Outcome: C12. The service provides training and advice to increase the capacity and confidence of mainstream provision to support people with learning disabilities</b>				
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

<b>Outcome: C13. The service works in partnership with people and their families to utilise personal expertise and increase personal effectiveness</b>				
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 service 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. The system and related information sharing protocols are in line with the requirements of data protection, confidentiality and freedom of information.

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 achievement of outcomes for service users. This includes aggregated information from health action plans, person centred plans etc.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14:3 The multi-disciplinary team is working to an agreed set of expected outcomes for each individual that are available in appropriate formats to the service user and their family.

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 Care delivery is guided and supported by well informed and up to date policies, procedures and protocols and there are regular checks of staff understanding, application and adherence.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14:6 People with learning disabilities and family carers are at the centre of, and participate in, standard setting, performance monitoring and service evaluation. They are members of strategic working groups and governance structures.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14:7 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

C14:8 There is a policy in place to support the reporting and analysis of adverse events, serious untoward incidents and near misses and there is evidence of post incident support and a clear response to 'lessons learned'.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14:9 Robust strategies are in place to safeguard vulnerable adults.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14:10 There is an identified lead for clinical governance within the service. Regular reports are submitted to the Executive Board and patient safety is a standing item on the agenda.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14:11 Whistleblowing policies are clear and all staff are aware of their personal responsibilities to report poor practice and abuse.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14:12 Policies and procedures are developed with key stakeholders, are up to date and accessible to all staff.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

C14.13 Appropriate content of key policies relating to care and treatment (e.g. seclusion) are made available in an accessible format for service users and family carers.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree