



Service User-Led Accreditation Programme

Assessment Report – Sunshine Ward (Example of how to complete self-assessment)

Quality Assurance Team & People Participation Team

December 19





Acknowledgment

We would like to express our gratitude to the team for their participation in the Service User-Led Accreditation Programme, and their support for accreditation assessors carrying out their assessments. We would also like to thank all staff, service users and carers for their time and commitment throughout the accreditation process

The table below provides a summary of your scoring and full results from the assessment can be found in the full report further down.

Summary of Results

Self-Assessment Results		Service-User Assessment Results	
Met	23	Met	
Partially Met	-	Partially Met	
Not Met	-	Not Met	
Not Applicable	-	Total Score	

Final Accreditation Result

Total no. of standards	
Total Standards Met	
Partially Met	
Not Met	
Accreditation award	

During the accreditation process, as well as recognising excellence, our assessors identified the following areas for improvement. We would ask your team to review the feedback below and take appropriate action. These actions should be added to the Service's Improvement tracker, available [here](#).

Standards	Recommendations

Accreditation Assessment Tool

For the completion of service		For completion of lead assessor	
Team:	Directorate:	Service users interviewed:	Date of assessors
Date of self-assessment	Written by	Carers interviewed:	Lead Assessor:
		Staff interviewed:	Date of assessment report completion:

Please send completed self-assessment tool to: elft.ga@nhs.net

Good Luck!

1. Open and Welcoming		Self-assessment Score: Met/Not Met/Partially Met/Not Applicable	Evidence/ Comment	Assessors Score: Met/Not Met/Partially Met/Not Applicable	Assessors Comments <small>(Please ensure the rationale for variance from the self-assessment is clearly explained)</small>
1.1	Service users report that they are satisfied that all areas are pleasant and welcoming (Standard not applicable for Home visiting services) <i>Guidance for evidence, e.g:</i> > PLACE Assessment score + action plan > Assessors observations and meetings with service users and carers	Met	PLACE 2018 report		



<p>1.2</p>	<p><u>THIS IS 'A MUST MEET' STANDARD</u></p> <p>Service provides information to service users and carers about the team/service/ward?</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Leaflets and information board > Monthly newsletters to service users with patient feedback and service response, where appropriate. > Home Notes given to service users accessing community health services > Assessors observations and meetings with service users and carers 	<p>Met</p>	<p>Welcome pack Induction process UIG minutes CIG minutes RMM minutes Induction process Template letter to carers</p>		
<p>1.3</p>	<p>Service has comprehensive Welcome Pack (standard not applicable for Outpatient services)</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Welcome Pack > Assessors observations and meetings with service users and carers 	<p>Met</p>	<p>Welcome Pack is available. Copy uploaded in the Office 365 folder</p>		
<p>1.4</p>	<p><u>THIS IS 'A MUST MEET' STANDARD</u></p> <p>Service ensures that every service user and carer are treated fairly and without stigma throughout the course of receiving care</p> <p>Note: this standard is not included in the team's self-assessment</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Assessors observations and meetings with service users and carers 	<p>Met</p>	<p>As a team we pride ourselves on delivering excellent care to all our service users. We aim to be empathetic and considerate in all our communication with service users and carers We listen to our service users and carers and empower them to feel to give their views and opinions both positive and negative and as a team we address any issues that are</p>		



			identified and feedback outcomes to service users were applicable.		
<h2>2. Using our experience</h2>		Self-assessment Score: Met/Not Met/Partially Met/Not Applicable	Evidence/Comment	Assessors Score: Met/Not Met/Partially Met/Not Applicable	Assessors Comments (Please ensure the rationale for variance from the self-assessment is clearly explained)
2.1	<p><u>THIS IS 'A MUST MEET' STANDARD</u></p> <p>Service can demonstrate that they include service users in decision making about their care</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Care plan + Dialog Plus > Community Health Services: "What matters to you" > Forensics: "Service user experience questionnaire" > Assessors observations and meetings with service users and carers 	Met	Dialog + and care plans will demonstrate involvement Service User Led Standard and actions		
2.2	<p>Service responds to and acts on concerns and complaints in order to improve the service</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Evidence of actively using local resolution pathways > Assessors observations and meetings with service users and carers 	Met	Resolution is sought locally for all complaints. Evidence of complaint discussion can be seen in progress notes.		



2.3	<p>Service can demonstrate it includes and invites service users and carers to service management level meetings</p> <p>*This standard is optional.</p>	Met	<p>Service users are invited to the Rehabilitation Management Meeting and Triple Aim meeting. Minutes of both forums.</p>		
<h3>3. Recovery focused</h3>		<p>Self-assessment Score: Met/Not Met/Partially Met/Not Applicable</p>	<p>Evidence/Comment</p>	<p>Assessors Score: Met/Not Met/Partially Met/Not Applicable</p>	<p>Assessors Comments (Please ensure the rationale for variance from the self-assessment is clearly explained)</p>
3.1	<p>Service can demonstrate that it asks service user and carer for feedback to enhance the outcome of care</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > 'You said we did' board - dated (observation) > Community meeting minutes > PREM Data collection practice and responding to feedback > Community Health Services: Monthly newsletters to service users with patient feedback and service response, where appropriate. > Assessors observations and meetings with service users and carers 	Met	<p>You Said We Did board can be seen Community Meeting minutes (uploaded)</p>		
3.2	<p>Information is provided and clearly explained in ways accessible to the service user and carers about the diagnosis / difficulty and treatment plan.</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Leaflets - easy read versions and different languages to be available; > Information on diagnosis and medications > Assessors observations and meetings with service users and carers 	Met	<p>Service users are provided with ward round feedback in writing and verbally.</p> <p>A summary is prepared in advance of ward round with service user involvement, template attached.</p> <p>Leaflets are available on the ward/in the unit/on the intranet. Translation can be provided either in writing or through an interpreter.</p>		



<p>3.3</p>	<p>All service users and carers are kept fully informed of their rights throughout the period of care being provided</p> <p>It is good practice for patients to be kept as fully informed about and involved in their care plan</p> <p><i>Guidance for evidence , e.g:</i></p> <ul style="list-style-type: none"> > Care plan > Welcome Pack > Service Leaflet; > Carers Handbook > Consent to proceed (for Community Health Services) > Assessors observations and meetings with service users and carers 	<p>Met</p>	<p>Service users receive their Section 132 rights every 12 weeks, this is audited and documented on RiO. For care plans please see RiO and attached template. Welcome Pack</p>		
<p>3.4</p>	<p>All service users and carers are fully informed of treatment options and side effects on an ongoing basis, including range of psychological therapies (for mental health services)</p> <p><i>Guidance for evidence , e.g:</i></p> <ul style="list-style-type: none"> > Care plan > Welcome Pack > Assessors observations and meetings with service users and carers 	<p>Met</p>	<p>As above</p>		

Example of how to complete the document



4. Creative		Self-assessment Score:	Evidence/ Comment	Assessors Score:	Assessors Comments
4.1	<p>Service can demonstrate they provide and/or promote creative, therapeutic and skill based activities on a regular and frequent basis/.</p> <p>* Standard is not applicable to Extended Primary Care Team (EPCT)</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Activities timetable for inpatient settings > Collaboration with Recovery Colleges > Dialog Plus (Care Plan) > Signposting and supporting engagement in community resources and activities for community health services > Assessors observations and meetings with service users and carers 	Met	<p>The activity timetable is available on the ward, it is displayed prominently on the wall.</p> <p>Recovery College Prospectus Dialog +</p> <p>The Occupational Therapist and Assistant support with signposting and engagement in community services.</p> <p>Service Users have access to the Bridge Club, a group for service users making the transition between hospital and community.</p>		
5. Aiming for excellence		Self-assessment Score: Met/Not Met/Partially Met/Not Applicable	Evidence/ Comment	Assessors Score: Met/Not Met/Partially Met/Not Applicable	Assessors Comments <small>(Please ensure the rationale for variance from the self-assessment is clearly explained)</small>
5.1	<p>The service can demonstrate the use of Quality Improvement.</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > The service has undertaken a QI project in the last year and completed it successfully 	Met	<p>The QI project focused on team communication with the hypothesis that improving this would lead to improved outcomes for patients. It has had a demonstrable positive impact on service user access to leave and MDT working.</p> <p>Charter and Driver Diagram</p>		



5.2	<p>Service can demonstrate user involvement in quality involvement.</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > There was Big I involvement > Assessors observations and meetings with service users and carers 	Met	QI project meeting minutes		
5.3	<p>Staff are capable and supported to deliver quality care that is evidence based and responsive to the service-user's physical and mental health needs</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Assessors observations and meetings with staff, service users and carers 	Met	Away Days Reflective practice Training commissioned to meet staff development needs and respond to service users' physical and mental health needs e.g. Motivational Interviewing and End of Life Care		
6. Reaching out		Self-assessment Score: Met/Not Met/Partially Met/Not Applicable	Evidence/ Comment	Assessors Score: Met/Not Met/Partially Met/Not Applicable	Assessors Comments (Please ensure the rationale for variance from the self-assessment is clearly explained)
6.1	<p>Service can demonstrate smooth, clear and simple transition of care post discharge/end of life care</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Discharge plan for inpatient and community > End of life care plan > Information on Recovery College and People Participation; MIND > Assessors observations and meetings with staff, service users and carers 	Met	Recovery College Prospectus Bridge Club Discharge plans can be reviewed by the assessors.		



6.2	<p>The service can demonstrate that it effectively collaborates with and sign posts to other agencies involved in a person's care.</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Care Plan > Welcome Pack > Community Health Services: Monthly GP meetings and multidisciplinary working > Assessors observations and meetings with staff, service users and carers 	Met	<p>Welcome Pack</p> <p>The Advocacy Project</p> <p>The team works closely with the pilot community project for service users that have found transition to the community particularly challenging.</p>		
<h2 style="text-align: center;">7. Empowering</h2>		<p>Self-assessment Score:</p> <p>Met/Not Met/Partially Met/Not Applicable</p>	<p style="text-align: center;">Evidence/Comment</p>	<p>Assessors Score:</p> <p>Met/Not Met/Partially Met/Not Applicable</p>	<p>Assessors Comments</p> <p>(Please ensure the rationale for variance from the self-assessment is clearly explained)</p>
7.1	<p>Service provides service users with information to aid their recovery (For example: benefits, housing, social care, employment)</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Care plan - Dialog Plus > Welcome Pack > Care Navigation input and signposting for Community Health Services (EPCT only) > Assessors observations and meetings with staff, service users and carers 	Met	<p>The team includes a Social Worker and Occupational Therapist.</p>		

Example of how to complete



7.2	<p><u>THIS IS 'A MUST MEET' STANDARD</u></p> <p>Care / treatment plans identify the skills and strengths for service users to manage their recovery</p> <p><i>Guidance for evidence , e.g:</i></p> <ul style="list-style-type: none"> > Care plan - Dialog Plus > Welcome Pack > Care Plan inclusive of self-management aspects as appropriate for Community Health Services > Assessors observations and meetings with staff, service users and carers 	Met	Care plans Dialog + Welcome Pack		
8. Inclusive		Self-assessment Score: Met/Not Met/Partially Met/Not Applicable	Evidence/ Comment	Assessors Score: Met/Not Met/Partially Met/Not Applicable	Assessors Comments <small>(Please ensure the rationale for variance from the self-assessment is clearly explained)</small>
8.1	<p><u>THIS IS 'A MUST MEET' STANDARD</u></p> <p>The service can demonstrate they consult with service user groups.</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Community meetings minutes; > Community Health Services: Working Together Group > Assessors observations and meetings with staff, service users and carers 	Met	Community Meeting Minutes of User Involvement Group Rehabilitation Management Meeting Minutes		



8.2	<p>Service can demonstrate it is culturally inclusive (towards staff and service users and carers) and is able to meet the needs of older people, men, LGBTQ and BME communities, and people with intellectual disabilities.</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Assessment records to include access, quality and outcomes > Assessors observations and meetings with staff, service users and carers 	Met	<p>We have been escorting a patient to the local mosque for a year and have made regular visits to an Afghan mosque which is a 5 hour escorted leave. Moving forward with unescorted leave the team ensured the service user was able and confident to make these visits himself.</p> <p>The team supported a service user to access Buddhist meditation classes.</p> <p>Service users are supported through Ramadan with adjustments to the food provision, medication and leave</p>		
<h2>9. Safe</h2>		<p>Self-assessment Score: Met/Not Met/Partially Met/Not Applicable</p>	<h3>Evidence/Comment</h3>	<p>Assessors Score: Met/Not Met/Partially Met/Not Applicable</p>	<p>Assessors Comments <small>(Please ensure the rationale for variance from the self-assessment is clearly explained)</small></p>
9.1	<p><u>THIS IS 'A MUST MEET' STANDARD</u></p> <p>Service users and carers report having opportunity and confidence to raise concerns.</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Welcome Pack > Home notes for Community Health Services > Assessors observations and meetings with staff, service users and carers 	Met	<p>There are several forums to raise concerns:</p> <ul style="list-style-type: none"> Community Meetings User Involvement Group Rehabilitation Management Meetings Clinical Improvement Groups The Advocacy Project 1:1 meetings Ward Round CPAs Risk Meetings 		



9.2	<p>Service has safe staffing levels to deliver good quality care</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Staff boards; > Team operational policy > Vacancy rates > Safe staffing level boards > Community Health Services: "Safe caseloads" > Assessors observations and meetings with staff, service users and carers 	Met	<p>Staffing board is displayed by the office.</p> <p>Currently the ward has 1 apprentice vacancy and 1 social therapist vacancy.</p> <p>The ward does not use agency staff, bank staff are often substantive staff working additional hours or regular bank staff who have developed therapeutic relationships with the service users.</p>		
9.3	<p>Any issues concerning risk and/or safety are discussed with service user</p> <p><i>Guidance for evidence, e.g:</i></p> <ul style="list-style-type: none"> > Risk assessment for inpatient services > Risk assessment for community services > EMIS records for Community Health Services > Assessors observations and meetings with staff, service users and carers 	Met	<p>Risk issues are discussed in several forums:</p> <ul style="list-style-type: none"> 1:1 Ward Round CPA Risk meetings Reflective Practice Clinical Improvement Group Clinical Discussion Group <p>Risk assessments are regularly updated on RiO</p>		
Number of standards met		Self-assessment score		Assessors visit score	
		Met - 23 Not Met - 0 Partially Met - 0 Not Applicable - 0		Met - Not Met - Partially Met - Not Applicable -	



About the your service	Self-assessment comments	Assessors Comments
What does the service do well? What would you consider to be the team's achievements?	Staff are very diverse and there is weekly staff care to discuss and support their needs. There are lots of activities and events held for service users.	
What could your service improve on? What would you consider to be the service's challenges?	Complex needs can be better supported with more staff, as staff are sometimes overstretched.	

For any queries or questions please contact us:

Quality Assurance Team: elft.ga@nhs.net or 0207 655 4125

People Participation Team: elft.PeopleParticipation@nhs.net

Example of how to complete the document