| DESCRIPTION OF THE PRACTICE |
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| **1. Title of the practice** |
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| *- 'A TOOLBOX SUPPORT STAFF IN IRISH DISABILITY SERVICES' -* |
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| **2. Organisation responsible for the practice** |
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| Health Service Executive Ireland (HSE) |
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| **3. Contact person(s)** |
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| E-mail | policy@esn-eu.org |
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| **4. Summary of the practice** |
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In November 2013, the Irish Health Information and Quality Authority (HIQA) was legally given the power to regulate residential and respite services for children and adults with disabilities. In the first year, it was managed by way of regulations and then on an outcomes-based approach.

Many of the disability services had significant challenges in meeting the regulations and standards. To address this, an initiative within the HSE between the Social Care and the Quality Improvement Divisions saw the development of a support programme to assist staff in HSE residential services. This planned to change their ways of working and to improve the service being delivered to people with disabilities and thereby achieve compliance with the National Standards for residential services for children and adults with disabilities. A toolbox was developed and has now been disseminated to all HSE residential services and will also be available to non-statutory service providers. It was released in December 2015 and updated in August 2016.

The quality improvement toolbox developed by the Quality Improvement team includes a range of resources, both digitally and in hard copy, to support the efforts of residential services in implementing good practices and improving the delivery of quality, safe services. It includes tools, guides, policies, templates and signposts to online resources from HIQA, the HSE and other national bodies where relevant, and is aligned to the 18 outcomes upon which HIQA inspects services against regulations and standards.

| **5. National/regional/local context of the practice** |
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The HSE intellectual disability residential sites are located throughout the whole of Ireland.

| **6. Staff involved** |
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The HSE sought expression of interest from staff in both HSE and non-statutory disability services to form quality improvement teams to go out to assist services in changing the way they delivered care and support to people with intellectual disabilities living in residential settings.

| **7. Target group** |
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Staff working in residential services for persons with intellectual disabilities.

| **8. Aims of the practice** |
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The aim is to:
- Evaluate the implementation of standards of care
- Engage with service users, advocates and staff in planning the necessary service improvements
- Draw on national and local resources as required to implement the required changes
- Put in place a clear plan to address any deficiencies in the standard of care

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 Work with the service to identify and put in place improvements that will support a culture of care, kindness and compassion in the service.

## 9. Issues for social services

| Service Integration/ Cooperation across Services | x | Service Planning | | Contracting | |
|---|---|---|---|---|---|
| Technology | | Skills development /workforce | x | Quality of services | x |
| Others: | | | | | |

## ANALYSIS OF THE PRACTICE[1]

## 10. Status

| Pilot project (ongoing) | | Project (ongoing) | x | Implemented practice (restricted areas) | |
|---|---|---|---|---|---|
| Pilot project (terminated) | | Project (terminated) | | Widely spread practice/rolled out | |

## 11. Scope of the practice
*Describe the setting of the practice: micro, meso or macro-level.*

The initial scope was to visit and review the current care practices in residential services for adults with Intellectual disabilities run by the HSE. Teams comprising staff from both the Quality Improvement and Social Care (Disability) division have been aligned to the Community Healthcare Organisations to support residential staff to:

- Strengthen leadership and governance
- Improve relevant person-centred documentation
- Progress Actions Plans agreed upon with the regulator
- Identify areas of good practice and innovation
- Implement quality improvement programmes to enhance the quality and person-centeredness of services.

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[1] Please fill in this part with as much information as you can. It will be reviewed by our external expert, so it is okay if you are not familiar with some of the technical terms mentioned below.

## 12. Leadership and management of the practice

*Description of the leadership of the practice, considering the following criteria:*

- *Collaborative management*: shared between large partnerships, often of central, regional and local representation
- *Organisational management*: by one organisation
- *Professional management*: managed by a single person
- *Shared management*: shared with no defined leadership

The project was organised within the HSE, and involved the cooperation of two departments, the Social Care Department and the Quality Improvement Department. They coordinated to organise teams comprising members from both departments to put in place a plan to address where there were deficiencies in the standard of care.

## 13. Engaging stakeholders in the practice

*Description of the engagement of stakeholders.*

In collaboration with service users and staff, the Quality Improvement team assisted senior management in developing a plan to support the service to address immediate concerns regarding the care and to support a culture that places the needs and dignity of service users at the centre of service provision.

## 14. Involvement of service users and their families

*Description of the involvement of service users. (Were they part of the professionals' team? Consulted? Directly involved in their care?)*

The objective of the project is to encourage more person-centred care and the inclusion of service users in the planning of their services by providing support to staff to do this. The Quality Improvement team followed these principles in consulting with service users to take on board their views in preparation for the toolkit.

## 15. Costs and resources needed for implementation

*Description of how the practice is financed, considering the following criteria:*

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

The project is supported by the HSE, with the funding required to second staff from their day-to-day roles being made available by the Social Care division.

## 16. Evaluation approaches

*Description of the evaluation method of the practice: Was there an evaluation of this practice/programme? Was it qualitative? Quantitative? Through an audit? Through informal carers/users' feedback? If no evaluation has been carried out, is one planned?*

Key findings from this work include:

- Management structures need to be reviewed with governance, accountability, responsibility and practice
- The need to stabilise core teams and key worker systems at the front line.
- Relevant training and how it is implemented into practice.
- Overburden clinical staff with administrative duties.
- Lack of individualised activity programmes.
- Activity programmes reported as being in place were not always, in practice, implemented.
- The lack of easy-read policies for service users.
- No evidence of incidents and concerns addressed, i.e., lack of feedback from staff.

## 17. **Measurable** effects of the practice and what it has achieved for…

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|---|---|
| Service users | Service users are actively engaged in their plan and are listened to. |
| Formal caregivers | Staff are supported to understand how to treat service users with dignity and respect. |
| Informal carers | Families/carers/advocates are supported to understand that service users have skills, and these should be maximised rather than focusing on their limitations. |
| Organisations | The culture within organisations is being positively impacted to change to a culture of openness, respect and person-centeredness. |
| Other | na |

## 18. **Anticipated or 'aspirational'** effects of the practice and what it has achieved for…

*This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.*

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|---|---|
| Service users | Service users are supported to make choices. |
| Formal caregivers | Staff are supported to understand and respect the wishes and decisions of the service user. |
| Informal carers | Families/ carers/advocates are supported to accept and support the choices made by the service user. |
| Organisations | Organisations will comply better with national standards, which will see expertise developing across the workforce. |
| Other | na |

## 19. How the practice has changed the way the service is provided (lessons learned)

The Quality Improvement team identified the following as examples of good practices in residential services:

- Person-centred plans are being carried out and working well
- Houses with a home-like feel
- Good communication structures for sharing and learning among staff
- Good service user engagement
- Service users actively participating in the local community
- Innovative, accessible communication for service users
- Announced and unannounced management walkabouts
- Engagement of service users

They found areas of concern as well:

- Poor organisational culture – not person-centred
- Staff are too focused on tasks
- Imbalance between health and social needs
- Lack of leadership presence
- More meaningful activities for service users required
- Lack of clarity on governance and accountability
- Poor transition planning for users & staff
- More training required for staff
- Some staff feel unsupported

The toolbox created as a result of the investigation will help support staff in residential services to meet the standards set by the HIQA and address areas of particular concern. Importantly, it has raised awareness amongst staff and families of the need to respect the wishes of service users.

## 20. Sustainability of the practice

*Description of whether the practice is sustainable, considering the following criteria:*

- *Potential for sustainability:* practice was newly started or is ongoing/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- *Organic sustainability:* service users have been empowered to take the practice forward
- *Established:* the project has been operational for several years

A sustainability plan has been developed to maintain and build on the progress made by the toolbox. It aims to:

- Mainstream the structures and processes set out in the toolbox
- Further develop capacity within services locally
- Strengthen leadership/governance at all levels
- Evaluate collaborative and cross-divisional quality improvement model

The Quality Improvement team is liaising with stakeholders in order to collaborate on an integral training plan for staff. The plan will focus on and match available resources against service requirements in respect of essential training for the development and maintenance of safe quality and person-centred care. The team is also working to develop a bespoke quality improvement course to equip local disability managers with the education, skills and expertise needed to implement, monitor and propagate local quality improvements in their services.

**21. Transferability of the practice**

*Description of whether the practice has been transferred, considering the following criteria:*

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

The Quality Improvement Toolbox will be disseminated across the disability sector, including services for people with physical, sensory, acquired brain injury and autism. There is evidence that the lessons learned from the toolbox are already being shared across services.

You can find out more about the HSE and its quality improvement department by visiting their website: http://www.hse.ie/eng/about/Who/qualityandpatientsafety/About_QPS/