

This document outlines a 'toolbox talk' applying the principles of quality and patient safety to the workplace. It was adapted from the Dublin North East regional initiative documentation **Quality and Patient Safety Toolbox Talks: Applying Quality Patient Safety Principles in Daily Practice (Nov 2012)** specifically for residential disability services for adults with intellectual disabilities by the SCD/QID Quality Improvement Enablement Project Team in October 2015.

Quality and Safety Principles: Applying Them in the Social Care Workplace

1. Key Message

Achieving safe quality care requires the vigilance and cooperation of the whole workforce, including service users and members of the public. Improving quality and protecting people from harm is all our responsibility – governance for quality and safety delivers the leadership and accountability systems to achieve this.

We are all responsible....and together we are creating a safer healthcare system.

2. What are the Quality and Safety Principles?

Principles can be used to guide; conduct action or decisions. The principles of Quality and Safety are:

- Service user first
- Safety
- Personal responsibility
- Defined authority
- Clear accountability
- Leadership
- Multi-disciplinary working
- Supporting performance
- Open culture
- Continuous quality improvement



3. How to use the Quality and Safety Principles

Each decision you make can be tested against the quality and safety principles. For example, if you:

- Are proposing a change in practice (e.g. change in documentation such as template for care planning) or
- Need to make a decision about the best approach to care for a particular service user

You can use the quality and safety principles to help you make a good decision. Questions you might ask:

- Am I putting the **service user first**?
- Is this approach **safe** – have I identified the evidence to support the decision, the potential risks and controls to minimise the risks?
- Am I taking **personal responsibility** for this decision – is the service user clear about their responsibilities?
- Do I have **authority** to make this decision?
- Am I clear about my **accountability** arising from this decision?
- Am I taking a **leadership** approach in making this decision?
- Am I collaborating with all relevant members of the team (gaining **multidisciplinary** input)?
- Will this decision **support performance** improvement – how will we measure this?
- Will I be **open** and discuss/disclose/report the outcome of my decision?
- Am I committed to learning from the outcome of my decision and **continuously improving services**?

4. Description of the Quality and Safety Principles

Each decision (at every level) can be tested against the quality and safety principles. A descriptor for each principle is set out below.

Table 1: Quality and Safety Guiding Principles Descriptor

Principle	Descriptor
<i>Service user first</i>	Based on a partnership of care between service users/families, carers and healthcare providers in achieving safe, easily accessible, timely and high quality service across the continuum of care.
<i>Safety</i>	Identification and control of risks to achieve effective, efficient and positive outcomes for service users and staff.
<i>Personal responsibility</i>	Where individuals as members of healthcare/social care teams, service users and members of the population take personal responsibility for their own and others health needs. Where each employee has a current job-description setting out the purpose, responsibilities, accountabilities and standards required in their role.
<i>Defined authority</i>	The scope given to staff at each level of the organisation to carry out their responsibilities. The individual's authority to act, the resources available and the boundaries of the role are confirmed by their direct line manager.
<i>Clear accountability</i>	A system whereby individuals, functions or committees agree accountability to a single individual. Where each person can give an account of their practice and can justify their actions or inactions.
<i>Leadership</i>	Motivating people towards a common goal and driving sustainable change to ensure safe high quality delivery of clinical and social care.
<i>Multi-disciplinary working</i>	Work processes that respect and support the unique contribution of each individual member of a team in the provision of clinical and social care. Multi-disciplinary working focuses on the interdependence between individuals and groups in delivering services. This requires proactive collaboration between all members.
<i>Supporting performance</i>	Managing performance in a supportive way, in a continuous process, taking account of professionalism and autonomy in the organisation setting. Supporting a director/manager in managing the service and employees thereby contributing to the capability and the capacity of the individual and organisation. Measurement of the service user experience being central in performance measurement (as set out in the National Charter, 2010).
<i>Open culture</i>	A culture of trust, openness, respect and caring where achievements are recognised. Open discussion of adverse events are embedded in everyday practice and communicated openly to service users and/or their family. Staff willingly report adverse events and errors, so there can be a focus on learning, research and improvement, and appropriate action taken where there have been failings in the delivery of care.
<i>Continuous quality improvement</i>	A learning environment and system that seeks to improve the provision of services with an emphasis on maintaining quality in the future, not just controlling processes. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves the setting of goals, education, and the measurement of results so that the improvement is ongoing.