

*This document provides prompts to guide local team discussions on quality and safety. It was adapted from the [Quality and Safety Prompts for Multidisciplinary Teams \(HSE, 2012\)](#) specifically for residential disability services for adults with intellectual disabilities by the SCD/QID Quality Improvement Enablement Project Team in December 2015.*

### Leadership, Governance and Management

- Q1. Who leads our team?
- Q2. Who are the members of our team; do we all know each other and understand each other's roles?
- Q3. Are we clear about our team roles and responsibilities, who we report to, and our lines of communication?
- Q4. What arrangements do we have in place, so that we know who the named doctor /clinician/key worker responsible and accountable for each person's care is at all times?
- Q5. Are we meeting the code of conduct and expected behaviour of our organisation and professional bodies?

### Person-Centred Care:

#### *Places the person at the centre of all that the service does*

- Q6. How do we identify and document people's needs and preferences?
- Q7. Do we provide accessible, clear and relevant information to people on the options available to them?
- Q8. How do we seek feedback (comments, compliments and complaints) from service users and members of the public?
- Q9. How do we respond to feedback from people? Do we ensure that the learning from feedback is shared with our team and is implemented?

### Effective Care:

#### *Consistently delivering the best achievable outcomes for service users*

- Q10. Have we identified the legislation, standards, guidelines and policies that guide our practice? Do we have easy access to them?
- Q11. Are we compliant with the relevant standards, guidelines and policies? - How do we know?
- Q12. How do we document care and communicate (including handovers) with service users, members of the team and other teams/services involved in each service users care?
- Q13. Are we clear about the criteria and arrangements for escalating the care of people with signs of deterioration?
- Q14. How do we agree and maintain the competencies required to deliver safe and effective care?
- Q15. How do we measure service user and service outcomes?
- Q16. Are we using resources effectively?

### Safe Care:

#### *Actively identifying, preventing or minimising risks of harm*

- Q17. Can any of us raise concerns about the quality and safety of the service? How?
- Q18. Have we identified potential risks associated with the care we provide?
- Q19. Have we effective safety measures in place to address each risk identified?
- Q20. Do we identify, openly disclose, manage, investigate and escalate incidents, adverse events and near misses?
- Q21. How do we receive and discuss reports on the number and type of incidents?
- Q22. Do we learn from incidents and implement quality improvements?
- Q23. What are the priorities for our team in protecting service users and improving quality?

### Better Health and Wellbeing:

#### *Promoting and protecting the health and well being of people*

- Q24. How do we support people in improving their own health and wellbeing?
- Q25. Do we have ways of dealing with and resolving issues that arise in our team?
- Q26. How do we focus on the health and well being of individual team members and the team?
- Q27. Do we know where to access support for staff?

## 1. Introduction

The prompts guide local team discussions on quality and safety. Achieving safe quality care requires the vigilance and cooperation of the whole workforce, including service users, staff 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.

**Governance for quality and safety** is the system through which healthcare/social care teams are accountable for the quality, safety and experience of people in the care they deliver. For health care/social care staff this means: specifying the standards you are going to deliver and showing everyone the measurements you have made to demonstrate that you have done what you set out to do.

## 2. Quality and Safety: National Standards for Residential Services for Children and Adults with Disabilities (2013)

The HIQA standards aim to promote progressive improvements in quality and safety of residential services provided to children and adults who use services on either a long term or short term basis. They provide a framework for the ongoing development of person-centred residential services for all people with disabilities including those with intellectual disabilities, physical and sensory disability and autism.

### Being Person-Centred means...

#### ...Affording people dignity, respect and compassion.

When people interact with services they are always treated with dignity, respect and compassion. This means incorporating patient and family knowledge, values, beliefs and cultural backgrounds into the planning and delivery of care.

#### ...Offering coordinated care, support or treatment.

Providing care, support and treatment that is personalised and ensuring that care is coordinated between services that are integrated. This happens across multiple episodes of treatment and over time. It is especially important when people are moving between services. It is also important that there is clarity between providers regarding who is responsible for care transferred?

#### ...Offering personalised care, support or treatment.

Because we are all different, person-centred care is care that is tailored to the needs and aspirations of each individual, not standardised to their condition. It means that the things that are important to the person receiving care and their family are discussed and form the basis of their treatment and care. Service users and families are treated as partners in individualised care and are encouraged and supported in participating in care and decision making at the level they choose. Enabling service users to develop the knowledge, skills and confidence to make informed decisions and to manage their healthcare.

#### ...Enabling.

Seeing service users as assets and seeking to support them to recognise, engage with and develop their own sense of resourcefulness and to build on their own unique range of capabilities. Being enabling means that systems and services orientate themselves towards supporting service users to recognise and build upon their own strengths and / or to recover from setbacks or episodes of ill health so that they can live an independent and fulfilling life. Communicating and sharing complete and unbiased information with service users and families in ways that are affirming and useful and facilitates them to effectively participate in care and decision making.

#### ...Collaboration.

Service users, families and service providers collaborate in policy development, implementation and evaluation and design and delivery of services. At service delivery level, participation of service users and family members on service user councils is one of the models of joint, collaborative working and partnership.

## 3. Quality and Safety: the multidisciplinary team's role

The focus is on creating the environment and culture where excellence is embraced and can flourish with strong multidisciplinary team collaboration. The objective is that all health and social care is aligned within governance for quality and safety system.

Multidisciplinary teams consist of representatives from different disciplines and professional backgrounds who each have complementary experience, qualifications, skills and expertise. Members of the team provide different services for people in a co-ordinated and collaborative way. Membership may vary and will depend on the persons' needs.

## 4. How to use the quality and safety prompts

The prompts can be used as a guide for action on quality and safety using the plan, do, study, act (PDSA) cycle. Your decision can also be guided by the quality and safety principles and the *Quality and Patient Safety Clinical Governance Information Leaflet*.