

QUALITY ASSESSMENT FRAMEWORK
FOR HOME IMPROVEMENT AGENCIES
AUGUST 2004

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C 1.1 Needs and risk assessment

The needs of clients are fully assessed by people competent to do so, involving the client and carers and/or other professionals if the client wishes. Clients' views are central to the assessment process.

Standards		Examples of Evidence	
Performance Level D			
1	There is no formalised approach to needs and risk assessment and the need to develop one is accepted.		
Performance Level C			
1	An assessment of client needs and risks is made prior to a service being offered.	The assessment process is written down and staff can describe the procedures that are followed.	
2	Client needs and risks are assessed on a consistent and comprehensive basis.	<p>There is an assessment tool (e.g. Foundations Assessment Form, other forms, questionnaires etc.) appropriate to the client group.</p> <p>This assessment would cover:</p> <ul style="list-style-type: none"> • Contact and communication • Safety, security and maintenance of the home • Personal safety and risk • Risks to staff and community • Mobility, aids and adaptations • Physical health, hygiene and mobility • Family and/or social contacts • Cultural and faith needs • Financial circumstances • Claiming welfare benefits <p>Copies of all assessments are kept on file.</p> <p>The assessment procedures are covered in staff induction and/or training programmes.</p>	
3	If the needs of clients change during a case, the planned outcomes are reviewed.	<p>Case notes show that clients' needs have been reviewed if required.</p> <p>The procedures for review of outcomes are documented.</p> <p>The procedures are covered in staff induction and/or training programmes.</p>	
4	Assessments involve clients and takes full account of their own views, targets and aspirations.	<p>The written procedures describe how prospective clients' views are to be incorporated.</p> <p>Clients are presented with a range of outcomes from which they can choose, or they can choose not to take up any of the services offered.</p> <p>Clients are provided with a copy of the information collected about them if they require.</p> <p>Clients' views have been listened to and taken into account and recorded in case notes.</p>	
5	Assessment procedures are reviewed periodically and in response to changing legislative or funding requirements.	There is documentary evidence that the procedures have been reviewed/updated within the last five years (or more recently if required by external factors).	

Standards		Examples of Evidence	
6	Staff carrying out assessments are competent to do so.	<p>Training records and/or personnel files show that relevant staff have been trained in the needs and risks assessment process.</p> <p>OR</p> <p>Staff can describe the assessment process and the rationale behind the key elements.</p> <p>OR</p> <p>Personnel files show that staff making assessments are experienced in working with those needs most commonly encountered amongst prospective clients.</p> <p>Case notes show that, when necessary, assessments are carried out by more than one member of staff (e.g. case worker and technical officer) so as to broaden the skills/knowledge base.</p>	

Performance Level B			
1	When a client gives permission, outcomes of assessments are explained to referral agencies.	Referral agencies can confirm that they receive these explanations.	
2	Outcomes of assessments are explained to clients.	<p>The written procedures state that decisions must be explained to all clients.</p> <p>When a substantial service is proposed, clients are provided with a written explanation and copies are placed on their case files.</p> <p>Clients who cannot be helped following caseworker and/or technical officer visits are provided with a written explanation and the provider retains copies on file.</p>	
3	Clients who cannot be helped are referred to more appropriate services.	<p>Case notes or correspondence show that clients who cannot be helped have been advised as to potential alternative providers.</p> <p>Agencies have a contacts directory listing potential alternative providers.</p>	
4	The agency takes a proactive approach to involving other agencies in its work. This includes trying to establish stronger links or more regular interaction with key agencies.	<p>Copies of correspondence or minutes of meetings demonstrate inter-agency liaison.</p> <p>Other agencies are able to confirm the joint working initiatives.</p> <p>There are named contacts in all of the key agencies and examples of regular information sharing.</p> <p>Staff are readily able to refer to relevant individuals and describe the nature of contacts with them.</p> <p>Individuals from key agencies sit on the Advisory Group.</p>	
5	Feedback is periodically sought from key agencies as part of service planning and review.	<p>Feedback from other agencies is recorded.</p> <p>There are minutes, reports or other documents that refer to this feedback being incorporated into service planning and review.</p>	

Performance Level A			
1	Professional expertise is available when necessary.	There is documentary evidence (correspondence, protocols etc.) that external experts are available to participate in assessments when necessary.	
2	The Advisory Group is involved in periodic reviews of the assessment and review procedures.	Minutes of Advisory Group meetings show involvement in periodic reviews.	

Standards		Examples of Evidence	
3	Outcomes of the reviews of individual support needs are used to inform service development and strategic planning.	Reviews of support needs consider how successful the agency has been in assisting clients in realising their plans, targets or aspirations. This information is used to improve services. Business plans and/or other strategic documents cite evidence from the outcomes of reviews in the planning or remodelling of future services to ensure that services continually reflect changing needs and aspirations.	

C 1.2 Case planning and management

Clients cases are effectively planned and managed based on up-to date assessments of need.

Note: Assessment, case planning and management are often components of the same process. Some evidence requirements for this objective will already have been addressed in objective C1.1.

Standards		Examples of Evidence	
Performance Level D			
1	There is no formalised approach to case planning and management and the need to develop one is accepted.		

Performance Level C

1	The service that clients receive follows from the needs assessment and addresses the outcomes identified.	The details of how the case is planned and managed are written down, in case notes for example. The links between the needs assessment and the intended outcomes can be seen. Staff can describe the procedures that are followed.	
2	If the needs of clients change during a case, the planned outcomes are reviewed.	Case notes show that clients' needs have been reviewed if required. The procedures for review of outcomes are documented. The procedures are covered in staff induction and/or training programmes.	
3	Case planning and management procedures are reviewed periodically and in response to changing legislative or funding requirements.	There is documentary evidence that the procedures have been reviewed/updated within the last five years (or more recently if required by external factors).	

Performance Level B

1	Case planning is outcome focused	The planning process, case notes or Project Plans, incorporate specific intended outcomes that have been agreed with clients and, if appropriate, carers, relatives or other advocates.	
2	The timing of any changes is responsive to clients.	Procedures state that the client can initiate reviews or changes at any time. This right is explained within the service description, client handbook, etc. Clients confirm that they are aware that they can initiate changes e.g. by signing an agreement letter.	

Standards		Examples of Evidence	
3	Case planning takes account of the wider needs of the client (beyond those being met directly by the agency) that impact upon the need for support, and the extent to which these are currently met by other agencies.	Case notes or project plans demonstrate such planning takes place. Staff are able to describe the arrangements by which wider support needs are met and by which there is co-ordination between the various agencies concerned.	
4	The agency takes a proactive approach to involving other agencies in its work. This includes trying to establish stronger links or more regular interaction with key agencies.	Copies of correspondence or minutes of meetings demonstrate inter-agency liaison. Other agencies are able to confirm the joint working initiatives. There are named contacts in all of the key agencies and examples of regular information sharing. Staff are readily able to refer to relevant individuals and describe the nature of contacts with them. Individuals from key agencies sit on the Advisory Group.	
5	Feedback is periodically sought from key agencies as part of service planning and review.	Feedback from other agencies is recorded. There are minutes, reports or other documents that refer to this feedback being incorporated into service planning and review.	

Performance Level A			
1	Professional expertise is available when necessary.	There is documentary evidence (correspondence, protocols etc.) that external experts are available to participate in the process of achieving the desired outcomes when necessary.	
2	Formal mechanisms are in place between the agency and external services to facilitate and enable joint working.	Initiatives such as shared protocols, joint assessment procedures, joint planning arrangements; joint training can be described by staff and evidenced by appropriate documentation.	
3	There are periodic meetings with key agencies to plan or review service delivery.	Both the agency and the other agencies are able to provide records of such meetings and reviews.	
4	The Advisory Group is involved in periodic reviews of how cases are managed.	Minutes of Advisory Group meetings show involvement in periodic reviews.	
5	Outcomes of the reviews of individual support needs are used to inform service development and strategic planning.	Reviews of support needs consider how successful the agency has been in assisting clients in realising their plans, targets or aspirations. This information is used to improve services. Business plans and/or other strategic documents cite evidence from the outcomes of reviews in the planning or remodelling of future services to ensure that services continually reflect changing needs and aspirations.	

C 1.3 Security, health and safety

The security, health and safety of all individual clients, staff and local residents are protected.

Explanatory note:

This standard addresses security and health and safety risks that potentially affect all clients.

The failure to achieve level C represents a serious potential risk to clients and/or staff. Where level C is not achieved the agency must take immediate steps to bring performance up to this level.

Standards	Examples of Evidence
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Performance Level D

1	There is no up-to-date health and safety policy but the need for immediate action to achieve performance level C is accepted.	
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Performance Level C

1	There is an up-to-date health and safety policy.	The policy is less than five years old and is in accordance with relevant legislation including where applicable: Health and Safety at Work Act 1974.	
2	Staff understand and implement the policy.	Staff induction programmes cover the health and safety policy. Staff are able to describe the principal features of the policy and the impact on their work.	
3	Risk assessments of office premises and service delivery mechanisms are conducted periodically, at least annually to identify and address health and safety and security risks to staff and clients.	There are records of the inspections, participants, key findings and action taken. Vetting of contractors ensures that they comply with relevant legislation when working in clients' homes. Staff can confirm that there are procedures in place that address the risks faced by lone workers.	
4	Action is taken in response to individual concerns raised by staff or clients.	Records of concerns raised, action taken and feedback provided. Concerns raised by clients would be recorded in case notes.	

Performance Level B

1	A formal methodology exists for conducting risk assessments.	Prior to building works commencing, an on-site risk assessment is carried out.	
2	Clients are involved in risk assessments.	The risk assessment procedure states that the client's opinion must be sought and recorded in case notes. Case notes record the participation of clients.	
3	The safety of clients when work is carried out in their home is considered.	Contractors are vetted and contracts, schedules or a Code of Conduct for Contractors specify the need for especial consideration when working with vulnerable clients. Contractors are adequately insured.	
4	Special attention is paid to the risks of lone workers.	Where staff work alone, risk assessments specifically address the risks faced by lone workers. This assessment respects client confidentiality. There is a lone worker policy that sets out procedures to minimise the risks to people working alone.	

Standards

Examples of Evidence

Performance Level A

1	The Advisory Group is involved in review of health and safety and security policies and procedures.	Minutes or other records of the review processes demonstrate participation. There is a mechanism for this review to be incorporated in reviews of corporate policies and procedures.
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C 1.4 Protection from abuse

Clients have the right to be protected from abuse and this right is safeguarded.

The failure to achieve level C represents a serious potential risk to clients and/or staff. Where level C is not achieved the agency must take immediate steps to bring performance up to this level.

Standards

Examples of Evidence

Performance Level D

1	There are no up-to-date policies and procedures to ensure protection from abuse and the need for immediate action to achieve performance level C is accepted.
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Performance Level C

1	There are robust procedures (including a whistle-blowing policy and recruitment checks) for avoiding and responding to actual or suspected abuse or neglect.	The procedures are documented in codes of conduct for staff or similar documents and address physical, sexual, psychological, financial or material and discriminatory abuse and acts of neglect or omission. The procedures are in accordance with the Public Interest Disclosure Act 1998 and, where appropriate, with the Department of Health guidance "No Secrets". The procedures have been reviewed within the last five years.
2	Prompt action is taken in response to individual complaints or concerns from staff or clients.	A log records details of investigations and outcomes and shows that appropriate action is taken.
3	The policies and procedures are fully understood by staff.	Staff induction and training programmes specifically address protection from abuse. Staff are able to describe the principal elements, the reasons behind them and their implications for their work. Vetting of contractors ensures that they understand and comply with policies. There is a Code of conduct for contractors. Staff know to whom they should report any actual or suspected abuse or neglect.
4	There are procedures to prevent staff from personal benefit when working with vulnerable people.	There is a documented risk assessment addressing potential for personal benefit through abuse e.g. in the provision of financial advice, power of attorney, handling clients' money, managing improvement works etc. Procedures are in place to minimise identified risks. There is a Code of Conduct that clearly states the practice that must be followed in the event of any gift or inducement being offered by either a client or a contractor.

Standards		Examples of Evidence	
5	Staff are made aware of and understand their professional boundaries.	There is documentary evidence that induction, training and supervision specifically addresses the nature and limits of relationships between staff and clients. Staff are able to describe the policies concerning relationships with clients.	
6	Clients are aware of the procedures for reporting any problems, including abuse or neglect.	The existence of the procedure is publicised in appropriate ways e.g. in client welcome packs or handbooks. OR Clients are advised to whom they should report any problems, including actual or suspected abuse or neglect.	

Performance Level B			
1	Staff receive appropriate training.	Training is provided to all relevant staff. HR records show that the training has been attended. Staff can explain the content of the training and the impact on their work. Staff can explain how to recognise symptoms of abuse or neglect. Staff can explain how they deal appropriately with aggression from clients.	
2	There is a periodic review of the effectiveness of abuse policies.	The review is documented and examines how any reported case was dealt with and also aims to identify and address any disincentives to reporting of actual or suspected abuse or neglect. This review may occur as part of a corporate policy review by the agency's managing agent.	

Performance Level A			
1	The Advisory Group is involved in reviewing the policies and procedures.	Minutes or other records of the review processes demonstrate participation.	
2	There is a policy relating to Disclosure (of convictions) for all staff who have contact with vulnerable clients.	The policy is available and staff can demonstrate knowledge of the policy and the need for it. There is a record of when a Disclosure check was made (not the Disclosure itself).	
3	There is a commitment to a co-ordinated multi-agency approach to tackling abuse or neglect in the agency policy on abuse.	Notes of multi-agency working e.g. minutes and agendas, named contacts, joint action plans etc.	
4	There is a planned approach to supporting clients who are victims of abuse or neglect.	There is a documented means of responding to victim support including, for example; agreements with other providers to offer alternative services to victims, providing or putting victims in touch with forms of support such as counselling, legal advice etc.	
5	There is a planned approach to dealing with perpetrators.	There are clear procedures in place for identifying perpetrators, informing the police and/or taking legal action if appropriate, terminating employment of staff.	

C 1.5 Fair access, diversity, inclusion and minority needs

There is a commitment to the values of diversity and inclusion and to practice of equal opportunity (including accessibility in its widest sense) and the needs of black and minority ethnic clients are appropriately met.

Explanatory note:

Equal opportunities are addressed by this standard.

Standards		Examples of Evidence	
Performance Level D			
1	There is no written statement of equal opportunity policy (EOP) or documented approach to diversity and inclusion and the need for further work is accepted.		
Performance Level C			
1	The eligibility criteria and application process are publicised and freely available.	The eligibility criteria and the application process, are written down and described in plain language. Copies are available if required.	
2	The assessment processes are up-to-date and ensure fair access to the service.	There is a documented procedure that specifies how enquiries and applications are processed, assessed and prioritised if there is a waiting list. The procedure is explained to potential clients at the initial enquiry stage. The assessment procedure ensures that the client's needs are compared objectively with the services offered by the agency. The procedures have been reviewed within the last five years.	
3	There are written policies covering equal opportunity (EOP), anti-discriminatory practice (ADP) and harassment that applies to employment of staff and access to services.	The policies exist and cover discrimination on grounds of gender, age, religion, race, disability, nationality and sexuality. The policy covers staff and clients and addresses access to services and employment.	
4	There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes.	The policies have been reviewed within the last five years. The equal opportunities policy is in accordance with the Race Relations Act 1976, Disability Discrimination Act, Human Rights Act 1998, Sex Discrimination Act 1975 and subsequent amendments to these. The policies are in accordance with the CRE Code of Practice.	
5	Staff are familiar with the above policies.	Policies are covered in induction programmes. Staff are able to describe key features of the policies.	
Performance Level B			
1	There is a documented plan for ensuring equality of opportunity and anti-discriminatory practice.	The plan exists and covers both staff and clients. This may be a corporate plan produced by the agency's managing agent.	

Standards		Examples of Evidence	
2	Particular attention is paid to ensuring fair access to minority and "hard to reach" groups.	<p>The eligibility criteria, means of prioritising applications and the application process are actively distributed to organisations working with individuals from minority and discriminated-against groups.</p> <p>Target organisations are able to confirm receipt.</p> <p>Active links are made with organisations working with minority and discriminated-against groups with the aim of ensuring that referral pathways, eligibility and service design are non-discriminatory and promote fair access.</p> <p>There is evidence of the active links e.g. minutes of recent meetings, named contacts in other organisations, correspondence, confirmation from other parties etc.</p>	
3	<p>The effectiveness of the equal opportunities and anti-discriminatory policies and plans are periodically reviewed.</p> <p>Equality access targets are set and performance monitored against these.</p>	<p>The targets are documented and approved in appropriate minutes. These targets might include, for example, the number of presentations made to "hard to reach" groups in each year. Relevant staff demonstrate a working knowledge of the targets.</p> <p>Periodic reviews of statistics and other performance information compared to targets contained with the plan.</p>	
4	The ADP, EOP and harassment policies are implemented and effective.	<p>The workforce reflects the diversity and cultural profile of clients as far as is practicable.</p> <p>Vetting of contractors ensures that they comply with the policies.</p> <p>Staff are able to explain the policies and how they impact on their work.</p> <p>Staff are able to refer to specific actions or changes arising from the policies (e.g. changes in recruitment practices, challenges to unacceptable language or behaviour etc.)</p>	
5	Clients are provided, if it is appropriate, with information on organisations or services for discriminated-against groups.	The information is evident in newsletters, client handbooks, introductory information or other suitable media.	
6	The communication needs of clients from minority groups are catered for.	<p>Where clients prefer to communicate in a language other than English, they are able to do so either with staff who speak their language or via readily available interpreters.</p> <p>There is evidence that following consultation with representatives, reasonable efforts have been made to ensure that written information and correspondence is provided in the preferred forms (e.g. other languages, signing, Braille, etc.) of as many clients or potential clients as is feasibly possible.</p>	
7	Staff understand and are sensitive to particular needs of clients from minority groups.	<p>Training and/or recruitment records show that staff are specifically recruited or trained to ensure this understanding.</p> <p>Vetting of contractors or a code of conduct for contractors addresses the need for sensitivity to client cultural needs.</p>	
8	Clients are made aware of the above policies.	Policies are explained in clients' welcome packs or similar introductory information.	

Standards

Examples of Evidence

Performance Level A		
1	The Advisory Group is involved in the periodic review of the application processes, including eligibility criteria and methods of prioritising cases. The Group is also involved in the periodic review of ADP, EOP and harassment policies.	Notes of involvement or consultation through meetings, focus groups, newsletters etc. There would also be evidence of review of these policies at a corporate level by the agency's managing agent or management committee.
2	There is a co-ordinated multi-agency approach to tackling discrimination and harassment.	Notes of multi-agency working e.g. minutes and agendas, named contacts, joint action plans etc.
3	There is a planned approach to supporting clients who are victims of abuse.	There is a documented means of responding to victim support including, for example; agreements with other providers to offer alternative services to victims, providing or putting victims in touch with forms of support such as counselling, legal advice etc.
4	There is a planned approach to dealing with perpetrators.	There are clear procedures in place for identifying perpetrators, informing the police and/or taking legal action if appropriate, terminating employment if staff are involved.
5	Key stakeholders are actively involved in reviewing eligibility criteria, application procedures and prioritisation.	Correspondence, minutes, stakeholders themselves confirm participation of referral agencies, funders/commissioners, organisations working with discriminated-against groups.
6	Fair access is assured by independent audit.	There are records of periodic independent audits of the assessment and allocation process. This might be by analysis of the clients that have made enquiries about the service in the past year and what help they had been given. <i>("Independent" does not necessarily mean by somebody outside the agency but refers to a person or persons who are not involved in or responsible for service delivery e.g. Advisory Group member).</i>

C 1.6 Complaints

Users, carers and other stakeholders are made aware of complaints procedures and how to use them.

Standards

Examples of Evidence

Performance Level D

1	There is no written complaints procedure and the need to develop one is accepted.	
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Performance Level C

1	There is a written complaints procedure which makes clear: <ul style="list-style-type: none"> whom to complain to in the first instance what the agency will do how to escalate a complaint and appeal in the case of dissatisfaction with the outcome 	The procedure exists and has been reviewed within the last five years. If a complaint is to be escalated, the procedure gives relevant information on how this can be done.
2	All clients and carers are made aware of the complaints procedures and how to use them.	The existence of the procedure is publicised in appropriate ways e.g. welcome packs, handbooks, etc.
3	Staff follow the procedure.	Staff are able to describe the procedure. There is a log of complaints.

Standards		Examples of Evidence	
4	Action is taken in response to individual complaints.	A complaints log records outcomes to complaints and shows that appropriate action is taken.	

Performance Level B			
1	The language and presentation of the procedure promotes understanding by the majority of clients.	The procedure is written in simple language and is available in forms appropriate to the needs of as many clients as possible.	
2	Clients and carers understand the procedure.	Clients are provided with a copy of the procedure.	
3	Outcomes of complaints are fed back to complainants.	Case files or other records contain correspondence or notes of verbal feedback.	
4	The agency and its staff see complaints as a positive feedback tool.	Staff receive training in dealing with and encouraging appropriate complaints. Clients and carers feel able to complain and are confident that their complaint will be dealt with in a positive manner. There is a periodic review (at least every five years) that asks whether there is sufficient awareness of the procedure and what might inhibit complaints.	

Performance Level A			
1	Clients and carers are encouraged and empowered to use the complaints procedure.	Records (e.g. case notes, support plans, day-books) show that individual clients have been encouraged and supported in the use of the complaints procedures. Independent advocacy is available to help clients and carers to use the complaints system.	
2	Complaints are proactively used in planning and shaping services with the involvement of clients and carers.	There is an annual review of complaints received, which is used in determining consequent changes or improvements to the service.	
3	Reviews of the complaints procedure involve the Advisory Group.	There is a periodic review (at least every five years) of the complaints procedure that involves the Advisory Group in determining any changes in the procedures. The review should aim to ask whether there is sufficient awareness of the policy and what might inhibit complaints.	
4	The complaints procedure specifically addresses complaints from external individuals or organisations.	The procedure is documented.	

S 1.1 Informing clients

Clients are well informed so that they can communicate their needs and views and make informed choices.

Explanatory note:

To satisfy this requirement clients must:

- *understand the service offered*
- *understand their rights in relation to the service*
- *understand their choices concerning alternative service provision*

Standards		Examples of Evidence	
Performance Level D			
1	Information for clients is limited and the need for further work in this area is accepted.		
Performance Level C			
1	Staff are knowledgeable about the range of services provided by their own organisation that may meet the needs of clients.	Up-to-date relevant information is contained on staff notice boards, in handbooks, operational manuals, newsletters or other relevant media. Staff are able to demonstrate knowledge of the types of services and support available.	
2	Clients are able to make informed choices about the services offered by the provider that may meet their needs.	Referral agencies can confirm that information about the service is made available in a form appropriate to intended clients. Clients meet with agency staff before accepting services. Case notes confirm that they were visited before services were offered.	
Performance Level B			
1	Staff are knowledgeable about and can facilitate access to support and services offered by other providers that may meet client needs.	Up-to-date information is secured and maintained about support and services provided by other organisations that may be relevant to the needs of clients. Staff are able to describe how users can access a range of appropriate services and support both within their own organisation and from other relevant organisations. Evidence that the HIA has good working relationships with agencies that provide complementary services.	
2	Clients are fully informed about the implications of proposed works, what costs will be and what choices they have.	Discussions with clients are recorded in case notes. Specifications, drawings and schedules are produced for works and adaptations. Tenders or quotations are taken from more than one contractor and these are discussed with the client.	
3	Clients are informed that they are able to receive services from alternative service providers (where these exist).	Information given to clients explains the options available to them.	
Performance Level A			
1	Clients are informed about the procedure for terminating the current service.	The agreement letter signed by clients explains the procedure.	
2	Clients are informed how to access alternative services from other providers.	Case notes record when clients have been able to access other services.	

Standards		Examples of Evidence
3	Clients are informed about the key differences between the service they are using and other services on offer that may address their needs.	Case notes record the different services that have been explained to clients.

S 1.2 Consulting and involving clients

Clients are consulted about the services provided and are offered opportunities to be involved in the running of the agency.

Note:

The objectives contained in performance levels C and B address consultation with clients about their own case. Performance level A addresses consultation with clients about services and service delivery in general.

Standards		Examples of Evidence
Performance Level D		
1	There is no structured consultation framework in place and the need to develop one is accepted.	

Performance Level C		
1	Clients have the right to be consulted.	The statement of rights and responsibilities includes the right to be consulted.
2	Clients and (if applicable) carers or relatives are consulted on all significant proposals, which affect their lives or comfort, and their views taken into account.	Case notes show that consultation has taken place. Minutes or other documents refer to cases where proposals have been developed or amended in the light of feedback from clients.

Performance Level B		
1	Clients are offered a range of opportunities to give their views, make comments, offer ideas - both individually and in groups - about the services provided.	Mechanisms for consultation are wide-ranging and aimed at securing the inclusion of all clients, to the extent and at the level they wish to be involved. Whenever possible, clients and/or client representatives are included in an Advisory Group. Consultation is documented and includes examples of how clients have influenced decisions on how a service is delivered. This goes beyond consultation on already formulated proposals.
2	Clients are clear about what is expected of them, what they can influence and what will happen as a result of their involvement.	Information is provided from the outset that clarifies for clients what they can and cannot influence. Clear feedback loops are in place to indicate how their views have been taken into account.

Performance Level A		
1	Consultation focuses on clients' concerns and they have opportunities to shape the agenda.	Mechanisms for consultation are sufficiently open and flexible that users have the opportunity to raise their own issues and concerns and not just respond to what the service defines as important. Forums and opportunities are available that enable clients to come together, to share experiences and determine what will meet their needs. Clients' views are sought about preferred methods of consultation.
2	Staff and clients review the effectiveness of the consultation process and the outcomes achieved.	There is a documented process of review that indicates the effectiveness of the consultation process and outcomes from the perspective of clients, staff and managers.

Standards		Examples of Evidence	
3	Clients have opportunities for meaningful participation at the highest levels in running the service.	There are creative and appropriate mechanisms in place to facilitate client's involvement. Minutes of decision-making forums illustrate how clients' views have been taken into account. Clients confirm that they believe that their views have been properly considered.	
4	Support is provided to facilitate engagement; and opportunities and forums for involvement are designed to encourage participation.	Appropriate support is available to enable clients with different needs and capacities to be consulted e.g. practical help (travel expenses).	

S 1.3 Empowerment and supporting independence

There is a commitment to empowering clients and supporting their independence.

Note

Objectives in this standard are also addressed in Objective S3.2.

Standards		Examples of Evidence	
Performance Level D			
1	The service description and/or support plans do not address empowerment and the need for further work is accepted.		

Performance Level C			
1	Clients are encouraged to take part in decisions about their home and the services they receive.	Staff can point to several examples of how clients can and have influenced decisions about how a service is delivered, which go beyond consultation on already formulated proposals. Case notes confirm that this happens.	

Performance Level B			
1	There is a defined approach to empowering clients.	The approach is documented in the service description and: <ul style="list-style-type: none"> defines the meaning of empowerment as it applies to users of the specific service describes how the service aims to empower clients and support clients' independence 	
2	Staff understand and work in accordance with the approach.	Empowerment and promoting independence feature in training and induction programmes. Staff are able to describe how they work with clients in order to promote independence etc.	
3	Independence is promoted through appropriate equipment and/or adaptations and services relevant to individual needs.	Case notes/working documents show that these have been provided.	

Standards

Examples of Evidence

Performance Level A		
1	The Advisory Group plays an active role in shaping current and future service delivery.	The Advisory Group is involved appropriately and effectively in: <ul style="list-style-type: none"> • business planning • review of the service description • review of aims and objectives • management structures e.g. board of management, sub-committees, AGMs etc.
2	Assessments of client risk balance the duty of care with promotion of independence.	Working records indicate that clients are encouraged to take reasonable risks in maintaining their independence.
3	Understanding of individual clients places emphasis on their strengths and supports them in developing their own solutions to problems and maintaining their independence.	Case notes and other documents confirm this to be the case. Clients confirm this through satisfaction surveys and informal correspondence.

S 2.1 Privacy and confidentiality

Individual clients have a right to privacy and confidentiality and this is respected

Standards

Examples of Evidence

Performance Level D

1	There are no policies governing confidentiality and privacy and the need to develop them is accepted.	
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Performance Level C

1	There are confidentiality, privacy and freedom of information policies.	The policies exist and are appropriate to the client group. The policies have been reviewed within the last five years. The confidentiality policy complies with the Data Protection Act 1998, the Human Rights Act 1998 and the Public Interest Disclosure Act 1998.
2	Access to clients' personal records is restricted to those with a need to have access.	Paper records are kept in locked cabinets or locked rooms to which only authorised personnel have access. Computerised records are protected by security protocols e.g. passwords etc.
3	Clients are made aware of the policies and their associated rights.	The policies are explained in clients' handbook, induction packs or similar introductory information. Clients sign an agreement letter that confirms awareness of the policies and their implications for them.
4	The confidentiality and privacy policies are understood and implemented by staff.	Induction and/or training programmes address the policies. Staff are able to explain the main features of the policies and the implications for their work.

Standards		Examples of Evidence	
Performance Level B			
1	Clients understand their rights under the policies.	Clients sign an agreement letter that describes their principal rights and informs clients how to access copies of written records relating to themselves.	
2	The policies make clear when confidentiality may be set aside and why.	The policies contain appropriate clauses.	
3	The policies and their effectiveness are regularly reviewed.	Minutes or other notes confirm this.	

Performance Level A			
1	The confidentiality and privacy policies are understood and implemented by contractors.	Vetting of contractors and a Code of Conduct for contractors provides evidence for this. Contractors can confirm that they are familiar with the policies.	
2	The Advisory Group is involved in the review of the confidentiality and privacy policies.	Minutes or other notes record participation by the Advisory Group. These policies will also be reviewed at a corporate level by an agency's managing agent.	

S 2.2 Rights and responsibilities			
The rights and responsibilities of clients, staff and community are promoted and protected.			
Standards		Examples of Evidence	
Performance Level D			
1	There is no statement of the rights and responsibilities of clients and the need to develop one is accepted.		

Performance Level C			
1	When a substantial service is to be offered, there is a statement of the rights and responsibilities of clients.	The statement exists. The statement covers rights in relation to: information; complaints and appeals; redress; any legal rights relevant to the service; participation and involvement; privacy; choice; personal freedom. The statement covers responsibilities in relation to: payment for service; acceptable behaviour (including nuisance / violence / harassment); take-up or refusal of service	
2	The statement is explained to clients on entry to the service and reinforced thereafter.	Staff confirm this to be the case. A statement of clients' rights and responsibilities is included in client welcome packs or other introductory material. OR Clients sign a copy of the letter containing the statement to confirm their agreement.	

3	<p>There is a clear and accessible statement of the rights and responsibilities of staff that:</p> <ul style="list-style-type: none"> • covers their relationship with clients and other agencies • is understood by staff and implemented • is explained to staff on entry to the service and reinforced through support and supervision thereafter 	<p>The statement exists and sets out the professional boundaries of staff in relation to clients and other professionals.</p> <p>Staff are able to demonstrate understanding of the approach set out in the statement.</p> <p>There is evidence from notes or minutes of induction, supervision and training activities that the statement is conveyed to staff and reinforced by managers.</p>	
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Performance Level B

1	The statement is accessible to people who use the service.	The statement is written in plain language and, where necessary, is available making appropriate use of video, audio, the spoken word, etc., in order to ensure maximum accessibility to the intended client group.	
2	<p>The statement:</p> <ul style="list-style-type: none"> • is reflected in actual practices • is explained to clients on entry to the service and reinforced thereafter • explains the need for any restrictions upon personal freedoms. 	<p>The statement covers responsibilities in relation to: payment for service; acceptable behaviour (including nuisance / violence / harassment); take-up or refusal of service.</p> <p>Case notes or support plans evidence service delivery that is consistent with the statement.</p> <p>Client's signature confirms this to be the case.</p> <p>Staff are able to confirm practices are consistent with statement.</p>	

Performance Level A

1	The extent to which the service promotes and protects the rights and responsibilities of clients, staff and the community is periodically reviewed in participation with the Advisory Group.	<p>There are notes of such reviews and the outcomes.</p> <p>There is evidence of participation of clients, staff and members of the community (e.g. minutes of meetings, attendance lists etc.)</p>	
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S 3.1 Service description

The provider has a coherent description of the support service/s to be provided, based on defined values, rights and philosophy of support.

Standards

Examples of Evidence

Performance Level D

1	There is no service description available to potential clients and other interested parties and the need to develop one is accepted.	
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Performance Level C

1	There is a description of the service, whom it is for and how it can be accessed.	<p>The service description explains:</p> <ul style="list-style-type: none"> • for whom the service is intended • criteria for access to the service • how to access the service • the forms of support offered. <p>The information provided to potential clients and the handbook or equivalent document given to current clients contains a copy of the description.</p>	
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Standards		Examples of Evidence	
2	The service description is up-to-date, accurate and used.	There is documentary evidence (e.g. advisory group minutes) to show that the description has been reviewed within the last three years or since the last time that there was a substantive change to the service) Staff describe the service in terms similar to those in the service description. The description is used to communicate with purchasers, current and potential clients, current and future staff and other stakeholders.	

Performance Level B			
1	The service description is comprehensive.	The service description also explains: <ul style="list-style-type: none"> • how the support needs of potential clients are assessed • how the service is delivered (where, when, how, by whom) • what components of the service (if any) are compulsory • what limitations are placed on clients' choices • what clients can expect and what is expected of them • what the service expects to achieve • any philosophy or values which underpin the service (e.g. supporting independent living in the client's own home etc). 	
2	The description is accessible to the majority of potential and actual clients and other stakeholders.	The description is written in simple language and is available in forms appropriate to the majority of clients for whom the service is intended.	

Performance Level A			
1	The description addresses quality assurance.	The description explains: <ul style="list-style-type: none"> • how standards of service delivery are assured • what quality measures are in place • how clients have been involved in shaping the service. 	

S 3.2 Choice, sensitivity and responsiveness

The service is flexible, sensitive and responsive with the aim of maximising clients' dignity, independence, choice and control over their own lives.

Explanatory note:

Many aspects of dignity, independence, choice and control are also addressed by Objectives S1.3, S1.2 and S2.1.

Standards		Examples of Evidence	
Performance Level D			
1	There are few or no special measures in place to ensure that the service is flexible, sensitive, and responsive to choice and maximises dignity and independence and the need to develop these is accepted.		
Performance Level C			
1	The agency is committed to ensuring that users have as much dignity, independence, choice and control over their own lives as possible.	The service description states that the service aims to achieve this.	
Performance Level B			
1	The agency responds to changing needs as identified through reviews of individual support needs.	Case notes confirm that requests for change or changing needs are given proper consideration. Where requests for change cannot be met, clients are provided with a full explanation, as recorded in case notes or correspondence.	
2	Feedback from clients is regularly collected and reviewed	There are records of feedback collected through surveys, HIA Advisory groups, exit interviews or other appropriate methods.	
3	There are easy-to-use feedback mechanisms for spontaneous use by clients.	There are well-publicised formal means such as meetings etc., as well as informal means such as talking to members of staff, which are backed up by formal recording processes.	
4	Clients have reasonable choice over the services they receive and how they are delivered.	Policies, the service description, clients themselves confirm that they are able to participate and to exercise some choice over timing of works, choice of contractors, the nature of the intervention, etc.	
Performance Level A			
1	Clients are able to discuss concerns or worries about the service with a person other than the caseworker or technical officer before or instead of lodging a formal complaint.	Formal arrangements are in place and evidenced by procedures (e.g. complaints procedure). If appropriate, a member of the Advisory Group might be available as an independent person. Clients are made aware of the arrangement via handbooks, periodic reminders from staff etc.	
2	The agency service is periodically reviewed to ensure that it remains appropriate to the needs of clients.	There is a documented process of service review that takes account of the views of staff, clients, carers and relatives and other stakeholders. The most recent review has taken place within the last three years, the outcomes of the review have been documented (Advisory Group minutes) and changes implemented as required (within the constraints of any resource limitations).	

Standards		Examples of Evidence
3	Resources are sought to enable the agency to respond to the wishes and needs of clients.	Where resource constraints have led to limitations on responding to client choice or changing needs (as evidenced by case notes, feedback from staff or clients, service reviews etc.) there is evidence of initiatives to attract these resources i.e. grant applications, fund-raising etc.

S 4.1 Leadership and accountability

There is a robust approach to governing, directing and accounting for the service that is underpinned by effective systems and practices that support service delivery.

Explanatory note:

Performance levels C and B relate mainly to "organisational" issues. For HIAs with a separate managing agent (Local Authority or Housing Association) they would be passported to these levels by SP accreditation or Housing Corporation regulation.

Performance level A requires that components of organisational good practice are also carried out at service level. The principal requirement centres around the Business Planning process.

Standards		Examples of Evidence	
Performance Level D			
1	The provider organisation is not properly constituted or is operating outside its legal powers and a need for urgent action is accepted. OR Adequate systems and practices are not yet in place but the need to adopt these is accepted.		
Performance Level C			
1	The provider organisation is properly constituted.	The agency has an appropriate governing instrument: <ul style="list-style-type: none"> • Charities - Deed of Trust • Limited companies – Memorandum and Articles of Association • Partnerships – partnership agreement. 	
2	The organisation is operating within its legal powers.	The service provided is within the provider's powers as stated in its governing instrument.	
3	An experienced and competent governing body governs the organisation.	Between them, the provider's trustees, board members or proprietors have demonstrable experience in running a business (commercial or not-for-profit) and providing or using services for people within the target client group.	
4	The provider organisation is accountable to clients, funders and regulators.	The organisation holds an annual general meeting, or equivalent, to which all key stakeholders and other interested parties are invited and at which they may question members of the provider's governing body or its proprietors.	
5	There are clear procedures to ensure proper financial management and minimise the risk of fraud.	Financial standing orders. Delegated authorities. The board, trustees or proprietors see auditor's annual management letter.	
6	The governing body ensures that insurance cover is appropriate and adequate.	The agency is adequately insured. This must include an appropriate level of professional indemnity cover. Contractors are adequately insured and can provide evidence of this if required.	

Standards		Examples of Evidence	
7	The governing body regularly monitors financial performance and risk.	<p>The trustees, board of management or proprietors:</p> <ul style="list-style-type: none"> • prepare an annual budget in advance of the start of the financial year • receive regular (at least quarterly) accounts showing income and expenditure to date compared to budget and a balance sheet • receive a regular (at least quarterly) balance sheet • receive a regular (at least quarterly) cashflow forecast statement • prepare an annual statement of accounts which is audited by a suitably qualified person or body • conduct an annual review of principal risks facing the organisation • prepare a risk management plan in response to the risk assessment. 	
8	Internal accountability is clear and the respective roles and responsibilities of staff and board, trustees or proprietors are clearly defined.	<p>All responsibilities which are delegated to staff are documented in job descriptions of staff and / or referred to in statements of delegated authority.</p> <p>All staff have up-to-date job descriptions which accurately describe</p> <ul style="list-style-type: none"> • their principle responsibilities • to whom they report • for whom they are responsible. 	

Performance Level B			
1	The governing body regularly monitors service quality	<p>The governing body or proprietors receive regular reports containing (qualitative and/or quantitative) information regarding service quality. Such information should cover at least:</p> <ul style="list-style-type: none"> • turnover (staff and clients) • complaints • reasons for leaving (staff and clients) • staff vacancies • use of temporary staff. <p>The governing body or proprietors receive regular (at least annual) reports of client satisfaction.</p>	
2	There is a robust programme of internal audit.	<p>There is a documented process of internal audit that periodically examines compliance with all internal policies and procedures. Coverage and frequency should be determined in the light of a risk assessment of the consequences of non-compliance. The programme must be adequately resourced either by means of internal specialist staff or a sub-contract with a suitable external body.</p>	
3	The governing body or sponsoring organisation prepare and periodically update a business plan.	<p>The business plan has been prepared within the last two years and covers at least the next two financial years.</p> <p>It incorporates at least a SWOT analysis, plans for addressing principal weaknesses and a financial plan identifying resources for carrying on the business during the period of the plan.</p>	

Standards		Examples of Evidence	
4	The governing body regularly monitors service effectiveness.	The governing body or proprietors receive regular reports that: <ul style="list-style-type: none"> • evaluate time-limited projects when these have ended • monitor reasons for withdrawal or termination of a service. 	

Performance Level A			
1	The governing body or proprietor monitors service outcomes and reviews service delivery, staff training etc., in this light.	Regular reports are received (at least quarterly) and enable trustees, directors or proprietors to assess the success of the service in delivering intended outcomes and meeting its aims and objectives.	
2	Future demand for the service is assessed periodically.	Periodic reports (at least every three years) assess information from a wide range of sources e.g. demographic data, local strategies and plans, feedback from purchasers and/or funders, etc.	
3	The agency prepares or updates periodically (usually every three years) a comprehensive business plan.	The business plan specifically addresses the situation of the agency. The plan sets out objectives for addressing future demand. The business plan has been prepared within the last two years and covers at least the next two financial years. It incorporates at least a SWOT analysis, plans for addressing principal weaknesses and a financial plan identifying resources for carrying on the business during the period of the plan.	
4	Risk assessments for the service take account of the views and knowledge of relevant external bodies.	The are records of the evidence used in assessing risk and this covers key external agencies such as referral agencies, peer providers, funders, neighbourhood organisations, etc.	

S 4.2 Continuous improvement

The service is organised within a culture of continuous improvement. This Framework is used as the basis for ensuring that the key aspects of support service improvement are being described, evaluated and improved.

Standards		Examples of Evidence	
Performance Level D			
1	Mechanisms for delivering continuous improvement are not yet in place and the need for developing them is accepted.		

Performance Level C			
1	The purpose of the service and its intended outcomes are clear.	<p>The service operates within a clearly written set of aims and objectives.</p> <p>There are documented specific intended outcomes that are sufficiently clear to enable managers or other stakeholders to assess the success of the service.</p>	

Performance Level B			
1	All components of service quality are monitored.	<p>There are documented formal and informal processes for monitoring client satisfaction. Complaints are monitored and analysed. Comment and feedback from other stakeholders is recorded and periodically analysed.</p> <p>Improvement plans are recorded and implemented (documentary evidence plus confirmation from staff).</p>	
2	Client outcomes are monitored.	There are data gathering, recording and reporting mechanisms in place that enable analysis of the outcomes for clients at the point when they leave the service. (e.g. satisfaction survey)	
3	There is a planned approach to quality improvement.	<p>There is a named individual within the agency responsible for quality and quality improvement.</p> <p>Periodic reports to the governing body or senior managers analyse measures and indicators of service quality, identify any apparent strengths and weaknesses and outline plans of action to build on strengths and address weaknesses.</p>	

Performance Level A			
1	The provider is accountable for the quality of its service.	Results of quality monitoring are periodically (at least annually) reported to clients and other stakeholders.	
2	The service is accredited by means of an appropriate external quality system.	Up-to-date certificates from accrediting bodies (e.g. Investors In People, CLS, British Standards Institute etc.)	

Standards		Examples of Evidence	
3	Services with a rehabilitative purpose are resourced to monitor medium term client outcomes.	<p>There are data gathering, recording and reporting mechanisms in place that enable analysis of the outcomes for clients at an appropriate point in the future after they have used the service.</p> <p>Periodic reports to the governing body or senior managers analyse this data, identify any apparent strengths and weaknesses of the service and lead to appropriate action to build on strengths and address weaknesses.</p> <p><i>(NB It is recognised that the success of these measures will depend on the nature of the people using the service and their willingness to participate in such monitoring. The provider should be able to demonstrate that reasonable efforts are made).</i></p>	
4	Service quality is monitored by means of specifically designed quality measures that are developed to reflect the client group.	<p>Analysis of the satisfaction surveys returned.</p> <p>Minutes, correspondence, etc. from the Advisory Group show the process by which clients were involved in the development and monitoring of quality measures.</p>	
5	The provider participates in organisational learning activities with a view to improving service delivery.	<p>Records demonstrate that the provider is an active participant in initiatives such as benchmarking clubs, peer review, quality circles etc.</p> <p>Attendance at regional meetings, technical officer meetings, county forums, also provide evidence of this.</p> <p>Staff are able to describe quality improvements which have arisen directly from such activities.</p>	
6	Periodic service reviews ask not just whether things are done right but whether the right things are done.	<p>There is a documented process of service review that invites, facilitates and enables clients and other stakeholders to consider the fundamental basis on which the service is delivered and whether service outcomes could be achieved in better ways.</p>	

S 4.3 Staff recruitment and management

Service quality and improvement are achieved through sound strategic, procedural and inter-personal management of all the people working to deliver support.

Explanatory note:

Organisations that have a current accreditation with Investors in People are unlikely to need additional evidence to satisfy the requirements up to performance level B in this objective.

Standards		Examples of Evidence	
Performance Level D			
1	Formal procedures for the recruitment and management of staff are not yet in place and the need to develop them is accepted.		
Performance Level C			
1	All staff know what is expected of them in their work.	All service delivery staff have up-to-date job descriptions which reflect their actual responsibilities and the requirements of the service. Staff are able to describe the purposes of their jobs and key responsibilities in line with their job descriptions.	
2	Recruitment processes focus on the needs of the service.	Job descriptions and person specifications are periodically reviewed (or each time the post becomes vacant) to ensure that new staff have the skills, experience and aptitudes required to deliver a good quality service.	
3	There is an induction programme for new staff and volunteers.	The programme is documented. Records (e.g. personnel files, attendance records etc.) show that all staff and volunteers receive induction shortly after joining the service.	
4	All staff and volunteers involved in service delivery have access to regular support and supervision.	Supervision notes show that regular supervision takes place. When agency staff and line managers work in the same location, day-to-day support and supervision will be apparent from anecdotal evidence. (E.g. diary entries for 1 to 1 meetings)	
5	Staff and volunteers are able to discuss any concerns with knowledgeable managers when necessary.	Staff and volunteers confirm this to be the case.	
6	Operational policies are made clear to staff.	There is a comprehensive policies and procedures manual (or equivalent) covering all aspects of service delivery. This includes both disciplinary and grievance procedures. The manual is accessible for easy reference by staff (i.e. it is located on site and staff know where to find it).	
Performance Level B			
1	Recruitment processes focus on the core skills and competencies required in order to deliver a quality service.	Recruitment adverts, job descriptions and staff handbooks focus on the purposes and outcomes required rather than the tasks to be performed. The provider uses a range of assessment methods designed specifically to assess for particular skills and competencies e.g. interview, role play, written exercise, psychometric testing etc.	

Standards		Examples of Evidence	
2	Staff are familiar with operational policies.	Staff are able to describe the principal content of the procedure manual (or equivalent). Staff are able to describe the key features of individual policies and procedures.	
3	Staff performance is monitored and managed.	Targets for individual performance are linked to service aims and objectives. All service delivery staff receive periodic (at least annual) appraisals at which performance is considered and development and improvement plans are initiated. The appraisal documentation includes evidence of how individual performance links to service level objectives.	
4	Resources are made available to ensure that essential training needs are met.	There is an adequate training budget. If training is provided "on-the-job", staff numbers are above the minimum required to deliver the service.	

Performance Level A			
1	The Advisory Group is involved in recruitment when appropriate.	The Advisory Group is involved in contributing appropriately to the candidate selection processes. Where necessary, there are appropriate mechanisms in place to train and support members of the group through these processes to enable meaningful participation. This involvement does not supersede or conflict with corporate recruitment policies.	
2	There is a policy relating to Disclosure (of convictions) for all staff who have contact with vulnerable clients.	The policy is available and staff can demonstrate knowledge of the policy and the need for it. There is a record of when a Disclosure check was made (not the Disclosure itself).	
3	There is an individual appraisal for all agency staff.	There is a documented appraisal process. This process includes, if appropriate, mechanisms for gathering feedback from external sources and describes how it is to be used and by whom. Appraisal notes record the use of this feedback.	
4	The development or continuous improvement needs of the service are reflected in training planning.	There is a documented service-wide training plan, which cascades the needs of the service into individual training plans. There are periodic meetings at which collective support and supervision needs are addressed.	
5	Feedback from clients influences the design of training plans.	There is formal recording of feedback from clients (from complaints, formal consultation, Advisory Group, case notes) and documentary evidence of this being collated and taken account of when preparing training plans.	
6	Staff have opportunities to ask, "what can I do to improve the service?"	The agency organises periodic events where staff have time out from service delivery to reflect on quality matters with a view to improving quality and outcomes. The results of these events are recorded and incorporated into action plans.	

Standards		Examples of Evidence	
7	Staff are supported in developing new practices.	<p>Management processes (e.g. staff supervision meetings) encourage staff to discuss new ideas for service delivery and, after suitable risk assessment, to experiment with these.</p> <p>Staff confirm that organisational culture is one that is open to innovation and can point to service improvements that have come about as a result.</p>	