

Human Services Quality Framework

Guide to Self-Assessment and Continuous Improvement – Certification



**Tools for reviewing and self-assessing
processes and practices against the Human
Services Quality Standards**

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Introduction

The Human Services Quality Framework (HSQF) is a system for assessing and improving the quality of human services and promoting quality outcomes for people who access these services.

The HSQF incorporates:

- a set of quality standards (Human Services Quality Standards) which cover the core elements of human services
- an assessment process to measure the performance of organisations against the standards (independent third-party certification, self-assessment or recognition of other accreditation)
- a continuous improvement framework which encourages people using services to participate in quality improvement activities.

The HSQF applies to:

- organisations delivering services funded under a service agreement with the Department of Communities, Child Safety and Disability Services¹
- providers of child protection placement services in-scope of licensing funded through Child Related Costs Placement and Support (CRC PAS)
- disability services delivered directly by the department
- providers registered to deliver disability services in Queensland for the National Disability Insurance Scheme (NDIS).

Resources

To assist organisations required to demonstrate compliance with the HSQF through independent third-party **certification** the department has developed the following resources:

- *Guide to Self-Assessment and Continuous Improvement - Certification*²
- *Self-Assessment Workbook*
- *Continuous Improvement Plan* (template).

These resources **should be read in conjunction** with the:

- *Human Services Quality Standards*
- *Human Service Quality Framework User Guide – Certification* which details:
 - mandatory evidence requirements that are common to all organisations and must be evidenced as part of meeting a standard/indicator
 - additional mandatory evidence requirements specific to individual service streams or services
 - suggestions of evidence or ways an indicator may be demonstrated as relevant to an organisation's size and structure and the services being delivered.
- *Key milestones for Achieving Initial HSQF Certification*

Use of the department's self-assessment resources is not mandatory. The department recognises that some organisations may use other tools such as online platforms or self-assessment tools provided by their independent third-party auditing body.

More information about steps and practical tips can be found in the *HSQF Quality Pathway Kit for Service Providers* available on the department's website at: www.communities.qld.gov.au/hsqf.

¹ There are a small number of service agreements where HSQF does not apply e.g. for products or assets.

² This guide replaces the Self-Assessment and Continuous Improvement Guide Version 2-July 2015.

It is recommended that you start your self-assessment early. To help you with planning and preparation, the key milestones and timeframes you should aim for are outlined in the *Key Milestones for Achieving Initial HSQF Certification*, which is available in Appendix 1 and in an A3 printable version on the department’s website at: www.communities.qld.gov.au/hsqf.

Part A - Self-Assessment

1. About self-assessment

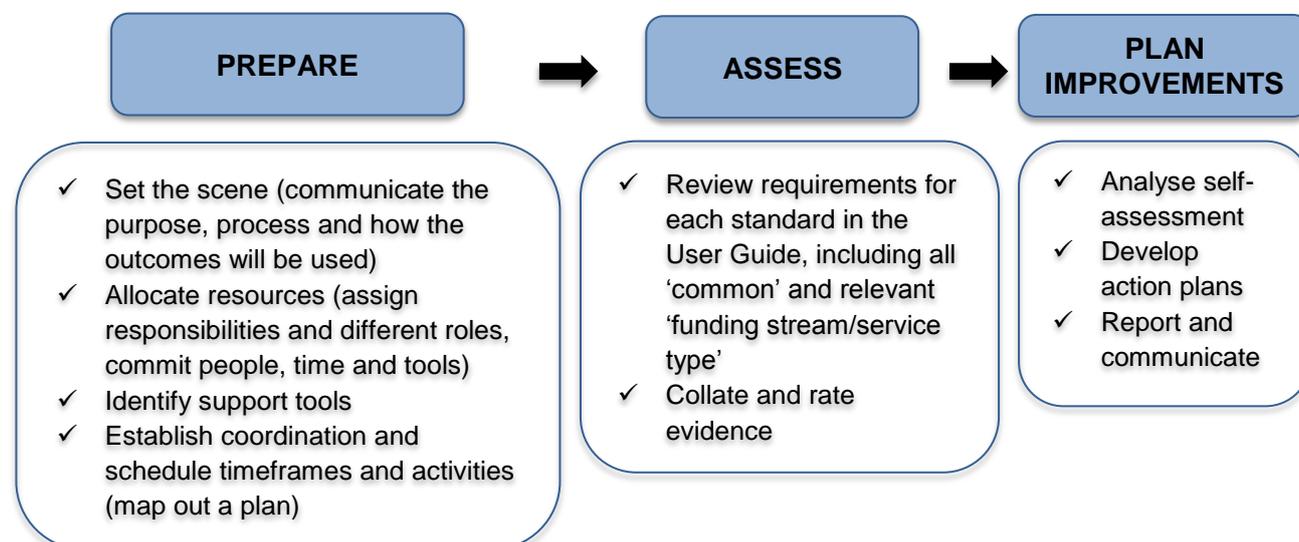
Self-assessment provides an opportunity to demonstrate what you are doing, how this meets the standards, and to identify which processes are working well and those that may need further development or improvement. It is also a crucial first step in the process of preparing for certification and undergoing an audit against the Human Services Quality Standards with an independent third-party auditing body known as a certification body. These certification bodies are accredited by the Joint System of Australia and New Zealand (JAS-ANZ) to conduct HSQF audits using approved auditing guidelines which were developed in consultation with the department and key stakeholders.

The success of the self-assessment process relies on your organisation being open to an honest appraisal of its ability to show that it is meeting the standards. There are no right or wrong answers and it is not about finding fault or blame. Self-assessment is a reflective process, looking at what is already in place, what improvements need to be made and sharing this information with staff, people who access your services and stakeholders.

Self-assessment is a first look at the quality of service delivery in your organisation. It is not a process that needs to be completed every year, but the results should lead to an improvement process that may span up to 1–2 years. The self-assessment process provides an excellent opportunity to increase your organisation’s understanding of its systems and processes and to involve people across the organisation in effective service delivery. Most importantly, self-assessment encourages innovation and is an opportunity to improve service delivery and outcomes.

Self-assessment requires planning and preparation to ensure the process has direction, leadership and resources and that people involved understand why it is being done and what is to be achieved. Diagram 1 outlines the key steps in the self-assessment process. While these generally flow from one to the next, there may be times when it is necessary to return to a previous step or action to reconsider or repeat findings or activities.

Diagram 1: Key steps in self-assessment



The **HSQF User Guide – Certification** is the key document you need to conduct your self-assessment as it outlines the mandatory requirements that all organisations must meet (common) and the mandatory requirements for particular service streams or services (service specific). In the **HSQF User Guide – Certification**, common and service specific requirements are easily identified through coloured arrow symbols, as shown in Diagram 2 below. Note that other service specific requirements are listed in the **HSQF User Guide – Certification**³.

Diagram 2: Extract of requirements in User Guide

Symbol	Mandatory requirements
	Applies all organisations – all service streams, services and all types of service agreements.
	Applies to services funded under the Child Protection Placement Services Investment Specification and other services delivering out-of-home placement services in-scope of Child Safety Licensing.
	Applies to services funded under the Young People Investment Specification.
	Applies to services funded under Disability Services.

2. Types of evidence – People, process, paper

Evidence can be gathered from various sources to show that your organisation is meeting each standard and its performance indicators. You should assess whether the evidence collected meets the intent of each standard indicator and addresses the requirements outlined in the **HSQF User Guide - Certification**.

The strongest evidence is that which can be verified through interview, observation and documentation – ‘people, process and paper’. You should look for examples of evidence from each of these sources for every standard indicator. There is no set rule about the amount of evidence that should be considered when undertaking a self-assessment. Record your evidence against each standard indicator in a self-assessment workbook. This will help your organisation to assess whether you have gathered enough evidence to demonstrate that the requirements of an indicator have been met, or whether there are gaps in policies, processes, systems or practice that require improvement.

Record your findings and to identify gaps or areas that need improvement in the **Self-Assessment Workbook – Certification** or the self-assessment tool provided by your certification body.

Below are some examples of the types of evidence available from the different sources.

³ If you are unsure about the HSQF demonstration method for your funding, check the Human Services Quality Framework document on our website or talk with your regional contract officer or certification body.

People

- ✓ people using services are satisfied with the support they receive
- ✓ people using services participate in activities that are consistent with their individual support plan and their goals
- ✓ people using services are clear about what service they are receiving, who will be delivering it and how they can seek change or provide feedback (if required)
- ✓ staff are able to explain how policies and procedures for management of complaints and critical incidents apply to their role

Process

- ✓ people using services are consulted in the development of individualised plans and these plans are regularly reviewed to ensure that goals are being met
- ✓ policies and procedures are regularly reviewed and approved by the relevant governance group
- ✓ regular meetings are held with appropriate personnel to ensure staff, people using services and visitors are aware of emergency evacuation procedures
- ✓ regular emergency evacuation drills are carried out and analysis of outcomes undertaken for continuous improvement
- ✓ scheduled maintenance of equipment has occurred and repairs/replacements have been carried out

Paper

- ✓ governance documentation (such as Board or Management Committee reports)
- ✓ strategic, operational plans and policies and procedures
- ✓ information provided to people using services such as handbooks or 'welcome packs'
- ✓ human resource information (both electronic and paper versions) such as personnel files, criminal history and working with children checks, training records, performance reviews and records of disciplinary action
- ✓ files of people using services (both electronic and paper versions) including individual case plans
- ✓ meeting minutes
- ✓ internal review or evaluation reports
- ✓ complaints and critical incident reporting registers
- ✓ other records, including results of feedback from people using services.

Table 1 below provides an example of how the different types of evidence work together to demonstrate whether a standard indicator is met. Further examples of how to record evidence against an indicator are available in Appendix 2.

Table 1: Example evidence for an indicator

Standard 2 Service Access	
Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.	
Standard Indicator 2.1 Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.	
People	Can your staff or people who use your service tell you or demonstrate what the service's eligibility criteria and entry rules are? Do your staff and people who use your service (new and existing) know where to find the eligibility criteria and entry rules?
Process	Are there eligibility, entry and exit process documents, and are they followed? Can you follow an application for service through the process?
Paper	Are there policies, procedures or brochures outlining the eligibility, entry and exit process?

3. How evidence and findings are rated against the standards

Rating scale

After considering the evidence collected as part of the self-assessment process, your organisation will need to record a rating against each standard indicator using the following scale. These are the same ratings that an independent third-party auditor will use when assessing your organisation for HSQF certification:

- **Conformity:** evidence demonstrates that the requirements of the indicator are fully met
- **Non-conformity:** evidence demonstrates that the requirements of the indicator are not fully met or the outcome is only partly effective
- **Major non-conformity:** evidence demonstrates the requirements of the indicator are not met, or the outcome is ineffective.

Practical examples of how these ratings can be used to assess evidence against an indicator are provided in Table 2 on the next page.

Once you have rated each standard indicator you will then need to rate each standard in order to decide on an **overall rating** of your organisation's performance against the six standards in the HSQF. There are a number of rules that you need to consider when deciding on this rating. These are outlined in Table 3.

Note: For each indicator that is given a rating of non-conformity or major non-conformity, you will need to record in your self-assessment workbook what actions your organisation intends to implement to address the identified issues and improve your organisation's performance against the requirements of the standards.

Table 2: Examples of ratings

Rating	Description and example
<p>Met</p>	<p>Your organisation effectively meets the requirements of the indicator and evidence is available to support the assessment – this is evidenced through:</p> <ul style="list-style-type: none"> ✓ People – people using services (as well as other stakeholders such as families, internal clients and staff) confirm that they are receiving the services that are specified to be delivered. ✓ Process – your organisation is able to demonstrate that what you do matches what you say you do and that the process is consistently performed or applied. ✓ Paper – your organisation has a documented approach to meeting the standard via a policy, procedure or other appropriate document such as a register or form. <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Your organisation has a complaints policy, procedure and lodgement form. These are distributed to people using services and available on your website and in the reception area of the office. All complaints are recorded in a register that is kept up to date and regularly reviewed by management and/or in team meetings to ensure that timeframes are met, processes are consistent with the policy and improvements are occurring. A recent survey of people using the service indicated that the complaints process is known and understood and is working.</i></p> </div>
<p>Partially met</p>	<p>Your organisation does not fully meet the requirements of the indicator or the outcome is only partially effective</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Your organisation has a complaints management system as described in the above example. However, an internal audit of service user files shows that not everyone using the service has received a copy of the policy and complaints brochure upon entry to the service. Your organisation does not have the complaints brochure on the website or kept anywhere in the office for people to access. A recent survey found that some service users wanted to raise a complaint, however they were unsure of the process.</i></p> </div>
<p>Not met</p>	<p>Your organisation has no documentation or processes in place to meet a major component of an indicator, or the outcome is ineffective or does not meet legislative requirements.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Example for Standard Indicator 5.1</p> <p><i>Your organisation has a complaints policy and procedure; however, it has not been reviewed for many years. A complaints register is kept but on review it is found that many complaints have not been addressed, and others were not addressed within an appropriate timeframe or responded to in writing as required by your procedure. An internal audit found that people using the service were dissatisfied with the complaints process and indicated that they reluctant to raise complaints because they were afraid of losing services.</i></p> </div>

Rating Rules

Under the HSQF, independent third-party auditors are required to apply certain rules when providing a final rating of your organisation's performance against the standards in the HSQF. These rules are summarised in Table 3 below for your information. Your organisation should apply these rules to the self-assessment process to help in preparing for your audit.

Table 3: Rating rules

Rule	
1.	When rating a standard, the lowest rating of any of its indicators will apply. For example, a <i>non-conformity</i> rating against Standard Indicator 1.1 and <i>conformity</i> ratings for Standard Indicators 1.2, 1.3, 1.4, 1.5, 1.6 and 1.7 would result in an overall rating of <i>non-conformity</i> for Standard 1 - Governance and Management.
2.	Where a <i>non-conformity</i> rating is given for three or more indicators in the same standard, the overall rating for the standard is <i>major non-conformity</i> . For example, three non-conformities under Standard 4 - Safety, wellbeing and rights for Indicators 4.1, 4.2 and 4.4 would result in an overall rating of <i>major non-conformity</i> for Standard 4.
3.	Three or more non-conforming standards will result in an overall rating of <i>major non-conformity</i> . For example, a <i>non-conformity</i> rating for Standard 1 - Governance and Management, Standard 3 - Responding to individual need and Standard 6 - Human Resources would result in an overall rating of <i>major non-conformity</i> .
4.	In order to be certified (at the time of the independent third-party audit) an organisation will need to demonstrate compliance with a minimum of four standards (out of six) with follow up action against any non-conforming standards required to be undertaken over a 12 month period. Certification cannot be granted where a major non-conformity rating exists.

4. Recording the results of your self-assessment

Use the Self-Assessment Workbook (template available at www.communities.qld.gov.au/hsqf) or the self-assessment tool provided by your certification body to record your organisation's evidence and ratings and identify areas for improvement.

You should provide the completed self-assessment workbook to your contracted certification body prior to your HSQF audit so that they can assess your organisation's readiness to proceed to the onsite audit component of the HSQF certification process. Organisations undergoing certification do not need to submit their self-assessment to the department.

When completed, the self-assessment should include:

- ✓ evidence of current good practice
- ✓ evidence of what results have been achieved and how your organisation demonstrates that it meets each standard indicator
- ✓ evidence that your organisation meets the mandatory requirements of the HSQF User Guide - Certification for each indicator, as relevant
- ✓ a rating against each standard indicator
- ✓ areas for improvement which will form the basis of the continuous improvement plan.

Appendix 2 provides examples of the Self-Assessment Workbook completed for three indicators.

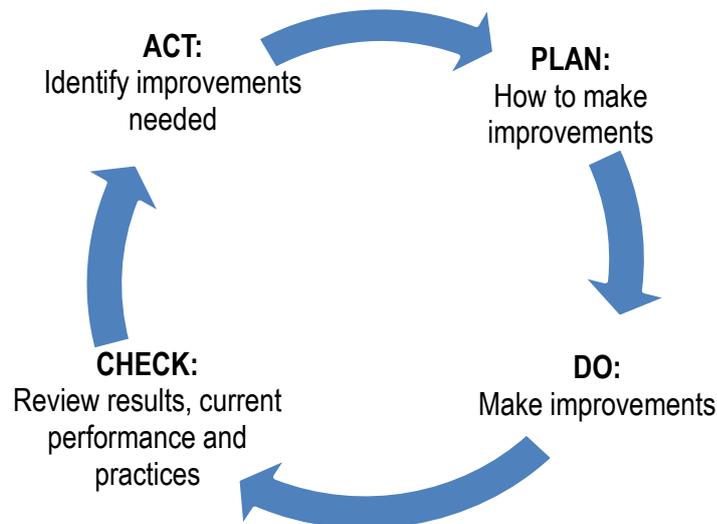
Part B - Continuous Improvement

1. About continuous improvement

Continuous improvement is central to an organisation's ongoing functioning. It involves regular review and action on service delivery, processes and planning activities. Continuous improvement actions can be identified from the self-assessment process, feedback from service users, complaints or other service delivery issues.

The 'Plan, Do, Check, Act' model shows a continuous improvement cycle that applies to all aspects of an organisation's service delivery, management and operations. There are four interrelated phases in this continuous improvement cycle as outlined below.

Plan	Establish the goals and processes (activities) necessary to implement improvement. These will usually be identified through your self-assessment.
Do	Implement planned improvement activities
Check	Monitor, measure and report on the effectiveness of results
Act	If the desired result has been achieved, formalise the process so it becomes sustainable and imbedded in practice. If monitoring suggests that the planned activity has not been successful, there is a need to develop another strategy. This means commencing the cycle again.



The information collected during a self-assessment and/or a HSQF audit will help to demonstrate areas for improvement and the reasons to make changes in those areas. This process can be seen as building a case for change within an organisation, as it helps stakeholders understand why the organisation is seeking to make changes to processes and systems.

After a self-assessment is completed, your organisation should act on any identified areas for improvement as soon as possible. It is important to prioritise these and give consideration to:

- the importance of the improvement to the safety of staff and/or people using services
- the impact of the improvement to service delivery
- the urgency to implement the improvement action
- the resources and abilities required to achieve the change.

2. The continuous improvement plan

A Continuous Improvement Plan provides a structured way to:

- record areas for improvement, such as identified gaps in systems and processes that do not meet the standards
- outline the planned actions/tasks to be undertaken
- allocate responsibility for improvement activities to relevant people in your organisation
- prioritise improvement activities based on an assessment of the impact they will have for your organisation and the people who use your services
- set realistic timeframes for the completion of tasks
- monitor, measure and report on the effectiveness of the improvements
- identify further opportunities to improve the quality of services.

Appendix 3 provides an example of a completed Continuous Improvement Plan.

The plan is necessary where standards have been given a *non-conformity* or *major non-conformity* rating in the self-assessment process. These ratings need to have appropriate resources and time allocated to address them.

Once developed and implemented, the plan provides a reference for maintaining quality through ongoing improvement. The continuous improvement plan remains in place into the future to capture additional areas which require improvements. Outcomes from complaints, feedback, surveys etc. can be added to the plan over time if any areas for improvement have been identified.

Your organisation can use regular staff or management meetings to review the progress of the continuous improvement plan, as well as identify new areas for improvement. The plan is an operational document and should be reviewed regular ongoing basis. This regular review will identify progress that has been made towards improving systems and processes and areas that may need additional resources, extra energy or even different strategies to achieve the desired outcomes.

Further information about the continuous improvement cycle is available in the *HSQF Quality Pathway Kit for Service Providers* available at: www.communities.qld.gov.au/hsqf.

A Continuous Improvement Plan template is available on the department's website at: www.communities.qld.gov.au/hsqf.

Further information and support

Human Services Quality Framework Team
Department of Communities, Child Safety and Disability Services
Telephone: 1800 034 022
Email: hsqf@communities.qld.gov.au

Useful websites:

Department of Communities, Child Safety and Disability Services
www.communities.qld.gov.au/hsqf

QCOSS Community Door

<http://communitydoor.org.au/organisational-resources/quality-assurance/human-services-quality-framework>

Appendix 1 – Key Milestones Resource

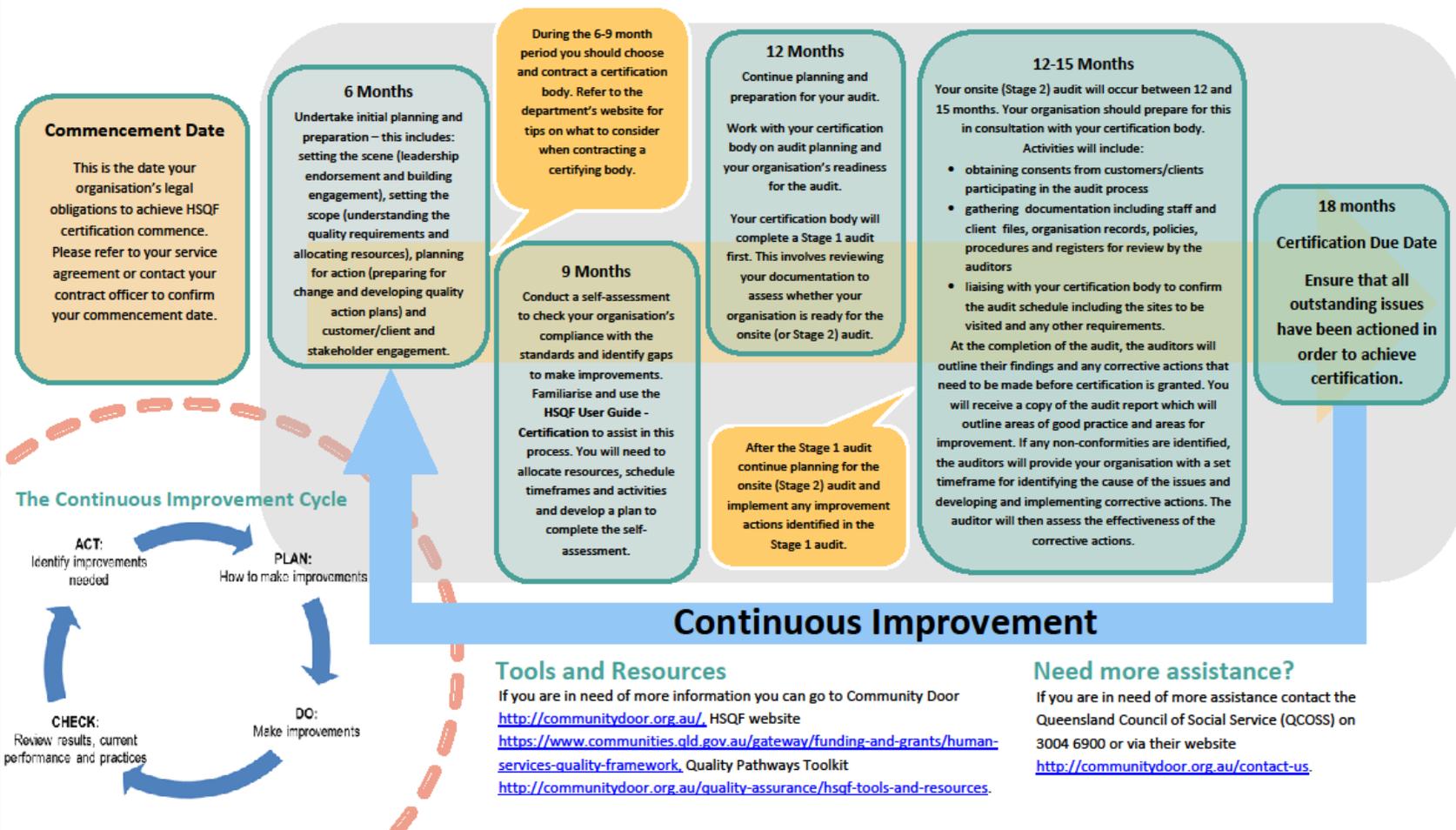
Note: printable A3 version available at www.communities.qld.gov.au/hsqf

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HSQF CERTIFICATION CYCLE FOR SERVICE PROVIDERS FUNDED BY THE DEPARTMENT OF COMMUNITIES CHILD SAFETY AND DISABILITY SERVICES

Key Milestones for Achieving Initial HSQF Certification

The Department of Communities Child Safety and Disability Services quality strategy requires all funded non-government organisations to deliver services in accordance with the Human Services Quality Standards. Organisations that are required to demonstrate compliance with the Human Services Quality Framework (HSQF) to the department through *certification* have up to 18 months to undergo an independent third-party audit and achieve HSQF certification. To help organisations with their planning and preparation, there are a number of key milestones that need to be met along the way.



Appendix 2 – Examples of how to complete the self-assessment workbook

Standard 1 (Example A)	Standard 1 – Governance and management
Expected outcome	Sound governance and management systems that maximise outcomes for stakeholders.
Context	The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.
Standard Indicator	1.6 The organisation encourages and promotes participation by people using services and other relevant stakeholders in governance and management processes.
What practices and processes does your organisation have in place to meet this indicator? <i>Consider all common and service stream/service type mandatory requirements in the HSQF User Guide – Certification</i>	At Care Community Queensland, we meet this indicator by: <ul style="list-style-type: none"> • appointing a client representative to the management committee • producing a quarterly newsletter containing information about upcoming management meetings that people may wish to participate in • providing a feedback form to every new person using services as part of a welcome pack • conducting an annual survey on services.
Self-rating	<input checked="" type="checkbox"/> Conformity <input type="checkbox"/> Non-conformity <input type="checkbox"/> Major non-conformity
What needs to be recorded in the Continuous Improvement Plan?	We would like to have an electronic feedback form on our website. Although not a priority for at least 12 months, we believe this would be a great way to get feedback from a wide range of stakeholders and would also allow people to give feedback to us anonymously.

Standard 1 (Example B)	Standard 1 – Governance and management
Expected outcome	Sound governance and management systems that maximise outcomes for stakeholders.
Context	The organisation maintains accountability to stakeholders through the implementation and maintenance of sound governance and management systems. These systems should reflect the size and structure of the organisation and contribute to maximising outcomes for people using services.
Standard Indicator	1.7 The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.
<p>What practices and processes does your organisation have in place to meet this indicator?</p> <p><i>Consider all common and service stream/service type mandatory requirements in the HSQF User Guide – Certification</i></p>	<ul style="list-style-type: none"> • At Share Neighbourhood Service, we have an Information Management Policy which guides how we organise, store, access and dispose of information. • The Information management policy and procedure requires password protection for access to the electronic file system and an additional level of security for access to sensitive personal information. • We also have a privacy policy that outlines our obligations as a department funded provider under the <i>Information Privacy Act 2009</i> – this includes our requirement to report privacy breaches to the department and to ensure the security of personal information at all times. • Records demonstrating that staff have been made aware of, and understand their privacy, confidentiality and information management obligations e.g. staff files and training sessions. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: Remember to include any mandatory requirements as outlined in the HSQF User Guide – Certification for example:</p> <ul style="list-style-type: none"> • Evidence that the organisation is aware of its requirements under the Information Privacy Act 2009 – this includes reporting privacy breaches to the department in line with the service agreement. • Staff and management can describe how they maintain confidentiality and privacy of personal information at an everyday level. </div>
Self-rating	<input checked="" type="checkbox"/> Conformity <input type="checkbox"/> Non-conformity <input type="checkbox"/> Major non-conformity
What needs to be recorded in the Continuous Improvement Plan?	<ul style="list-style-type: none"> • Conduct a review of the information management policy in the next 12 months to ensure that it is still current and aligns the legislative and policy requirements. • Investigate options for strengthening password protection by implementing regular mandatory password updates.

Standard 4 (Example C)	Standard 4 – Safety, wellbeing and rights
Expected outcome	The safety, wellbeing and human and legal rights of people using services are protected and promoted.
Context	The organisation upholds the legal and human rights of people using services. This includes people’s right to receive services that protect and promote their safety and wellbeing, participation and choice.
Indicator	4.3 The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
What practices and processes does your organisation have in place to meet this indicator? <i>Consider all common and service stream/service type mandatory requirements in the HSQF User Guide – Certification</i>	<ul style="list-style-type: none"> • At Quality and Care services we have processes for responding to potential or actual harm, abuse and neglect – these require incidents to be recorded in the incident register. • A recent review of the incident register identified that not all critical incidents are being recorded in the register and therefore it cannot be confirmed that all incidents have been reported to the department as required. • Our policy for reporting potential or actual harm is currently under review and is not available to staff.
Self-rating	<input type="checkbox"/> Conformity <input type="checkbox"/> Non-conformity <input checked="" type="checkbox"/> Major non-conformity (Rating due to Common mandatory requirement in the HSQF User Guide - Certification)
What needs to be recorded in the Continuous Improvement Plan?	<ul style="list-style-type: none"> • Complete review of the policy for reporting potential or actual harm and progress to the management committee for approval – making sure that the new policy aligns with the processes for responding to potential or actual harm. • Publish the new policy and conduct staff training session on the policy and the processes for critical incident reporting. • Conduct regular reviews of critical incident reporting to ensure that the register and processes are being implemented correctly. • Prepare report for the management committee on the effectiveness of implementation and the number of critical and other incidents reported.

Appendix 3 – Example Continuous Improvement Plan

Standard indicator	Rating from self-assessment and date identified	Issue and improvement action required	Responsible person to action	Required by date	Outcome and date closed	Review date
1.6	Not met 1 July 2015	The processes used to identify, assess and manage risk need to be fully documented and circulated to management and staff.	John T	30 June 2016	Remains open – planning underway and review of QCOSS support resources has been completed ahead of management team meeting in October 2015.	1 November 2015
1.6	Met 1 July 2015	We would like to have an electronic feedback form on our website. Although not a priority for at least 18 months, we believe this would be a great way to get feedback from a wide range of stakeholders and would also allow people to give feedback to us anonymously.	Maggie F	1 December 2016	Remains open	Reassess priority in January 2016
1.7	Partially met 1 July 2015	Work with IT provider to implement password protection functionality for the client services database.	Fred P	3 July 2015	Relevant action undertaken and password protection installed on database 3 July 2015.	Not applicable–Improvement action closed
1.7	Partially met 14 July 2015	New staff member registration forms have not been consistently completed (staff members are sometimes set in the	Fred P	31 July 2015	Retraining completed 2 July 2015.	4 January 2016

Standard indicator	Rating from self-assessment and date identified	Issue and improvement action required	Responsible person to action	Required by date	Outcome and date closed	Review date
		system based on verbal instruction). Need to retrain relevant staff in new staff member registration (schedule for two weeks' time).			Review in 6 months' time.	
4.5	Not met 21 July 2015	Client Plan to be revised within the next three months. At present there is no evidence that the client has received the rights and responsibilities document, so we will include a check box for the client to tick and sign that they have received the document. Also add a client goals' section so that the client can outline their goals and aspirations.	Jane S	20 October 2015	Revision of client plan completed, document updated to include tick box and 'client goals' section 15 October 2015.	1 February 2016, review sample of all plans to make sure client goals and aspirations are being recorded.
4.5	Not met 21 July 2015	The organisation needs to provide information in appropriate formats to enable service users to participate and make choices about the services they receive.	Fred P	1 September 2015	Re-printing of required information in appropriate format. 1 September 2015.	1 March 2016