

Tools for Supporting Information Day Services

Below are ten tools, which each unit can use to evaluate the quality of the service they provide. Each tool contains a front sheet with brief instructions of how to administer the tool and what area of the Quality Tree it measures.



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|----------|---|
| Tool 1. | Physical Environmental Scale |
| Tool 2. | Physical Quality Scale |
| Tool 3. | Activity Diary |
| Tool 4. | Diary Checklist |
| Tool 5. | Needs assessment scale |
| Tool 6. | Age Appropriateness |
| Tool 7. | Issues of safety Checklist |
| Tool 8. | Healthy Living Questionnaire |
| Tool 9. | Choice survey |
| Tool 10. | Evidence of encouraging verbal and non-verbal communication |

Tool 1. Physical Environmental Scale

This scale looks at each room in the unit and asks you to rate them on Homeliness, Availability of Resources, Privacy measures, Noise level, Lighting and Temperature.

The scales go from one to five and have a description of an acceptable room = 1 and an unacceptable room = 5. Please circle the appropriate number that best describes the room you are rating.

This survey is sent to residential and day services and as a result certain rooms might not be applicable to your service. Please mark N/A.



This tool looks at

the area of Respect

Tool 1. Physical Environmental Scale 1

Room: Activity/ Living room

1. How comfortable is the activity room?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Very comfortable

Furniture is comfortable and designed for use in activity rooms

Non-comfortable

Large area with few or no furnishing. No attempt at decoration or personal touches.

2. How available are the resources?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Easy access to resources

There is easy access to a range of facilities. i.e. TV, stereo, video, board games, art materials and seating. Access to alternative space or area to utilise multiple resources simultaneously.

Not easy access to resources

Minimal access to facilities e.g. Only able to access only one or two resources. Unable to utilise multiple resources due to space

Room: Bathroom

1. How comfortable is the Bathroom?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Very home like

Furniture is comfortable and designed for use in day services but with no personal touches.

Non-Home like:

Large area with few or no furnishing. Furniture is designed for use by large numbers of people. No attempt at decoration or personal touches.

2. How available are the resources?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Easy access to resources

There is easy access to a range of facilities. I.e. bath or shower. Toiletries for personal care.

Not-easy access to resources

Minimal access to facilities e.g. only able to access either a bath or a shower. Minimal access to toiletries only essentials available

3. What accommodations are made for privacy?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Privacy always respected Unless supervision needed.

Unacceptable

Issues of privacy not considered

4. Is the noise level acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Does not disrupt or disturb everyday activities

Unacceptable

Disrupts activities

5. Is the lighting acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Not too dark during day activities or too bright for night time activities such as sleeping or watching television.

Unacceptable

Too dark for day activities or too bright during evening and night activities

6. Is the temperature acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Not too hot or too cold

Unacceptable

Too hot or too cold

Any Additional Comments:

Room: Dining Room

1. How comfortable is the Dining room?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Very home like

Furniture is comfortable and designed for use in day services.

Non-Home Like

Large area with few or no furnishings. No attempt at decoration or personal touches

2. How available are the resources?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Easy access to resources

There is easy access to a range of facilities. I.e. adequate table, chairs and cutlery.

Not-easy access to resources

Minimal access to facilities e.g. only able to access plastic cutlery and crockery

3. Is the noise level acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Does not disrupt or disturb everyday activities.

Unacceptable

Disrupts activities.

4. Is the lighting acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Not too dark during day activities, or too bright for night time activities such as sleeping or watching television.

Unacceptable

Too dark for day activities or too bright during evening and night activities.

5. Is the temperature acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Not too hot or too cold.

Unacceptable

Too hot or too cold

Any other comments:

Room: Kitchen

1. How appropriate is the Kitchen?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Very appropriate

Furniture is comfortable and designed for use in. It is decorated and personal touches make it pleasant to be in.

Non - appropriate

Looks industrial. No personal touches and no decorating.

2. How available are the resources?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Easy access to resources

There is easy access to a range of facilities. I.e. Utensils for food making

Not easy access to resources

Minimal access or restricted access to facilities and food making.

3. Is the noise level acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Does not disrupt or disturb everyday activities.

Unacceptable

Disrupts activities.

4. Is the lighting acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Not too dark during day activities, or too bright for night time activities such as sleeping or watching television.

Unacceptable

Too dark for day activities or too bright during evening and night activities.

5. Is the temperature acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Not too hot or too cold.

Unacceptable

Too hot or too cold

Any other comments:

Room: Outside area

1. How Picturesque is the Outside Area?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Picturesque:

Garden is that found in a typical home garden. I.e. Personal touches such as landscaping, ornaments and/or plants

Not Picturesque:

Garden is poorly maintained; majority of area is concreted or paved. No attempt at landscaping.

2. How available are the resources?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Easy access to resources

There is easy access to a range of facilities. I.e. Seating, shaded area, access to private space.

Not easy access to resources

Minimal access or restricted access to facilities e.g. no seating or restricted access.

3. Is the noise level acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Does not disrupt or disturb everyday activities.

Unacceptable

Disrupts activities.

4. Is the temperature acceptable?

Please circle the appropriate number:

1	2	3	4	5
---	---	---	---	---



Acceptable

Not too hot or too cold.

Unacceptable

Too hot or too cold

Any other comments:

Tool 2. Physical Quality Scale

This scale looks at the quality of all the rooms and asks you to rate them on a scale of 0 – 3. If your unit does not have one of the rooms on the rating scale just write a 9 on the space provided. Read each description carefully and assign the number that best describes the room you are rating.



This tool looks at

the area of Respect

Tool 2. Physical Quality Scale

Please rate each room on the quality of condition of furniture and facilities. Read each description carefully and assign a number to each room.

3 = The room is in an excellent condition. Like new- well kept highly polished or without stains.

2 = The room is in a good condition- not new but in good condition, slightly worn small scratches, dusty, a few stains, some dirt in creases.

1 = Room is in a fair condition – older, but still structurally sound and moderately clean.

0 = The room has deteriorated – it is old and in poor condition. Needs repairing. Some tears and stains. It is both dirty and dusty. It might be structurally unsound or dangerous.

9 = No such room at this unit.

_____ _____ _____ _____ _____ _____
Living Room Bathroom Dining Room Kitchen Outside Area Activity room

Other room: _____

Other room: _____

Tool 3. Activity Diary

This activity sheet aims at discovering which activities the service user does and the quality of that activity. It aims at trying to understand the service users relationship with activity, how often they see friends and family, what they do and the nature of that relationship. It tries to capture the chance service users get to meet other people in the community and to use local facilities. It also tries to capture the meaningfulness of those activities and enjoyable leisure pursuits.

Please give as much information as possible for each question. If some of the questions do not apply just leave blank.

It is suggested to fill the diary in for each individual service user on a typical day in her/his life.



This tool looks at

the areas of: Friendships and relationships, Community presence and Doing things

Tool 3. Activity Diary

Please report all the activities the service user takes part in. Include meetings with family and friends as an activity. If some questions do not apply leave them blank.

Activity: _____ **Date:** _____ **Time:** _____

Client Name: _____

Where was the activity? (Please circle. If in the community, please answer all questions.)	UNIT COMMUNITY If in the community, please state venue: _____ _____ Were any members of the general public present? YES NO If so, did any of the service users interact with them? How? _____ _____
How did you get there? (eg, walk, public transport, minibus, etc.)	
How many staff were involved?	
How many service users were involved?	
How many other staff were involved? (Please record number and job title, e.g., OT, student, physio, etc)	
How many service users received 1:1 support or attention within the activity, of 20 minutes duration or longer?	
If <u>any</u> service user had not wanted to participate, how many practical alternatives would they have had?	
If there were no alternative activities available, why was this? (Please circle appropriate reason)	a) Staff ratio not appropriate b) Other facilities closed c) No transport available d) Service users behaviour disruptive e) Other, please specify: f) _____ _____
How long did the activity last?	98

Tool 4. Diary Checklist

This diary checklist aims at getting some quantitative data concerning the activities that service users take part in. This diary should be filled in over two weeks.

Please place a tick the appropriate box if the service user completes any of the activities that day. Some activities might only be completed once during the two weeks while other activities might be completed ten times during the two weeks.

The box should be ticked even if service user is unable to fully participate in activity, i.e. when partially completed or completed with supervision.



This tool looks at

the areas of: Friendships and relationships,
Community presence and Doing things

Tool 4. Diary Checklist

Please tick (see codes below) the correct box if the service user has completed the activity each day. Please fill the empty boxes with activities that happen in your unit

Activities	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Laid/Cleared table														
Washing up														
Wiping up														
Made Meal														
Made Drink														
Dusting														
Hoovering														
Made bed														
Cleaned windows														
Cleaned bathroom														
Did D.I.Y														
Clothes washing														
Ironing														
Putting clothes away														
Sweeping														
Worked in garden														
Washed car														
Going bowling														
Visits to the pub														
Supermarket shopping														
Personal shopping														
Visits to restaurants/Cafe														
Visit to sports centre														
Visit swimming pool														
Visit to cinema/Theatre														
Evening classes														
Other community setting														
Visits to the park														
Car trip														
Gateway club														
Hairdresser														
Doctors/chemist														
Hospital visit														
Visited by friend														
Visited by family														
Received letter														
Sent letter														
Visited family and/or friends														

Codes: ✓ = Participated in activity, 0 = Observing
R = Offered opportunity but refused

Tool 5. Needs assessment scale

This scale measures the extent to which the activity fulfils the service users need.

Please rate each activity the service user partakes in on a 1-5 rating scale and circle the number that best corresponds to whether the activity met the service users need or not. Read the descriptions of each number carefully and assign the appropriate rating.



This tool looks at

the area of: Doing things

Tool 5. Needs Assessment Scale

Please complete the following rating scale for each of the activities the service user takes part in. Circle the number, which best corresponds to the service users participation in each activity.

Client Name: _____

Scale:

5 - The activity always addresses all of the service users needs, i.e., the service user enjoys the activity and/or learns a new skill or enhances existing skills, or the activity provides them with a valued life experience.

4 - The activity addresses most of the service users needs.

3 - The activity addresses some of the service users needs.

2 - The activity does not meet all of the service users needs.

1 - The activity does not meet the service users needs. The service user does not enjoy the activity and/or may become agitated or angry. Or the service user does not learn or enhance their skills, or the activity does not provide them with a valued life experience.

ACTIVITY RATING

(Please list each timetabled activity)

Mon AM : _____ 1 2 3 4 5

Mon PM : _____ 1 2 3 4 5

Tues AM : _____ 1 2 3 4 5

Tues PM : _____ 1 2 3 4 5

Weds AM : _____ 1 2 3 4 5

Weds PM : _____ 1 2 3 4 5

Thurs AM : _____ 1 2 3 4 5

Thurs PM : _____ 1 2 3 4 5

Fri AM : _____ 1 2 3 4 5

Fri PM : _____ 1 2 3 4 5

If you have any other comments to make, please write these here.

Continue on back of sheet if

necessary _____

Tool 6. Age Appropriateness

This questionnaire is aimed at the general public. It is used to establish whether the activities offered in the unit are perceived by the public as appropriate activities to offer service users of certain ages. It also asks whether they would like to take part in activities similar to those on offer or not.

By interviewing at least 15 people of the general public we can get their opinions of the activities offered by your service.

Please list in the spaces provided the regular activities that are offered to the service user.



This tool looks at

the area of: Doing things

Tool 6. Age Appropriateness Questionnaire

Sex: _____

Age: _____

Below are activities that may be available for someone who is unemployed. Rate each in terms of age appropriateness, i.e., its suitability for an adult and desirability, i.e., how appealing it is. Ratings should be made according to the scales below, put the appropriate number in the boxes provided.

Age appropriateness:

↓	↓	↓	↓	↓
1	2	3	4	5
Not at all age-appropriate, i.e., something I'd really feel embarrassed about doing.	Not very age-appropriate	Neutral	Quite age-appropriate	Very age-appropriate, i.e., Something I really wouldn't feel embarrassed about doing.

Desirability:

↓	↓	↓	↓	↓
1	2	3	4	5
Not at all desirable i.e. something I wouldn't aim to do or enjoy in the least.	Not very	Neutral	Quite desirable	Very desirable i.e. something I would really strive to do/enjoy doing.

Activity

Age-appropriateness

Desirability

<u>Activity</u>	<u>Age-appropriateness</u>	<u>Desirability</u>
E.g. Walk in the park	5	4

Tool 7. Issues of Safety Checklist

This checklist aims to clarify the frequency of assaults carried out by the service user toward other service users.

Please fill it out over a two-week period and monitor carefully all incidents of the descriptions on the checklist. If violent incidents not reported on the checklist occur please add on the back of the sheet. The second part asks you to fill in how frequent these events occur over a period of a year.

Please describe how the victim was supported after a violent incident occurred on the space provided.



This tool looks at

the areas of: Being safe

Tool 7. Being Safe

A) Please tick the box each time a service user assaults another service user by any of the following descriptions.

Safety issues	
Bullying	
Stealing	
Hitting	
Kicking	
Scratching	
Grabbing	
Verbal Abuse	
Sexual Harassment	

B) Thinking about the past year how frequent did the following incidents occur?

Please tick the box that corresponds closely

Incidents	Less than or once a month	Once a week	Once a day	More than once a day
Bullying				
Stealing				
Hitting				
Kicking				
Scratching				
Grabbing				
Verbal Abuse				
Sexual Harassment				

Please state below how victims are supported following one of the incidents above. (Continue on sheet overleaf if necessary)

Tool 8. Healthy Living Questionnaire

This checklist tries to uncover what practices are in place to ensure the service users are given the opportunity to choose to live a healthy lifestyle.

Please answer the questions as comprehensively as possible.



This tool looks at

the areas of: Healthy Living

Tool 8. Healthy Living Questionnaire.

Please tick the appropriate box

4. Do care staff receive training regarding medication and possible side effects?

Yes No

If yes, what training is available:

If not, why not?

5. How many healthy eating options do service users have?
Please circle how many alternatives service users are offered if they refuse or do not want what is offered originally: 1 2 3 4 5 more:

6. What information is available for service users regarding healthy eating styles?

4. Who implements healthy eating diets? i.e. chefs, staff, carers, relatives, service users themselves?

2. What methods are in place to aid service users in expressing their pain or discomfort?

3. How many minutes do service users spend on exercise every week?
_____ Mins.

4. How are service users physical health monitored?

a. Are they given medical checks? _____

b. Where are the medical checks held? _____

Tool 9. Choice survey

This survey investigates the amount of choice service users have in their everyday life.

Please tick the box indicating whether service users are always, mostly, sometimes or never involved in making choices in each of the areas covered by the survey. Please add any information about why they are not involved and how they are involved when either is the case.



This tool looks at

the area of: Choice

Tool 9. Choice survey

1. Are service users involved in choosing where to eat?

A) If not Why?

B) If Yes How?

2. Are service users involved in when to eat?

A) If not Why?

B) If Yes How?

3. Are service users involved in what to eat, are cultural issues considered?

A) If not Why?

B) If Yes How?

4. Have service users got access to snacks between meals?

A) If not Why?

B) If Yes How?

5. Are service users involved in cooking?

A) If not Why?

B) If Yes How?

6. Are service users involved in preparing drinks?

A) If not Why?

B) If Yes How?

7. Are service users involved in deciding what activities to do?

A) If not Why?

B) If Yes How?

8. Are service users involved in deciding what community venues to access?

A) If not Why?

B) If Yes How?

9. Are service users involved in the planning of their daily activities?

A) If not Why?

B) If Yes How?

10. Are service users involved in deciding who their key worker is?

A) If not Why?

B) If Yes How?

11. Are they involved in deciding who takes them on activities?

A) If not Why?

B) If Yes How?

12. Are service users involved in whom to live with?

C) If not Why?

D) If Yes How?

13. Are service users able to choose what to wear?

C) If not Why?

D) If Yes How?

14. Are service users able to choose how to spend their money?

C) If not Why?

D) If Yes How?

15. Do they choose their own friends?

C) If not Why?

D) If Yes How?

16. Do they choose what to do in their spare time?

C) If not Why?

D) If Yes How?

17. Do staff know the service users likes and dislikes?

C) If not Why?

D) If Yes How?

Tool 10. Evidence of encouraging verbal and non-verbal communication

This tool tries to encapsulate the variety of communication that staff utilise to encourage interaction and participation of service users.



This tool looks at

the area of: Communication

Place: _____ Date: _____

Tool 10. Communication Observation

External examiners should conduct 10 independent 20-minute observations of service user and staff interaction and communication. Please make a tick/mark each time the following interactions take place:

	<i>Number of occurrences:</i>
Communication	
1. Staff to staff interaction	
2. Staff to client interaction	
3. Client to client interaction	
4. Client to staff interaction	
5. Symbols or signs used.	
Description of interactions:	
1.	
2.	
3.	
4.	
5.	

