QuADS

Quality in Alcohol and Drug Services

Organisational Standards

September 2013

ana liffey drug project
ACTION • PREVENTION • SUPPORT

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Original UK QuADS Organisational Standards: Alcohol Concern & DrugScope

Contents

Foreword

The Quality in Alcohol and Drug Services (QuADS) Organisational Standards manual is a set of quality standards in service provision for drug and alcohol services. Originally developed in the UK by Alcohol Concern and SCODA, QuADS was adopted as the most appropriate standards framework for the Health Service Executive (HSE) Addiction Services. The HSE Dublin Mid-Leinster Addiction Service, facilitated by Mr. Iain Armstrong (Co-author of the UK QuADS manual), adapted the standards for the HSE Addiction Services in Dublin Mid-Leinster. These were subsequently approved as the national quality standards for addiction services.

In 2009 The HSE National Office for Social Inclusion commissioned the Ana Liffey Drug Project to develop and maintain a library of template policy documents to support services developing policies as part of implementing quality standards. In 2013, to ensure a consistent approach, a steering group consisting of representatives from the HSE and Ana Liffey adapted the HSE QuADS organisational standards for the community and voluntary sector. As part of this process, Ana Liffey develop and provide supports and training to services engaged with implementing quality standards on behalf of the HSE.

I would like to take this opportunity to thank those who have been involved in developing these standards and supporting documentation, and who have supported this process. Furthermore, I would like to thank all the organisations who have committed themselves to quality improvements for the benefit of service users.

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Introduction

What is QuADS?

The Quality in Alcohol and Drug Services (QuADS) Organisational Standards manual is a set of quality standards for drug and alcohol services. The manual is intended as both a guide and a review tool.

Who is QuADS for?

QuADS organisational standards are designed as a tool to assist drug and alcohol services in the community and voluntary sector with the development of quality standards in their service. The organisational standards may also be useful to other organisations working with addiction services - such as commissioners.

Policy context

The National Drugs Strategy Interim 2009 – 2016 nominates the HSE as the lead agency responsible for action 45:

"Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality & Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved".

(NDS 09-16, 2009, p.53)

The National Drugs Rehabilitation Implementation Committee (NDRIC) (2010) recommends that all rehabilitation services implement a quality framework, such as QuADS, or equivalent, in their service. The QuADS framework provides a structure to guide and review quality provision.

The HSE Dublin Mid-Leinster adapted the UK QuADS Organisational Standards manual for their own addiction services. In 2013, the HSE commissioned Ana Liffey to contextualise and promote the standards in the community and voluntary sector.

Background

In the UK, Alcohol Concern and SCODA (The Standing Conference on Drug Abuse) developed and piloted the QuADS Organisational Standards manual (1999) in consultation with drug and alcohol service providers, commissioners, drug action teams, the Dept. of Health UK, the Substance Misuse Advisory Service and other stakeholders.

In 2009, the HSE Dublin Mid-Leinster Addiction Service, facilitated by Mr. Iain Armstrong (Alcohol Concern), co-author of the UK QuADS Organisational Standards manual, adapted the manual for the HSE Addiction Services. These standards were subsequently signed off as the national quality standards for addiction services.

In 2013, in order to ensure a consistent approach across the sectors, a steering group consisting of HSE and Ana Liffey representatives adapted the HSE QuADS organisational standards for the community and voluntary sector.

How to use[1]

Applicability of the standards

The manual is divided into various sections relating to specific aspects of service delivery in drug and alcohol services.

Sections 1 – 3 will be applicable to all services, and are therefore labelled **core** standards.

Sections 4 & 5 are specific to particular services (e.g. outreach services) and targeted groups of people (e.g. young people) and are therefore only relevant to particular services.

The format of the standards

An example of a standard is shown below, taken from Standard 6: Recruitment and Selection Procedures

Standard statement:					
The service has a comprehensive recruitment and selection system.					
Criteria		**Evidence**	**M/GP**	**Criteria met**	**Comment**
6.1	There are written recruitment and selection policies and procedures which take account of equal opportunities legislation[1] and the service's policy, and these are reviewed on a systematic basis.		M		
Guidance 1. Including the right to take up employment in Ireland. 2. New staff should receive a signed contract a maximum of four weeks after coming into post. If terms and conditions are being changed, consult with representative bodies.					

Each standard is made up of a standard statement, consisting of:

Standard statement: This is the standard to which services should operate.

Criteria: There are a set of criteria which make up the standard. A service attains the standard by meeting all the minimum criteria. Criteria are weighted according to whether they are at a level of:

- **Minimum standards**: these standards represent a level below which a service either could not function, or might function dangerously, unfairly or inefficiently.
- **Good practice standards**: these standards represent a level which, while not a requirement for basic functioning, would be desirable for the provision of a quality service.

Evidence: This is what the service provides to demonstrate that they meet the criteria.

Level of standards: The standards within the manual are divided into two levels as identified within the column labelled M/GP (where M= minimum standards and GP = good practice standard).

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1   Alcohol Concern, DrugScope, 1999. QuADS Organisational Standards for Alcohol and Drug Treatment Services, UK.

Criteria: This column allows the service to indicate if they can meet the criteria using the following evaluation system:

- criteria met (m)
- criteria partially met (p/m)
- criteria unmet (u)
- criteria not applicable (N/A)

Abbreviation	Level	Explanation
M	Criteria met	The service can demonstrate fulfilment of the criterion, i.e. the service can demonstrate implementation of policies, procedures, guidelines and protocols through the appropriate processes, system or structures.
P/M	Criteria partially met	The service is able to demonstrate partial fulfilment of the criterion. An example of this may be where a policy, procedure, protocol, guidelines, system or structure is in place - but the service does not demonstrate implementation of this. Another example may be where there is evidence of the implementation of appropriate process, system or structure but without the appropriate policy, procedure, protocol or guidelines in place.
U	Criteria unmet	The service is unable to demonstrate sufficient policy, procedure, protocol, guidelines, system or structure to meet the criterion.
N/A	Criteria not applicable	The criterion is not applicable to this service.

To meet a standard, all the minimum level criteria should be met.

Comment: Any additional comments.

Guidance notes: Guidance notes provide further information on the standard, such as references to documents which are sources for further guidance on policy development.

The manual has been structured so that services can focus systematically on different aspects of their organisation, e.g. service delivery, care processes, service user involvement, service user charter of rights and responsibilities and relationships with service commissioners and other providers.

Review

The organisational standards manual can be used to assess a service against the core standards and against applicable standards from the 'service specific' and 'target group' standards sections.

Using the manual for self-review

The organisation can use the manual to self-assess their service internally against the core standards and against applicable standards from the service specific and targeted standards section. It is suggested that one person in the organisation take responsibility for coordinating the self-review.

Suggested steps in the self-review process:

Step 1: Nomination of a coordinator from the organisation for the self-review.

Step 2: Read through the manual in detail. Identify the standards from the 'service specific' and 'target group' standards sections applicable to the organisation. All core standards are applicable.

Step 3: Identify where individuals (manager, staff member, service user) can take responsibility for particular sections. For example, the Human resource management and development standards could be tasked to an individual with responsibility for, or knowledge of, human resources in the organisation. If it is not possible or appropriate to nominate an individual, the coordinator of the process can carry out the self-review.

Step 4: The review is carried out by collecting evidence to measure against the criteria of each applicable standard, to demonstrate that the standard has been achieved. Policies, protocols, procedures, practices, guidelines, structures and systems are all examples of evidence that can be used to show the organisation is meeting a standard (see examples below). The methods used to gather evidence might include focus groups with stakeholders, interviews with stakeholders, policy review, data collection and documentary research.

Step 5: When all evidence has been compiled, gaps may emerge where applicable standards have not been met. A plan for working towards those standards can then be put in place.

Step 6: The manual can be used as a running document to monitor progress after the initial self-review has been completed.

Peer review

The manual can be used for peer review, which involves another similar service (e.g. agencies in a particular area, particular service types) reviewing and evaluating your service against the standards. This method is more objective than self-review. However, other factors - such as having the service open to assessment by potential 'competitors' - should be taken into consideration.

External independent evaluation

The manual can be used for external independent monitoring and assessment. Independent assessment involves a review by an independent body of the evidence of criteria met, partially met, and unmet - and a review of planned improvements to quality provision. Ultimately, independent monitoring and assessment could be linked to the funding of services.

Examples of evidence

Example 1 (Section 2: Core management standards. 8. Human resources development)

Standard statement:
The human resource development approach ensure that management, staff and volunteers are equipped with the skills and abilities to meet the objectives of the service.

Criteria		Evidence	M/GP	Criteria met	Comment
8.2	All training is planned on the basis of: - what the need is - how it will be responded to - what are the expected outcomes of training and how its effectiveness will be evaluated	*Examples of evidence:* Annual training plan. Training policy. Section in strategic plan. Section in annual work plan.	M		

Example 2 (Section 2: Core service user charter standards. 19. Equal opportunities)

Standard statement:
The service ensures that good practice is achieved with regard to recruitment and selection, management, operations and delivery of services to service users.

Criteria		Evidence	M/GP	Criteria met	Comment
19.1	The service has a written and consulted-on policy on equal opportunities and anti-discriminatory practice. The policy includes statements on: - gender - civil status - family status - age - disability - race - sexual orientation - religious belief - membership of the traveller community	*Examples of evidence:* Written policy document(s). Implementation procedures. Consultation reports.	M		

Supports

If you have any queries on how to use this standards manual, please contact the Ana Liffey Quality Standards Support Project team on (01) 960 3004 or email quality@aldp.ie.

A policy template library has been developed as a support tool for organisations implementing quality standards. The policy template library hosts over 80 templates on policies related to: governance; human resources; service provision; service user involvement; and case management. These and other support resources for quality standards can be found on www.drugs.ie/quality.

The Health Service Executive policies, procedures, protocols and guidelines (PPPGs) can be accessed through www.hse.ie.

To join the mailing list for notification on updates to the organisational standards manual, policy template library and resources, please email quality@aldp.ie.

Glossary of terms

Appraisal
A regular evaluation of an employee's (paid or unpaid) work and progress, usually conducted by the employee's immediate line manager. Formal appraisal includes evaluation of past performance, targets for the future, and training needs. Informal appraisal can consist of any interview between an employee and their line manager, where aspects of performance past, present and future are discussed.

Assessment
The systematic identification of service user need within the framework set by the service, including eligibility criteria. It is expected that the assessment process will actively include the service user. See also initial assessment and comprehensive assessment.[2]

Business plan
A blueprint for the future of the service which sets out the aims and objectives of the service and how it proposes to achieve them.

Care plan
A care plan is a documented agreement of a plan of action between the service user and service provider based on SMART (Specific, Measurable, Attainable, Realistic and Time- bound) objectives. Care plans should document and enable review of service user needs, goals and progress across four key domains:
  1. Drug and alcohol use
  2. Health (physical and psychological)
  3. Offending
  4. Social functioning (including housing, employment and relationships).

A care plan should be brief and readily understood by all parties involved and should be a shared exercise between the service user and the service provider. The care plan should explicitly identify the roles of specific individuals (including the service user) and services in the delivery of the care plan. Care plans should be reviewed both routinely and when a change in a service user's circumstances makes it necessary.[2]

Care planning
Care planning is a process for setting goals, based on the needs identified through an assessment, and planning interventions to meet those goals with the service user. Care planning is a core requirement of structured drug treatment. An integrated care plan involves two or more agencies.[2]

Case manager
The case manager is the identified person who has a formal role to manage inter-agency communication and the provision of co-ordinated care for the service user in question.[2]

Case management
Case management is the process of co-ordinating the care of a service user through a shared care plan and resolving any gaps and blocks that arise.[2]

Competencies
Competencies allow individual workers to be clear about what is expected of them in their work. DANOS competencies represents a consensus of what competent drug and alcohol workers are able to do rather than simply what they know.

Comprehensive assessment
Comprehensive assessment is targeted at drug users with more complex needs and those who will require structured drug treatment interventions. The assessment aims to determine the exact nature of the individual's drug and alcohol problems, and coexisting problems in the other domains of health (mental and physical), social functioning and offending. Comprehensive assessment can be seen as an ongoing process rather than a single event. It provides information that will contribute to the development of a care plan for a service user.[2]

CPD
Continuing Professional Development.

Effectiveness
The degree to which an intervention produces the desired outcomes.

Efficiency
The optimal use of resources, e.g. financial, human, in the achievement of effective service provision.

Employees
People employed by the organisation (including chief executive officer).

Euro-Methwork
A forum for those who are active in the substitution treatment field in the European Region, i.e. practitioners, researchers, policy makers, but also heroin users, their friends and families. Euro-Methwork has developed European Methadone Guidelines.

Governance of voluntary organisations
The overall guidance, direction and supervision of the organisation. In voluntary organisations, accountability and legal responsibility are the responsibility of a voluntary body such as the management committee or trustees.

Human resources
All employed staff within the service.

ICGP
Irish College of General Practitioners

Initial assessment
An Initial assessment usually takes place when a drug user first contacts specialist drug treatment services. The aim of an initial assessment is to determine the seriousness and urgency of a service user's problems and the most appropriate type of treatment for the service user. It involves a fuller assessment of the individual's drug and alcohol problems than is conducted at screening, as well as assessment of a service user's motivation to engage in treatment, current risk factors and the urgency of need to access treatment. As a result of this assessment, an individual might be offered services within the assessing agency or onward referral to another service. A further outcome of an initial assessment is that, where appropriate, work is undertaken to further engage and prepare the individual for treatment.[2]

Inputs
The resources used to deliver the service. Inputs will include financial, human resources and physical resources.

Key worker
The named person assigned to work closely with the service user and provide a range of psychosocial interventions/advocacy for that service user.[2]

Key working
Key working is a process undertaken by the key worker to ensure the delivery and ongoing review of the care plan. This usually involves regular meetings between the key worker and the service user where progress against the care plan would be discussed and goals revised as appropriate. The key worker is usually a member of the multidisciplinary team responsible for delivering most of the service user's care.[2]

Medical and social care
Assistance and support to alleviate the effects of social, physical, psychological or emotional difficulties.

MDT
Multidisciplinary Team.

Needs assessment
A systematic appraisal of the type, depth and scope of a problem. It has three components:
- assessment of the nature and extent of the problem
- assessment of the nature and extent of the existing resources and interventions
- identification of the deficiencies or gaps which may be filled by a proposed intervention.

NICE guidelines
Guidelines issued by National Institute for Clinical Excellence UK.

NDRIC
National Drug Rehabilitation Implementation Committee.

NDRF
National Drugs Rehabilitation Framework. A framework through which service providers will ensure that individuals affected by drug use are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway.

NDS
National Drug Strategy.

NDTRS
National Drug Treatment Reporting System (Pompidou Forms).

NWL
National Waiting list for opoid treatment.

Orange guidelines
Drug Misuse and Dependence: UK Guidelines on Clinical Management, September 2007. Commonly called the 'Orange Book'.

Outcomes
Description of change that has occurred in a service user which is attributable to the intervention or service process.

Outputs
The measurable units of service delivered to service users.

Performance management
Any system by which an organisation measures the quality and manages the quantity of work done by employees whilst identifying and planning for the filling of competence gaps.
Performance management would usually refer to a combination of activities such as supervision sessions, job chats, work plan discussions, formal performance appraisal, continual or random monitoring, individual development meetings, testing etc.

Policy
Principles and values within a coherent framework (usually a policy document/guideline) adopted by a service which inform agreed actions.

Psychological interventions
Psychological interventions are broadly based on the use of the interaction between therapist/key worker and service user to elicit changes in the service user's behaviour (e.g. substance use), as well as other related factors including cognition and emotion. Psychological or psycho/social interventions are usually part of a treatment plan within specialist services. Implementation of a care plan involves interventions relevant to each stage of a treatment journey.

PPPGs
Policies, Procedures, Protocols and Guidelines.

Procedures
Method by which actions arising from the policy are accomplished.

QuADS core standards
Areas of organisational activity which are common to all services.

QuADS service specific standards
The standards which define specialised services which may or may not be undertaken by agencies.

Quality
A known level of performance. The word 'quality' is often used in other contexts to imply a superior or elite product or service. In the context of QuADS, a service which has been measured against a QuADS standard is then of known quality in relation to that standard.

Quality assurance
A guarantee that a service has been measured against a standard and been judged to meet it. Any interested party can then choose to put trust in that judgment as a pre-measurement. The degree of assurance that can be gained will depend on the consistency and objectivity of the measurement system.

Rehabilitation

A structured developmental process whereby individuals are facilitated to become fully involved in the process of regaining their capacity for daily life from the impact of problem drug use. Providing a 'continuum of care' to problem drug users enabling them to address their needs, as most appropriate for them (these needs may include health, social, housing, employment, educational and/or vocational). Being aimed at maximising their quality of life, and that of their families and communities, and enabling their re-integration into their community.[3]

Risk assessment

A systematic appraisal of the type, depth and scope of risk related to an activity carried out by an individual. What constitutes risk will differ dependent on the characteristics of the individual and the circumstances in which the activity takes place.

Shared care plan

Where there are multiple agencies involved in setting objectives with the service user, these should be combined to form a shared care plan, which the case manager oversees.

Standard

A definitive set of criteria which describe the required level of attainment to provide a common 'yardstick' against which all practices can be measured objectively.

Strategy

A strategy is the overarching plan and direction of an entire operation/organisation. From a strategy, policies are formed.

TOR

Terms of Reference.

Training

Broadly, any action designed to bring a person to a specified level of competence. The term should be considered in this context and could include many types of activity such as open/distance learning, directed reading, mentorship, work shadowing, computer based learning, video based learning, coaching by skilled worker as well as well as in-house or external classroom based activities.

Service user

Current terms for people who receive medical, nursing and social care services include patient, customer, consumer, and service user. For simplicity, the term 'service user' is used throughout this document.

Shared care

Where there are multiple agencies involved in setting objectives with the service user, these should be combined to form a shared care plan, which the case manager oversees.[2]

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2   HSE National Drug Rehabilitation Framework, 2010. Health Service Executive.
3   National Drugs Strategy 2001-2008: Rehabilitation. Report of the Working Group on Drugs Rehabilitation, May 2007. Department of Community, Rural and Gaeltacht Affairs.

Governance for voluntary sector organisations

1. The management body

Standard statement:					
The service is appropriately and effectively managed by its managing body.					
Criteria		**Evidence**	**M/GP**	**Criteria Met**	**Comment**
1.1	The members of the management body are aware of their legal responsibilities.		M		
1.2	Constitution/articles of association reviewed regularly (annually) to ensure a match with current operational activities.		M		
1.3	Members of the management body have clearly defined role/tasks job descriptions.[1]		GP		
1.4	The management body ensures that skills, experience and cultural and gender mix is appropriate to the needs of the service.[2]		M		
1.5	At least one member of the management body has relevant financial management experience.		GP		
1.6	There is an established management mechanism for consultation with/involvement of service users in decision making.		M		
1.7	Quorate management body meetings occur sufficiently regularly and decisions are accurately recorded in line with operational requirements.		M		
1.8	Members of management body are provided with training to support management responsibilities.		M		
1.9	Service prepares and formally approves annual report detailing activities of the previous year.		M		

Guidance notes

1. Examples include role/task descriptions for chair, treasurer, company secretary and committee member.
2. This may be achieved, for example, by member audit or training needs assessment.

The management of focus, direction and change

2. Mission statement

Standard statement:					
The service has a mission statement which describes the aims of the service.					
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
2.1	The mission statement was developed in consultation with stakeholders.[1]		M		
2.2	The mission statement features in key service documents.		M		
2.3	The mission statement is regularly reviewed to ensure it reflects service change and direction as part of the strategic and business planning process.		M		

Guidance notes

1. Stakeholders may include management body, staff, service users, service commissioners, other relevant agencies.

3. Strategic and business planning

	Criteria	Evidence	M/GP	Criteria Met	Comment
Standard statement: *The forward planning process ensures effective and focused strategic development and management of the service .*					
	Strategic planning:				
3.1	The service has a rolling 3 year strategic plan that encompasses all key aspects of service functions.[1]		M		
3.2	Plan is reviewed every 12 months as part of the business planning process.		M		
	Business planning:				
3.3	The service produces an annual plan. The plan encompasses all the key aspects of the service.[2]		M		
3.4	Plan contains explicit targets for service development, and the targets relate to strategic priorities.[3]		M		
3.5	Progress related to the achievement of identified targets is regularly reviewed.[4]		M		
3.6	The strategic and business planning implementation is evaluated at the end of the financial year and results inform the strategic and business planning process for the coming year.		M		

Guidance notes

1. Functions include finance, human resource management, marketing and service delivery.
2. Functions as for 1. The scale of the business plan should reflect the size and activity of the organisation. The business plan should reflect the performance demands of the agency's service contracts and target development goals.
3. As identified by the mission statement and strategic plan.
4. Suggested minimum quarterly review.

4. Financial strategy and management

Standard statement:					
The service has a financial strategy and management system which contributes to its governance and use of financial resources.					
Criteria		**Evidence**	**M/GP**	**Criteria Met**	**Comment**
4.1	Service has financial strategy which forms part of the strategic plan.		M		
4.2	Financial strategy includes recognition of all service activities.[1]		M		
4.3	Strategy is reviewed annually as part of the business planning process.		M		
4.4	Annual budget identifies all projected incomes and expenditure and is reviewed quarterly with remedial action taken as required.		M		
4.5	Specific aspects of service delivery should have unit costing.[2]		GP		
4.6	There are written financial procedures.		M		
4.7	Financial responsibilities are identified for each area of service activity.		M		
4.8	All those with responsibility for finance management are provided with up to date financial information.		M		
4.9	All financial activity must comply with statutory regulations.		M		
4.10	Management body receive regular reports on the financial position of the service.[3]		M		
4.11	Monthly financial operating statements and cash flow are prepared.		GP		
4.12	Regular meetings to discuss financial issues take place between the Area Operations Manager and administrative staff with finance responsibility.		GP		
4.13	Agreed procedures in place for paying bills, signing checks, and managing petty cash.[4]		M		

4.14	Financial systems adequately facilitate the management of: - recording incomes and expenditure - PAYE - PRSI - USC - pensions - VAT		M		
4.15	Audited accounts are prepared a maximum of six months after the end of the financial year.		M		
4.16	Voluntary sector organisations: The management body and all relevant staff are aware of the requirements of the Companies Act 1963 – 2012, Generally Accepted Accounting Practice in Ireland and the Charities Act 2009 as they apply to the organisation.		M		

Guidance notes

1. Activities may include service delivery, capital expenditure, financial reserves, and revenue/income.
2. Service should aim to develop systems which identify costs per service user episode.
3. Reports should be submitted to management bodies on a quarterly basis.
4. These systems should include effective safeguards to prevent error and theft.

Human resource management and development

5. Human resource management – general

Standard statement:
The service ensures that the management of human resources is undertaken in a way that meets operational needs.

	Criteria	Evidence	M/GP	Criteria Met	Comment
5.1	Staff has the competence to respond to the needs of the organization and service user group.		M		
5.2	The composition of the staff team is appropriately balanced in order to meet the needs of the target service user groups.[1]		M		
5.3	The service has a staff handbook and policies which effectively support the management of human resources.[2]		M		
5.4	The service has a system which effectively monitors the composition and key characteristics of the human resource establishment.[2]		M		
5.5	Where required, representative bodies are involved in the development and maintenance of the human resources system.[3]		M		
5.6	Personnel records are maintained in a confidential manner.[4]		M		
5.7	The service demonstrates that it has a policy framework to support the human resource strategy.[5]		M		
5.8	There is a written policy/code of conduct which identifies professional boundaries and responsibilities.		GP		

1. Balance in terms of race, gender, disability, age, sexual orientation.
2. This should include:
    - statutory requirements
    - organisational needs (monitor workload, skill mix etc)
    - supervision records
    - maternity/paternity records
    - annual leave
    - sickness and absenteeism
    - staff turnover
    - disciplinary or grievance procedure
    - gender
    - ethnic origin
    - disability
3. This may include trade unions and professional bodies.
4. Personnel records cover:
    - application form/CV
    - references
    - copy of contract
    - job descriptions
    - records of leave or sickness
    - performance appraisal
5. The strategy addresses:
    - skills and qualifications
    - recruitment and retention
    - redundancy
    - training and development
    - health and safety and work
    - employee relations
    - performance appraisal
    - pay and conditions
    - equal opportunities

6. Recruitment and selection procedures

	Standard statement:				
	The service has a comprehensive recruitment and selection system.				
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
6.1	There are written recruitment and selection policies and procedures which take account of equal opportunities legislation[1] and service's policy, and these are reviewed on a systematic basis.		M		
6.2	All posts have relevant job descriptions and candidate specifications.		M		
6.3	All employees have contracts of employment and conditions of service.[2]		M		
6.4	There are policies: - on the employment of people who have/ had drug and/or alcohol related problems. - which identify the procedure for garda vetting of posts		M		
6.5	The service ensures that induction training and orientation for new staff takes place.		M		

Guidance notes

1. Including the right to take up employment in Ireland.
2. New staff should receive a signed contract a maximum of four weeks after coming into post. If terms and conditions are being changed, consult with representative bodies.

7. Human resource performance management systems

Standard statement:				
The service has a human resources management system that monitors, motivates and supports performance.				
Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
7.1 Service has a policy that is designed to monitor, motivate and support staff.[1]		M		

Guidance notes

1. Traditional approaches to human resource management include supervision and appraisal systems. Supervision may include managerial supervision in relation to job description or work plan, service ethos casework supervision (in relation to work with service users) or personal supervision (in relation to personal issues raised through work). The appraisal procedure may also encompass procedures for monitoring achievements since last appraisal and targets to be achieved before next appraisal.

8. Human resources development

Standard statement: ***The human resource development approach ensures that management & staff are equipped with the skills and abilities to meet objectives.***					
Criteria		**Evidence**	**M/GP**	**Criteria Met**	**Comment**
8.1	The service has a human resource development strategy which relates to the strategic/business planning process.		M		
8.2	All training is planned on the basis of: - what the need is - how it will be responded to - what are the expected outcomes of training and how its effectiveness will be evaluated[1]		M		
8.3	There are adequate financial resources identified for, and allocated to, the training programme.		M		
8.4	The training plan should incorporate individual training needs.		M		
8.5	Training takes place according to the training plan.		M		
8.6	Training effectiveness is evaluated against objectives identified in the training plan.		M		

Guidance notes

1. Annual training plan includes: - A statement of service priorities, a clear system for identifying staff training requirements, links between staff development and human resource management systems and an assurance that staff has sufficient competence at each level.

9. Volunteers

Standard statement:					
The service has established effective and supportive procedures for the management and utilisation of volunteers.[1]					
Criteria		**Evidence**	**M/GP**	**Criteria Met**	**Comment**
9.1	There is a written recruitment procedure/policy for volunteers.[1]		M		
9.2	The service has a written volunteering agreement.		M		
9.3	Volunteers have role descriptions.		M		
9.4	There are clearly defined management/reporting lines for volunteers.		M		
9.5	Volunteers are provided with regular supervision.		M		
9.6	The service has a code of conduct for volunteers.		M		
9.7	The service has a mechanism for volunteer consultation.		M		
9.8	Volunteers are provided with regular, and adequate, training.		M		
9.9	Policy regarding volunteers who have/had drug and/or alcohol-related problems.		M		

Guidance notes

1.   Issues related to volunteers should be considered in a similar manner as to paid staff.

Managing environments

10. Managing service environments for care provision

Criteria		Evidence	M/GP	Criteria Met	Comment
Standard statement: *Accommodation and other resources meet the needs of the service user in providing an appropriate environment in which the service is delivered.*					
Non-residential services					
10.1	The premises meet the requirements of legislative guidance including:[1] - health & safety - fire regulations - environmental health		M		
Registered residential services					
10.2	The residential unit meets the requirements of the registration authority.		M		
Non-registered residential services					
10.3	The premises meet the requirements of legislative guidance including:[1] - health and safety - fire regulations - environmental health		M		

Guidance notes

1. Providers should be aware that they may be required to comply with various statutory or local guidance.

Managing external relationships

11. Working with commissioning bodies

Standard statement:					
The service has a working partnership with its commissioning bodies.					
Criteria		Evidence	M/GP	Criteria Met	Comment
11.1	The service fulfils the requirements of its service contracts.		M		
11.2	Monitoring information is provided to relevant commissioning bodies in line with the requirements of service contracts.		M		
11.3	The service effectively represents the needs of its service user groups to key commissioners.[1]		GP		

Guidance notes

1. This may take several forms including advocacy and service users needs reported to commissioners.

12. Working with other providers

Standard statement: *The service develops and maintains joint working relationships with other provider services.[1]*					
Criteria		**Evidence**	**M/GP**	**Criteria Met**	**Comment**
12.1	The service participates in provider meetings/ seminars.[2]		M		
12.2	There is a joint agreed strategy for meeting objectives/targets jointly set with other agencies.[3]		M		
12.3	Formal protocols are established for sharing service user information with partner services.[1]		M		
12.4	There is joint policy development on key inter-agency and service provision issues.[4]		GP		

Guidance notes

1. Refer to National Drugs Rehabilitation Framework – National Protocols & Common Assessment Guidelines:
    - Protocol 3 Referral between agencies
    - Protocol 4 Interagency care plan Meetings
    - Protocol 6 Confidentiality and information sharing
2. An example of this may be participation in Regional and Local Drug Task Forces & Sub-committees / Records of meetings with other providers.
3. The strategy makes clear the responsibilities and timescales for the achievement of objectives. It is monitored and evaluated.
4. Joint policy could include issues such as working with pregnant drug users, working with children and young people, and working with dual diagnosis service users.

Performance monitoring and review

13. Performance monitoring

Standard statement: *The service has established a range of performance monitoring criteria to measure and report on performance to commissioners, service management and other relevant bodies.*					
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
13.1	There are established procedures for service monitoring and review, which include efficiency and effectiveness (outputs and outcomes).[1]		M		
13.2	The output and/or outcome criteria have been agreed with service commissioners and other relevant bodies.		M		
13.3	Output and/or outcome monitoring reports are provided to the managing body and service commissioners as specified within contracts.		M		
13.4	Output and outcome monitoring information is used to inform the strategic/business planning processes, service delivery and policies and practices of the service.		M		
13.5	Complete & return NDTRS forms.		M		

Guidance notes

1. The service's performance monitoring will include the following:
    - a definition of service user groups, e.g. drug/alcohol user, significant other, professional
    - an established minimum data set for service users. This may include: number of service users; gender; ethnicity; age; housing situation; employment situation; criminal justice involvement; number of appointments kept (with dates); failed appointments (with dates)
    - different aspects of service provision are categorised for recording purposes. Categories could include: advice/information; assessment; counselling; detoxification; drop-in
    - contact dates are recorded for each service user
    - the name and dates of staff member contacts for each service user is recorded
    - needle exchange services record specific additional information. This will include: all new contacts and injecting behaviour at initial assessment; reassessment of service users on a regular basis (e.g. three to six months); monitoring types and amounts of equipment provided and return rate.
    - young people's services have different monitoring requirements. See Standard 36: Services for children and young people.

14. Quality assurance

	Standard statement:
	The quality of organisational practice is monitored and continuously developed.

	Criteria	Evidence	M/GP	Criteria Met	Comment
14.1	The service has a quality assurance strategy which encompasses all aspects of organisational activity, and stakeholders[1] of the service were consulted on the formulation of the strategy.[2]		M		
14.2	The strategy identifies clear targets for achievement which are linked to the strategic and business plans.		M		
14.3	The strategy is subject to regular review and update (e.g. annually) linked to strategic and business planning processes.		M.		
14.4	Management has responsibility for overseeing implementation of the quality assurance strategy and engendering staff commitment to it.		M		
14.5	All staff and volunteers have received training on implementing the requirements of the quality assurance strategy.[3]		M		
14.6	An audit of service user satisfaction is carried out at regular intervals.		M		
14.7	Resources are made available to support the implementation of the quality assurance strategy as part of the business planning process.		M		

Guidance notes

1. This could include management body, staff, volunteers, service users, commissioning bodies and those involved in joint working.
2. This may include reporting and monitoring systems or review mechanisms for service improvement.
3. This should be featured in induction training as well as specific in service training.

15. Policy and procedures

Standard statement: *The service has a range of policies, procedures, protocols and guidelines which support operation and service delivery.*				
Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
15.1 The service policies and procedures in place include:[1] - governance policies - human resource policies - service provision policies - service user related policies - care and case management policies		M		
15.2 All policies are dated and reviewed regularly (usually annually).		M		

Guidance notes

1. This list is not exclusive.

16. Involving and empowering service users

Criteria		Evidence	M/GP	Criteria Met	Comment
Standard statement:					
The service seeks to maximise involvement of service users with regard to the type, delivery and development of services.					
16.1	There are procedures for consulting with service users to inform service planning and delivery.[1]		M		
16.2	Service users are provided with information on types of services provided and the standards they can expect.		M		
16.3	The service has a charter of service users' rights and responsibilities.[2]		M		

Guidance notes

1. Consultation may take the form of consultation groups, satisfaction surveys or service user representation on the management team.
2. This could involve the service developing its own charter or adapting a published charter.

17. Confidentiality and right of access to information

Standard statement:
The service has a policy on confidentiality and rights of access to information which is actively communicated to, and understood by, all service users, staff and volunteers.

	Criteria	Evidence	M/GP	Criteria Met	Comment
17.1	All service users are informed about the policy and its implications and their right of access to personal information.[1]		M		
17.2	The policy demonstrates recognition of: - shared care protocol[2] - issues associated with provision of services to children and young people - drug and alcohol using parents.		M		
17.3	There are clear procedures for responding to breaches of confidentiality.		M		
17.4	The service is registered with the local Data Protection Commissioner, staff and volunteers are aware of their obligations under the Data Protection Act.		M		
17.5	The service computer systems are password protected.		M		
17.6	Service user files are kept securely and can only be removed from the premises with appropriate authorisation. Computer systems are backed up and back-ups are securely stored.		M		

Guidance notes

1. The service should ensure that the policy is understood. In the case of a service user who for a number of reasons (e.g. mental health, intoxication) may not understand, then the service should have in place a procedure to ensure that this non/questionable understanding is recorded.
2. Refer to National Drugs Rehabilitation Framework – National Protocols & Common Assessment Guidelines: Protocol 6 Confidentiality and Information Sharing.

18. Complaints procedures

Standard statement:					
The service ensures the effective management of, and response to, complaints regarding services delivered by the service.					
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
18.1	The service has a written procedure for dealing with complaints. The procedure clearly identifies: - timescales for each stage of the process - the appeals system - the identified senior member of staff responsible for managing the complaints procedure - the system for notification of serious complaints to commissioning agents		M		
18.2	There are leaflets available and/or posters displayed in the service explaining the complaints procedure to service users.		M		
18.3	The service has a system for monitoring complaints by number, nature and outcome.		M		
18.4	Staff demonstrates competence in understanding the complaints procedure.		M		

19. Equal opportunities

Standard statement:				
The service ensures that good practice is achieved with regard to recruitment and selection, management, operations and delivery of services to service users.				
Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
19.1 The service has a written and consulted-on[1] policy on equal opportunities and anti-discriminatory practice. The policy includes statements on:[2] - gender - civil status - family status - age - disability - race - sexual orientation - religious belief - membership of the Traveller community		M		
19.2 The policy/policies are inclusive of and applicable to employees, volunteers, service users, and carers, and the management body.		M		
19.3 The service provides facilities to ensure that all members of any specified target group can make use of the service.[3]		M		
19.4 Staff and volunteers demonstrate competence in the implementation of the service's equal opportunity and anti-discriminatory practice policy.[4]		M		
19.5 There are monitoring systems (including ethnic monitoring) for human resource establishment and turnover and service user usage of services.		M		

1. The consultation should include management body, staff, volunteers and service users.
2. The Employment Equality Act 1998 and the Equal Status Act 2000 outlaw discrimination in employment, vocational training, advertising, collective agreements, the provision of goods and services and other opportunities to which the public generally have access on the nine distinct grounds listed.
3. The service should specify exactly what type of service is being offered and to whom. This may include:
    -   meeting statutory responsibilities such as access to deaf communicators and help for people with literacy problems (see NALA.ie for Plain English guidelines and resources)
    -   providing access to translation support services should they be required
    -   providing information services in a variety of languages which reflect local need (see drugs.ie for information on drugs and alcohol in Arabic, Chinese, Russian, Portuguese, French, Latvian, Lithuanian, Polish, Spanish and Czech)
    -   childcare requirements
    -   dietary requirements for residential services
    -   choice of worker gender for service users wherever possible
    -   transport needs
    -   access for disabled service users.
4. Staff and volunteers are provided with training where necessary.

20. Self-help and advocacy

Standard statement: *The service user has the right to information on self-help groups and user advocacy groups.*				
Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
20.1 Service ensures that the user has access to information on self-help and user advocacy groups on request.[1]		GP		

Guidance Notes

1. e.g. Alcoholics Anonymous (AA), Narcotics Anonymous (NA).

21. Privacy, dignity and respect

Standard statement:						
The service user has a right to privacy, dignity and respect.						
*	**Criteria**	**Evidence**	**M/GP**	**Criteria Met**	**Comment**	
21.1	Policies on privacy for:[1] - for non residential services[2] - Residential services		GP			
21.2	The service user is addressed by their preferred name.		GP			

Guidance notes

1. This may be in addition to the confidentiality policy.
2. For non residential services, these may include policies on urine testing and separate counselling space.
3. For residential services, these may include policies on opening mail and room searches.

Access

22. Accessibility

Standard statement:				
The service seeks to maximise access to the service by its targeted service user groups.				
Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
22.1 The service has publicised availability times.[1]		M		
22.2 Referral routes to the service should be clearly stated and publicised.		M		
22.3 Opening hours for the service are clearly displayed within the service and an answerphone service is available when the service is closed.		M		
22.4 Service ensures that when policies and procedures are reviewed, they support access to services by targeted service user groups.		M		
22.5 The service sets targets on accessibility and monitors and evaluates the achievement of these targets.[2]		M		
22.6 The service has action plans to ensure its effective response to issues of accessibility for its target population.[3]		GP		
22.7 There is a publicised maximum waiting time for assessment.		M		

Guidance notes

1. There may be publicity in libraries, social services departments, hospitals, GP practices and Garda stations.
2. The service should set minimum targets in terms of service waiting times.
3. Services should consider providing training to staff on access issues (e.g. trans-cultural approaches, disability awareness).

23. Referral

Standard statement:					
The service provides an efficient and effective response to all referrals.					
Criteria		**Evidence**	**M/GP**	**Criteria Met**	**Comment**
23.1	The service has printed information on: - type and style of service(s) provided - for whom the service is appropriate - referral procedure[1]		M		
23.2	The service has evidence that referrals are processed in accordance with procedure on: - timescales for response[2] - staff responsibilities		M		
23.3	Those for whom the service is inappropriate are provided with information on relevant services and provided with support during the referral process.		M		
23.4	All service user referrals are recorded by monitoring information which includes: - source of referral - service personal details (incl. case history, key contacts) - action to be taken (with identified staff responsibilities and timescales) - outcome of referral		M		
23.5	Referrals are confirmed in writing to the referral service if required.		M		
23.6	There are established procedures for monitoring and evaluating compliance with the above standards for referral effectiveness.		M		

Guidance notes

1. See National Drugs Rehabilitation Framework – National Protocols & Common Assessment Guidelines: Protocol 3 Referral between agencies.
2. It is suggested that the following are included as timescale targets:
   - all written referrals should receive a response within a specified number of days
   - Initial assessments are provided within a specified number of days following referral

24. Assessment

Standard statement:
Service users are provided with an assessment to identify their needs which should be addressed within the care process.

	Criteria	Evidence	M/GP	Criteria Met	Comment
24.1	There are written procedures on the assessment of service users (including risk assessment).		M		
24.2	Assessment processes are detailed and needs-based.[1]		M		
24.3	Key service contacts are detailed.[2]		M		
24.4	The service user is actively involved in the assessment process.		M		
24.5	Service users are informed of the confidentiality policy and other relevant policies as part of the assessment.		M		
24.6	Service users provide written consent to the service to seek/disclose information from/to other services when required.[3]		M		
24.7	Staff involved in the assessment of service users demonstrates competence in this area.		M		
24.8	Service users have access to post-assessment debriefing should it be necessary after an assessment.[4]		M		

1. National Drugs Rehabilitation Framework – National Protocols & Common Assessment Guidelines recommend
    -   Initial assessment (see also protocol 1 and appendix 1 of the National Drugs Rehabilitation Framework) should include information on the following:
        · general information (Personal details, Source of referral, Living circumstances)
        · alcohol use (type, frequency, pattern)
        · drug use (type, frequency, pattern)
    -   Comprehensive assessment (see also protocol 2 and appendix 2 of the National Drugs Rehabilitation Framework) should include information on the following:
        · personal details
        · reasons for referral
        · current drug and alcohol use (type, frequency, pattern, implications on health, finance, legal)
        · current physical health and symptoms/ill health/disabilities
        · current mental health/psychological symptoms
        · current assessment of risk behaviors
        · current medications prescribed
        · past history of drug and alcohol use
        · past treatments for drug and alcohol use
        · past medical history
        · past psychiatric history/past mental health issues
        · family history/family structure/support
        · personal history
        · criminal history/legal issues
        · assessment of motivation and readiness to change
        · assessment of goals
        · formulation/diagnosis/assessment of needs
        · care plan/management plan
        · services may only be able to respond to part of the perceived need.
        · there should also be a process for identifying and recording area of unmet need/service deficit.
2. These may include GP, psychiatrist, probation officer, social worker, or solicitor.
3. There may be circumstances under which the service will be expected to disclose information without written permission, e.g. there is a substantial risk of harm to self or others, there is a suspicion or risk of harm to children, there is a court or tribunal order, or as required by law.
4. The assessment may raise uncomfortable/emotional issues for service user.

Planned care

25. The treatment approach – general

Standard statement:
Access to interventions which are effective and are based on responding to service user assessed need through a planned and documented approach to service delivery.

	Criteria	Evidence	M/GP	Criteria Met	Comment
25.1	The treatment approach is set out in a clearly written format which includes: - service rationale/philosophy - service structure - schedule/expected commitment - minimum quality standards - service user induction process - outcome targets - code of conduct and behavioral boundaries		M		
25.2	The programme takes account of the changing circumstances and needs of target service user groups.		M		
25.3	Management and operational systems are in place to support the treatment programme.		M		
25.4	There are liaison and joint working systems with other relevant providers.		M		
25.5	The service is able to demonstrate realistic resource allocation for treatment programme delivery.		M		
25.6	The service has clear policies and protocols with regard to dependent children of service users.		M		

26. Care planning

Standard statement: **Care planning is based on assessed need and actively involves the service user.**				

	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
26.1	There is a written procedure on care planning.[1]		M		
26.2	The care plan process is based on needs identified at assessment.		M		
26.3	The service user is at the centre of the care planning process and actively involved in the formulation of the care plan.		M		
26.4	The care plan is dated and signed by completing staff member and the service user, and a copy of the plan is provided to the service user.		M		
26.5	The service ensures that all service users: - receive a copy of a written care plan - have a nominated worker/ key worker - have a choice of key worker gender or ethnicity if appropriate		M		
26.6	The care plan sets outcomes with timescales for achievement.		M		
26.7	When the service user is involved in other care planning processes[2] the lead agency is identified and effective links established with it.[3,4]		M		
26.8	The care plan clearly lists the responsibilities of the service and service user.		M		
26.9	The care plan review date is set and recorded in the plan.		M		
26.10	Staff involved in assessing service users demonstrate competence in this area.		M		
26.11	There is a process for monitoring the implementation and compliance with the above procedures.		M		

1. National Drugs Rehabilitation Framework – National Protocols & Common Assessment Guidelines state
    - a care plan is a documented agreement of a plan of action between the service user and service provider based on SMART (Specific, Measurable, Attainable, Realistic and Time-bound) objectives. Care plans should document and enable review of service user needs, goals and progress across four key domains:
        · drug and alcohol use
        · health (physical and psychological)
        · offending
        · social functioning (including housing, employment and relationships)
    - a care plan should be brief and readily understood by all parties involved and should be a shared exercise between the service user and the service provider. The care plan should explicitly identify the roles of specific individuals (including the service user) and services in the delivery of the care plan. Care plans should be reviewed both routinely and when a change in a service user's circumstances makes it necessary
2. For example, case management, probation, social services.
3. The drug or alcohol service might be the lead agency.
4. See National Drugs Rehabilitation Framework – National Protocols & Common Assessment Guidelines Protocol 2: Comprehensive assessment of developing an Interagency Care Plan.

27. Care review

	Criteria	Evidence	M/GP	Criteria Met	Comment
Standard statement: **The needs of service users and the relevance of the care plan are reviewed on a regular and planned basis.**					
27.1	There is a written procedure on care review[1]		M		
27.2	The service user is at the centre of the care review process and is actively involved in it.		M		
27.3	The care review assesses: - relevance of care plan - effectiveness of care plan - identification of unmet needs - service user satisfaction[2]		M		
27.4	The date for the next care plan review date is set and recorded.[3]		M		
27.5	The review is dated and signed by completing staff member and the service user, and the service user is entitled to a copy.		M		
27.6	Staff involved in reviewing care plans will demonstrate competence.		M		
27.7	There is a process for monitoring the implementation and compliance with the above procedures.		M		

Guidance notes

1. This will identify minimum criteria and standards for regular service user review.
2. An essential aspect of the review is to establish change that has occurred since the care plan was written. Progress can be determined under the following headings (National Drugs Rehabilitation Framework):
   - drug and alcohol use
   - health (physical and psychological)
   - offending
   - social functioning (including housing, employment and relationships)
3. National Drugs Rehabilitation Framework – National Protocols & Common Assessment Guidelines recommends care plans should be reviewed both routinely and when a change in a service user's circumstances makes it necessary.

28. Case closure/transfer

Standard statement:				
Services effectively manage the completion of planned care.				
Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
28.1 There is a documented procedure for case closure/transfer. This procedure includes identifying the reasons for case closure/transfer[1] and recording all key factors with regard to treatment completion/transfer.[2]		M		

Guidance notes

1. This may include:
    -   needs met/care plan completion
    -   unplanned leaving
    -   discharge due to non-compliance
    -   death
    -   imprisonment
    -   referral to another service (state which one)
2. This may include:
    -   action relating to contact of key professionals
    -   action relating to contact of family/significant others

29. Health promotion and advice

	Criteria	Evidence	M/GP	Criteria Met	Comment
Standard statement: ***The service promotes good health and supports service users in accessing healthcare provision.***					
29.1	Service users are supported in accessing relevant health services where possible.[1]		M		
29.2	Service users have access to advocacy should it be necessary in relation to accessing health care.		M		
29.3	The service provides health information/promotion in clinics to service users.[2]		M		

Guidance notes

1. This may include registering with a GP and/or accessing psychiatry, psychology, dentistry or optician services. Also, where available, there should be access to relevant vaccinations and treatment, e.g. hepatitis B, TB, hepatitis C.
2. This may include accessible written literature, posters, and seminars/group sessions (e.g. on HIV & hepatitis, safer injecting, sensible drinking levels etc).

30. Counselling and psychotherapy services

Standard statement:
The service ensures that counselling and psychotherapy services are based on written procedures and demonstrable staff competence.

	Criteria	Evidence	M/GP	Criteria Met	Comment
30.1	The approach to counselling/therapy is defined within service specifications. The specification identifies how those services will be provided and the target service users.		M		
30.2	The service subscribes to a recognised code of practice.[1]		M		
30.3	The service has a clear assessment procedure which is carried out prior to commencement of counselling or psychotherapy.		M		
30.4	Goals for achievement within the counselling/therapy process are agreed with the service user with regard to behavioural change related to drugs and/or alcohol use.		M		
30.5	The service ensures that staff demonstrates competence regarding counselling/therapy skills.		M		
30.6	The service ensures that all staff who provide counselling/therapy receive regular supervision.[2]		M		
30.7	The service has established links with other relevant specialist counselling/therapy services for referral and joint provision for service users.		M		
30.8	Service users are clearly informed of the timescale for the counselling/therapy process.		M		
30.9	There is an audit of service user satisfaction carried out on completion of the counselling/therapy process.		M		
30.10	The service has clear outcome measures to determine effectiveness of the intervention.		M		

1. Recognised codes of practice may include
    - ACI (Addiction Counsellors of Ireland)
    - ICP (Irish Council of Psychotherapy) Inclusive of FTAI, IAHIP, APPI, CBT
    - IACP (Irish Association of Counsellors and Psychotherapists) or equivalent
2. Supervision protocols should be used to identify the purpose, regularity and process of supervision.

31. Prescribed interventions for drug users

Standard statement: **The service has an approach to prescribing which is based on standard approved national and international guidelines.[1]**					
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
31.1	All prescribing interventions comply with statutory and professional requirements.		M		
31.2	The service has an established prescribing policy and protocols which are documented.[2]		M		
31.3	Service users are assessed prior to receiving treatment.[3] This assessment is used to inform the basis of the care plan.		M		
31.4	The assessment process and the prescribing response take account of poly-drug use, including the use of alcohol, and prescribed drugs.		M		
31.5	Information is given to all service users on HIV and Hepatitis, including advice on testing and the availability of hepatitis A & B vaccination.		M		
31.6	Service provision is flexible in terms of meeting the needs of service users.[4]		M		
31.7	Protocols and procedures have been established on the care and control of controlled drugs and prescriptions, including: - what to do when service users lose them - venues for dispensing - frequency for dispensing - advice to service users on safety of medication[5] - supervision of consumption (if appropriate)		M		
31.8	There are written protocols on the delineation of roles and lines of communication for shared care of service users.		M		
31.9	Care management plan is reviewed at regular intervals in conjunction with the service user.[6]		M		
31.10	There is a system to monitor service user compliance.		M		
31.11	The service has a monitoring and evaluation system which determines the efficiency and effectiveness of provision.[5]		M		

1. Examples of standard approved national and international guidelines:
    - NICE guidelines
    - ICGP guidelines
    - Orange guidelines – Drug Misuse and Dependence: UK Guidelines on Clinical Management
    - Eurometh
2. The prescribing policy should include:
    - rationale on which the policy is based
    - details of how service users access the service in the community
    - details of assessment protocols
    - details of the prescribing responses to the problematic use of:
        · opiates
        · benzodiazepine
        · stimulants
    - details of the form in which drugs are prescribed (i.e. injectable amp, tablets) and under what circumstances
    - definitions of stabilisation, management and reduction
    - care review frequency
    - dispensing protocols, e.g. sites and frequency
    - share care protocols for working with other agencies
    - response to relapse and the use of illicit drugs
    - urine testing
    - harmonising prescribing interventions, based on the fact that service users may have other prescriptions for other conditions
3. This may include:
    - urine testing
    - tolerance testing
    - breath analysis
    - to establish drug or alcohol use
4. For example, offering access out of normal working hours for service users in employment, service users with childcare responsibilities.
5. For example, giving advice to parents on safe storage of takeaways and keeping drugs away from children.
6. The monitoring and evaluation system includes clear targets for achievement which have been agreed with service commissioners.

32. Alcohol detoxification

Standard statement:					
To provide an alcohol detoxification service which is based on written policies and procedures.					
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
32.1	All prescribing interventions comply with all statutory and professional requirements.		M		
32.2	The agency has an established detoxification package which is documented.[1]		M		
32.3	Service users are provided with assessment prior to commencement of detoxification. This assessment is used to inform the basis of the care management plans.[2]		M		
32.4	The assessment process and the prescribing response take account of any illicit or prescribed drugs as appropriate.		M		
32.5	There is recognition of aftercare needs within the assessment and care planning process and the agency connects the service user into follow-on services, eg. counselling, rehabilitation.		M		

32.6	Service provision is flexible in terms of meeting the needs of service users:
	  - in employment
	  - with childcare responsibilities
			M		

32.7	Protocols and procedures have been established on the care and control of drugs used in the detoxification process including:
	  - who prescribes
	  - who will hold medication
	  - storage of medication[3]
			M		

32.8	Clear written protocols on the delineation of roles and lines of communication for shared care of service users.		M		
32.9	Service users are involved in the development of their individual care plans.		M		
32.10	Staff demonstrate competence in all aspects of managing the detoxification process for which they are responsible.		M		
32.11	There is an established monitoring and evaluation system with performance target agreed with service commissioners.[4]		M		

1. The detoxification package should include:
   - details of how service user access the service
   - details of assessment protocols, including
     - patterns, levels and history of alcohol use
     - physical health of service user
     - psychological well-being of service user
     - previous history of detoxification and reasons for failure to complete (if known)
     - previous side effects from detoxification or withdrawal symptoms, particularly seizures
     - measures to assess physical dependence and likely severity of withdrawal, eg AUDIT/AUDIT C, NICE clinical guidelines (100 & 115)
     - service user environment during detoxification
     - service user history for the last seven days (eg of substance use, circumstances, physical/mental health)
     - other drug (licit and illicit) and how it interacts
   - details of detoxification approach
   - drug dispensing and storage protocols
   - shared care protocols for working with GPs and other agencies
   - policies on relapse and response to the use of other problem substances
2. Assessment factors considered for community-based detoxification will include:
   - stability of home situation
   - number of occupants in home
   - noise levels
   - consumption of alcohol/drugs by other residents
   - presence of children
   - degree of support available
   - transport availability
   - physical health of the client and identified risk factors

   Community detoxification will be contra-indicated where the service user:
   - has a history of epileptic type fits
   - normally takes anti-depressants or any of the major tranquillisers which require special consideration
   - has an acute physical/mental illness
   - has no fixed abode during period of home detoxification
   - has poor motivation/low chance of service user compliance
   - has no agreed support system/too stressful for carer/s
   - is at risk of suicide/self harm (overdose) risk
   - has been unsuccessful in a number of previous community detoxifications
3. The agency will negotiate with the service user about who is to hold the medication. This could be:
   - a carer
   - the service user's nurse to count tablets daily
   - an agency nurse/worker, if service user has a poor personal support system

   During the detoxification the service should ensure that a member of staff meets/visit the service user daily or more frequently if necessary.

4. The following areas should be considered as a baseline for monitoring information:
    - targets and monitoring procedures are established for the period of time between referral and assessment and between assessment and commencement of treatment
    - numbers of service users starting detoxification treatment
    - percentage of service users who complete detoxification treatment
    - percentage of service users who attend follow up treatment and/or use other support, eg Alcoholics Anonymous (AA) or other self-help groups
    - outcome evaluation to determine effectiveness

33. Outreach services

Standard statement:					
The service specifies the target group(s) and targeted outcomes of the outreach work.					
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
33.1	The aims, objectives and working methods are clearly defined.[1]		M		
33.2	There are established protocols for joint peripatetic work.		M		
33.3	There is a health and safety outreach policy.[2]		M		
33.4	The service has considered the human resource implications of undertaking outreach work.[3]		M		
33.5	Service users are provided with information on other relevant services.		M		
33.6	There is an established monitoring and evaluation system.[4]		M		

Guidance notes

1. The type of outreach work may be peripatetic or satellite, domiciliary or detached, and may include: drug use prevention, harm reduction, accessing hard to reach groups.
2. This policy contains (as applicable)
   - details of risk assessment and management procedures in terms of outreach services provided, including risk assessment of service users receiving services in their own home
   - the stipulation that for safety reasons detached work is always undertaken by a minimum of two staff and staff are provided with a mobile phone
   - details of agreed check-in/check-out systems including staff check-in after completing a specific task and a diary where staff note where they will be working.
3. Human resource considerations would include:
   - job descriptions that accurately reflect the tasks required of outreach workers
   - providing outreach workers with management supervision and support
4. This will include the following components, locally agreed with commissioners:
   - clear goals and work targets for outreach work (Annual Work plan)
   - number of new service users contacted in a four week period (i.e. service users not seen by any other service during the previous three months
   - number of service users remaining in contact with outreach service longer than three months
   - number of service users referred per month to other providers for help with problems associated with drug use
   - outcome measures to determine effectiveness of intervention.

34. Needle exchange

Standard statement: *The needle exchange service seeks to reduce the transmission of HIV, hepatitis and other infectious diseases, and contributes to the health of service users.*					
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
34.1	There are clear protocols on assessment and on minimum levels of information provided to service users. The assessment process establishes whether service users are injecting.[1]		M		
34.2	A variety of equipment is provided to service users and access to a range of relevant services.[2]		GP		
34.3	There are written policies and procedures on needle exchange for those aged 16 years and under which have been consulted on and agreed with the clinical governance body.[3]		M		
34.4	Service opening times are widely publicised.[4]		M		
34.5	The service provides advice on injection techniques and sites, based on assessment of service user's needs.		M		
34.6	Staff demonstrates competence in advising on injection techniques and sites, primary health care and safer sex messages, advice and assessment.		M		
34.7	A range of information is available on harm reduction (in language and with images relevant to the service user group).		GP		
34.8	The needs of both opiate and non-opiate users are reflected in service delivery.		M		
34.9	The service has policies relating to the management of equipment that take account of infection control.[5]		M		
34.10	The service has an established monitoring and evaluation system to determine the effectiveness of the service.[6]		M		
34.11	Service users are provided with information about, and/or referral to, other relevant services.		M		
34.12	There is a strategy to encourage the return of used needles.[7]		M		

1. There are different models of needle exchange.
2. The equipment may include a range of syringes and condoms.
    The service will also provide referral to a range of services (where available) which could provide:
    -   primary health care advice
    -   hepatitis vaccination
    -   HIV and hepatitis counselling and testing facilities
    -   drug treatment
    -   other health and social care needs.
3. Service provision for under-16s should be separate from adults, and there should be separate policies and procedures.
4. Publicity could be displayed in: libraries, leisure centres, health centres, GP surgeries, hospitals and Garda stations
5. Services should have policies and procedures relating to needle stick injuries, sharps bins, clinical waste, HIV and TB.
6. This should include recording:
    -   gender, ethnicity, age, drug use of contacts
    -   all new contacts and injecting behaviour at initial assessment
    -   percentage of injectors who report sharing injecting equipment in previous four weeks.
    -   numbers of;
        · new attendees per month (i.e. those who have not used a scheme in the past six months)
        · exchange packs given out per month per service user
        · individuals using service (by gender and ethnicity)
        · service users moving on to treatment elsewhere
        · percentage of staff trained in giving basic health checks.
7. This may include setting a target minimum expected return rate of used equipment.

35. Residential services[1]

a)   Environment

Criteria		Evidence	M/GP	Criteria Met	Comment
Standard statement: *Residential services should be provided in an appropriate environment.*					
Registered residential units					
35.1	The residential unit meets the requirements of: - registration authority - statutory health and safety requirements - environmental health - fire regulations		M		
Non-registered residential units					
35.2	The residential unit should meet the requirements of: - statutory health and safety requirements - environmental health - fire regulations		M		

Guidance notes

1.   It is expected that most residential services will have a specific treatment programme. As well as meeting the core quality standards, standard *The Treatment Approach – General* is of particular relevance to the programme.

b) Food

	Standard statement:				
	Where food and drink are provided to service users, they are nutritious and healthy.				
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
35.3	The diet should be varied, balanced and nutritious, with consideration given to presentation and composition.		M		
35.4	Special menus are available to cater for medical, religious and cultural requirements.		M		
35.5	Food preparation is carried out in accordance with hygiene and safety regulations.		M		
35.6	Residents' opinions are sought on food, and residents are given some say on what they eat.		M		
35.7	Drinking water and hot and cold drinks are freely available.		M		
35.8	Residents able to share meals with visitors – if in accordance with care plan.		GP		

c) Privacy

	Standard statement:				
	There is respect for the service user's privacy.				
	Criteria	**Evidence**	**M/GP**	**Criteria Met**	**Comment**
35.9	A policy on privacy exists which is explained to residents prior to admission.[1]		M		
35.10	There should be a telephone which the service users can use in privacy.[2]		M		

Guidance note

1. This may include policies on opening incoming mail and searching rooms.
2. The service should also have a policy on the use of mobile phones.

36. Services for children and young people

Standard statement:
The service clearly specifies what dedicated services are provided for children and young people and these are guided by written policies.

	Criteria	Evidence	M/GP	Criteria Met	Comment
36.1	Policies and procedures[1] connected with working with children and young people[2] have been consulted and agreed with the Clinical Governance Body.		M		
36.2	The service is provided in an appropriate[3] environment which is separated in either space or time[4] from adult services.		M		
36.3	There is an allocated competent worker.[5]		M		
36.4	Services provided to children and young people are specified.[6]		M		

36.5	There is clear definition of the service user group:
	  - age group
	  - target group[7]
			M		

36.6	Staff demonstrate competence in applying legislation to children/young people and with working with children and families.		M		

36.7	For drug and alcohol using children and young people there is provision for assessment:
	  - to determine competence to consent to treatment[8]
	  - of problem drug/alcohol use, health, social situation, family
	  - of comorbid mental health needs
	  - of any needs for needle exchange
	  - of any prescribing needs
			M		

36.8	care planning proceeds as outlined in Standard 26: care planning, and includes where appropriate:
	  - parental involvement
	  - involvement with statutory agencies[9]
			M		

36.9	Care review proceeds as in Standard 27: Care Reviews, and includes, where appropriate, assessing:
	    - parental involvement
	    - involvement with statutory agencies[9]
	    - competence to consent to treatment
	    - child protection concerns
			M		

36.10	A comprehensive data collection and recording system monitors activity relating to work with children/young people.[10]		M		
36.11	Services are provided in line with Key Policy Principles.[11]		M		
36.12	Staff who work primarily with children and young people have Garda Clearance.		M		
36.13	The service has specific assessment protocols for the provision of needle exchange and prescribing services to children and young people.		M		
36.14	All written materials directed at children and young people are written in a way which is accessible to the target group.[12]		M		

Guidance notes

1. Policies and procedures should ensure that where child protection decisions are made they are not the sole responsibility of one member of staff, and that those who make the decisions are competent in child protection issues.
2. The term 'children' refers to people under the age of 18, in accordance with the UN Convention on the Rights of the Child, The Children Act 2001, Child Care Act 1991, Children First: National Guidance for the Protection and Welfare of Children (2011) and the Report of the Working Group on Treatment of Under-18 year olds presenting to Treatment Services with Serious Drug Problems 2005.
   The Children First: National Guidance for the Protection and Welfare of Children (2011) defines types of abuse and the requirements for mandatory reporting of such abuse:
   - Neglect
   - Emotional abuse
   - Physical abuse
   - Sexual abuse
   The Children First: National Guidance for the Protection and Welfare of Children (2011) section 4 outlines the roles and responsibilities of organisations and personnel working with children.
3. 'Appropriate environment' means one that is acceptable to and appropriate for young people and that there are no visible messages which are aimed at adults, such as graphic or explicit safer sex or harm minimisation advice and images.
4. 'Separated in space and time' means that the young people's service is set on different premises, or in different parts of the same premises with separate access, or has certain allocated times specifically for young people during which adults cannot attend.
5. Staff working with children and young people are provided with relevant training and the service has a training strategy to address this need.

6. A list of the services available to children and young people e.g. Information and advice, counselling, prescribing, needle exchange.
7. This includes defining:
   - non-drug/alcohol using children and young people who may be at risk
   - children and young people involved in experimental drug-use
   - children and young people involved in problem or dependent drug use/alcohol use
8. The provision of treatment will require consent. For those under 16 years of age, consent from a parent, or of a social worker (if a child is the subject of an involuntary care order), is required. Further guidance on competence to consent to treatment is found in the Report of the Group on Treatment of Under-18 year olds Presenting to Treatment with Serious Drug Problems 2005.
9. Examples of these agencies are social services, youth service teams set up under the auspices of the Office of the Minister for Children.
10. For children and young people using drugs this includes:
    - recording all decision-making
    - care planning and review
    - contracts and consultation with other organisations
11. The 10 key policy principles are:
    - a child or adolescent is not an adult.
    - the overall welfare of the individual child or young person is of paramount importance.
    - the views of the young person are of central importance and should always be sought and considered.
    - services need to respect parental responsibility when working with a young person.
    - services should recognise and co-operate with Children First: National Guidance for the Protection and Welfare of Children (2011) in carrying out its responsibilities towards children and young people
    - a holistic approach is vital at all levels, as young people's problems do not respect professional boundaries
    - services must be child-centred
    - a comprehensive range of services needs to be provided
    - services must be competent to respond to the needs of the young person
    - services should aim to operate, in all cases, according to the principles of best practice
12. These written materials may include the confidentiality policy, complaints procedures and information and education material.

37. Services for drug and alcohol using parents and their children

Standard statement:
The service recognises that the welfare of children and young people who are dependants of problem drug and/or alcohol users is paramount and aims to work within the framework of The Children Act 2001, Child Care Act 1991 and Children First: National Guidance for the Protection and Welfare of Children (2011) and also maximise parental skills.

	Criteria	Evidence	M/GP	Criteria Met	Comment
37.1	The service has a policy and procedures for working with drug and alcohol using parents, agreed with relevant agency.[1]		M		
37.2	Service users who are parents are identified during assessment procedures. Number of children under their care, and their ages should be recorded.		M		
37.3	Parenting knowledge and skills are incorporated as a standing item into care plan of every service user who is a parent.		GP		
37.4	Staff demonstrates competence in working with drug and alcohol using parents.[2]		M		
37.5	There is a staff member with lead responsibility for children of drug and alcohol using parents and for parenting issues.		GP		
37.6	The service has established links and protocols with the relevant social services department.[3]		M		
37.7	Where services are being provided to the children of drug and alcohol using parents, a service specification for these services should be developed.[4]		M		
37.8	The service maintains accurate and complete written records.[5]		M		
37.9	Services for pregnant women: The service has established joint working protocols with maternity and neonatal services and social services department child protection teams.		M		
37.10	The service encourages pregnant service users to receive ante and post-natal care.[6]		M		
37.11	Staff demonstrates competence in working with pregnant service users.		M		

1. This policy should cover:
    -   procedures for working with drug and alcohol using parents
    -   what constitutes a child 'at risk of significant harm' (child protection)
    -   what constitutes a child 'in need' (i.e. would benefit from extra help for the child or family)
    -   sharing information within the service
    -   sharing information with other agencies (in the best interest of the child)
    -   service user access to records
    -   working with other services
2. Examples include being able to provide advice on parenting skills or to identify child protection concerns.
3. These include people who have had a role in consultation and agreement of policy and in provision of support and advice. There should be systems to alert, and liaise with, relevant social services department child protection teams on issues of concern regarding welfare of or risk to children.
4. Although children may not be using drugs, a child-centred approach is still appropriate.
5. These should include contact with other agencies, e.g. GP, social services, local education authority.
6. This involves:
    -   maintaining links with a local range of services for families
    -   nominating a key worker or specified member of staff to co-ordinate the package of care, including ante-natal and substance use components
    -   support with an appropriate care package including ante-natal services, substance use services, health visiting, and social services

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