Erosh Code of Practice Additional Guidance

# Using the additional guidance with the Core Standards

We will assess your service(s) against the core standards, which will focus on the self-assessment that will be submitted to your allocated assessor.

# How the standards can be evidenced

The self-assessment will be used by the assessor to understand the nature of the service(s) provided and will allow verification activities to be planned when the assessment begins. It is important to provide sufficient detail that will allow the assessor to understand the service(s) and how the criteria are being met.

Typical methods that can be used, include:

* Agendas and minutes of meetings
* Staff testimonials
* Published material, for example leaflets
* Complaints and compliments records
* Training records
* Customer testimonials
* Case study examples
* Board papers and minutes
* Staff briefings
* Satisfaction surveys and main findings
* Posters and newsletters
* Information on noticeboards
* Photos
* Staff interviews
* Meetings/focus groups with service users
* Observing team meetings – team and tenant
* Key performance indicators
* Benchmarking reports
* Site records, such as health and safety checks
* Induction checklists
* Feedback from stakeholders

This is not an exhaustive list and other method can be used to demonstrate the standards.

# What does good evidence look like?

The self-assessment is an important part of the accreditation and allows providers to carry out a review of current practices against the service outcomes and key descriptors. When completing the self-assessment you should provide the assessor with a narrative and details of how the outcomes are being met, with details of specific events, documents and the most appropriate evidence that will show how the criteria have been met. Consultation should take place with staff and customers in developing the self-assessments, to ensure they draw upon the wide range of examples available and can be used as tool for continuous improvement where there are gaps and weaknesses identified.

Where the outcomes and criteria do not apply to the services provided, this should be explained.

We would expect evidence to be current and consistently applied across the service.

If in doubt, you should contact your allocated Assessor to discuss how to proceed.

# The verification process

Your Assessor will develop with you a plan for gathering evidence to support your achievement against the Standards. They will incorporate as many ‘ordinary’ activities as possible, e.g. staff meetings, board/trustee meetings, resident forums, etc. Additional activities may still be needed to ensure a fair and robust assessment.

Accreditation is based on evidence examined by the Assessor gathered in a number of different ways:

* Attending existing events e.g. staff meetings, board/trustee meetings, resident meetings, etc.
* On-site verification visits.
* Face-to-face and phone/e-mail discussions with staff, clients, board members/trustees, other key stakeholders.
* Job shadowing
* ‘Virtual’ information gathering e.g. a website search of the organisation, access to your Intranet etc.

Although the main focus is on *experiencing* evidence, our Assessor may still ask for some evidence in advance.

# What you need to do to prepare

* Provide a completed Introductory Statement to your assessor.
* Carry out a self-assessment of your services against the Standards. You will not need to produce evidence but to provide your Assessor with an initial indication of where the evidence can be seen and they type of evidence available.
* Complete the self-assessment of the Documentation Requirements and submit to your assessor. You may choose to gather these documents in a folder or stored electronically for ease of verification.
* Ensure staff complete workbooks - these are really useful for your Assessor and are a valuable support tool for staff if they are chosen to take part in any accreditation activity.

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