

# Tabor Group

Our quality improvement journey

November 11 2014



# About us

- Tabor Lodge – primary residential addiction treatment centre (28 or 35 days programme)
- 2 Extended Treatment Centres – Fellowship House and Renewal
- Continuing Care Programme
- Family Programme



# Background - Accreditation

- CHKS accreditation achieved initially from September 2009 for Tabor Lodge Addiction Treatment Centre
- Re-accreditation from March 2013 – Tabor Lodge
- Accreditation for extended treatment centres from November 2013 – Fellowship House and Renewal
- Resurvey due February 2016







# Re-accreditation Survey Process

- Decide on our approach
- Delegate the standards to team members
- Identify 'gap' in compliance with standards
- Co-ordinate the information received
- Self- assessment submission via AO
  - Allow ample time for this
  - Never too early to start completing AO

# Survey Visit (March 2013)

- Preparatory work
  - Preparation of documentation/evidence
  - Identification of staff members for formal interview
  - Liaison with client manager – scheduling/logistics
- Actual visit (3 days at Tabor Lodge)
- Positive experience
- December 2013 – notification that accreditation had been achieved



# Extended Treatment Centres

- 2 centres based in Cork city
- First time for accreditation process
- Site survey scheduled for November 05 2013 (1 day)
- Much more familiar process the second time
- AO – less stressful experience
- By June 2014 – formal notification of successful accreditation

# Stand-out moments

- Completion of 'AO' submission – 754 criteria across 27 standards
- Feedback from staff members following survey interviews



# Developments since last survey

- CHKS accreditation for three centres
- Structured Performance Review process
- Collaborative 5-years Strategic Plan under development
- Branding and Marketing initiative
- 25<sup>th</sup> Anniversary event – November 28<sup>th</sup>



# Developments since last survey

- Robust annual audit programme
- Annual training plan agreed and delivered
- Review of all policies and development of three new policies
- Role of Accreditation Project Manager evolved to Quality and Risk Manager for three centres
- Development of specific Key Performance Indicators for Health and Safety meetings and Clinical Governance Meetings

# Recommendations

- Have a dedicated person to lead the process
- Delegate - **TEAMWORK**
- Create supportive environment where quality is considered the norm
- Practical – allow **AMPLE** time for AO submission
- Maintain regular communication with client manager



‘The only thing that is constant is  
change’  
Heraclitus



# Go raibh maith agaibh!

