

# Care & Homes

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## Quality Assurance and Management Policy

### Introduction

It has been long recognised as good commercial practice for businesses to check that their goods and services meet customer expectations and comply with industry standards.

Quality assurance is also an industry with organisations set up to assess if a business is meeting the standards expected of them and accrediting them if they do. Being awarded a benchmark or kitemark, the business can then show that it is providing quality, which should help it commercially.

In health and social care, the relevant regulators assure quality by inspecting a registered service against the relevant standards and regulations. Local service commissioners will also check that services under contract to them are achieving their quality standards and are providing value for the public monies that they are investing in them. If services are not meeting the required standards, they will be expected to make the necessary improvements and will be penalised if they fail to do so.

All forms of quality assurance require systems and processes for checking that the organisation is working correctly and effectively to achieve its goals and to take corrective actions if it is not. Through the information obtained from the various management activities involved in monitoring, reviewing and auditing, the organisation can judge its own performance. The information will also feed into the information base of any outside assessors (inspectors or local authority quality standards sections) and contribute to their respective assessments.

This policy can apply to all care services registered with the Care Quality Commission.

### Aim of Policy

In line with the above, this policy shows how this care service complies with Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and accompanying Care Quality Commission (CQC) guidance.

Regulation 17 requires care providers to have systems for regularly assessing and monitoring the quality of the services and of risks to the safety of the people who use the service as an integral part of their accountability role. In carrying out these activities, providers must consider service users' views and complaints and have procedures for responding to these.

This policy should be read and used in relation to the policy on [Responding to the Experiences of Service Users \(England\)](#).

## Policy Statement

The service thinks that having the highest quality care and support is an absolute right of every service user. The continuing aim of the service is to provide a professional and efficient service to meet everyone's needs and requirements and to achieve satisfactory outcomes for each person. The service's long-term goal is to obtain the highest possible level of satisfaction from service users and relatives.

Everyone receiving the services of this service should:

- expect the highest quality care possible
- be given a say in the running of the service
- be free to complain about any aspect of the running of the service and to have their complaints welcomed and acted upon promptly; all complaints are responded to in accordance with the service's established complaints procedure
- be told about CQC inspections and should be given unrestricted and private access to inspectors during inspections.

The service strives to achieve the highest quality service possible for all its service users. However, the service also thinks that, no matter how good its present services are, there is always room for improvement.

The service will continue to work towards maintaining those high standards that have been achieved. It will continue to work to improve those standards where there is scope for further improvement.

The service expects all care staff and other employees to be committed to deliver a quality service and to improve in every aspect of their work.

## Procedures

- The registered person and manager are responsible for establishing, maintaining and implementing a quality management system in the service. They do this with the help of all members of the management and staff teams and the full involvement of the people receiving our services.

- The service seeks the views of its users, relatives and others involved in a person's care through regular meetings and through an annual service users' survey. The survey is confidential with the overall results published and distributed to all service users and others. The service always encourages comment and feedback from service users, relatives and other stakeholders.
- The service bases its approach on continuous self-assessment and regular monitoring, reviewing and auditing of its practices and procedures. It aims to be responsive to all forms of external feedback from inspectors and (where involved) local quality assurance assessors. In these ways, it measures its achievements against the required standards and make changes where needed to make improvements.
- The service ensures that it responds promptly and fully to CQC requests for information as part of the CQC intelligent monitoring policy (eg the annual Provider Information Return) and that its returns reflect the service's true achievements.
- It seeks to make every employee responsible for the quality of their work and provides all the training they require to perform their duties to the specified quality standards.
- It ensures that any contractors employed for specific functions meet our specified standards.
- Its annual development plan for quality improvement, which is drawn up as part of its business plan, always considers the contributions of the people receiving our services and their views on how the services might be improved.
- Annual development plans are fully costed. They identify specific measurable goals, the actions and resources allocated to achieve them. All plans are rigorously monitored and reviewed.
- There is a named person responsible for assuring and managing quality matters (Agnieszka Kazmierczak). The responsible person has available quality team comprising nominated staff members, service users, relatives and other stakeholders who are invited to contribute.

### Auditing procedures

- The service has in place a programme for auditing all the standards and key procedures, including the seeking and obtaining of service users' views and others involved in their care. An auditing schedule might include any or all of the following if applicable to the care service.
  - Care practices, including nursing and clinical practices.
  - Catering, meals and mealtimes (including nutrition and hydration risk checking).
  - Administration of medicines.
  - Use of equipment and devices, including safety checks.

- Checking of premises and facilities.
  - Checking of infection control and hygiene measures.
  - Fire safety checks.
  - Current safeguarding and complaints' issues, including any alerts to the local safeguarding authority.
  - Staffing, including provision of supervision, support and training.
  - Continuity of care.
  - Recording practices and record keeping, including data protection.
  - Checking that quality assurance schedules are being carried out, eg service user feedback is being obtained.
  - Checking that policies and procedures are being reviewed in line with reviewing schedules and are up to date.
  - Other checks needed to achieve compliance with the relevant quality standards, eg notifications to the care regulator.
  - Checking that emergency plans are available and up to date.
- Where applicable, the care service continues to receive regular visits from the registered person or a representative, the feedback from which makes an important contribution to the service's quality information. All reports are made available to the CQC.
  - The service will also conduct at least an annual self-evaluation of the service's performance against each of the five key questions using suitable professional tools, which include obtaining systematised service user and stakeholder feedback.

## Training

To provide a quality service, the service requires high-quality staff who are suitably trained, supervised and supported as follows.

- As part of their induction programme, all new staff receive training in the service's policy on and approach to assuring quality. They receive a copy of the service's quality policy and procedures and are expected to read, understand and apply them. They can expect to update their training on quality matters as part of their further development and training programme.
- The service is committed to providing its staff with as many opportunities as possible for training to improve the quality of its service.

- The service has strategies to meet all statutory requirements for staff qualifications and training.

The registered person, registered manager and management team undertake to ensure through instruction, practical example, supervision and training that quality is the aim of all members of staff and that each employee has a proper understanding of the importance of the quality system and its direct relevance to the success of the business.

Signed: Agnieszka Kazmierczak

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