Quality Assurance

1. Background

This policy has been developed to ensure a consistent approach to assessing and monitoring the quality and safety of services within Abbeyfield The Dales (ATD).

2. Objectives

ATD is committed to providing services that enhance the quality of life for older people and developing services that will meet the needs of future generations. This commitment is based on the Mission and Values of ATD. ATD will also comply with all relevant and current legislation.

The aim of this policy is to ensure that each ATD scheme has robust systems in place that will assure the quality and safety of its services. Residents will be assured that their health, welfare and safety needs will be met and that any associated risks will be effectively managed.

3. Scope

The Registered or Supported Living Manager will be responsible for quality assurance, and all established staff, agency staff and volunteers working or assisting in the scheme will contribute to the quality assurance process.

This policy applies to Abbeyfield the Dales Limited and its corporate trustee responsibilities for registered providers Charles Edward Sugden Almhouses, and Frank Crossley's Almshouses, also for the non-registered provider The Pawson Cottage Homes, and its subsidiary Abbeyfield Court Limited.

4. Policy

4.1. Quality Assurance Process

ATD is committed to the continuous improvement of the quality and safety of its services and to this end, each ATD scheme will have systems in place to ensure that the quality and safety of service provision is assessed, monitored, evaluated and reviewed on a continuous basis.

The quality assurance process will focus on outcomes for residents and their experiences of their care, treatment and support they receive. It is therefore fundamental that each care home actively involves and seeks the views of residents and their representatives when assessing the quality and safety of the services provided.

ATD schemes will use all available sources of information for assessing and monitoring the quality and safety of its services to identify areas for improvement and development. This includes learning from adverse events, incidents, errors and near misses; comments and complaints received about the service; and advice from internal professionals and expert bodies.

4.2. Assessing & Monitoring Services

The Registered or Supported Living Manager is responsible for assessing and monitoring the quality of services provided against ATD policies and procedures and the Essential Standards

of Quality and Safety. The Registered or Scheme Manager must also identify, assess and manage risks relating to the health, welfare and safety of residents, staff and visitors.

The Registered or Supported Living Manager will ensure unannounced night time visits are carried out at least once every six months, or more frequently if required, and a written report detailing the findings of the night time visit is produced.

Information will be gathered from as many different sources as possible on a continuous basis to assess and monitor the quality and safety of the service and to identify areas for improvement and minimise risks. Evidence of such monitoring, not filed electronically, is to be collated and held in the site Quality Assurance folder which is to be presented as evidence of when required. Examples of sources of information include:

- Regular surveys to seek the views of residents, their families and visitors to the home;
- Residents'/relatives' meetings;
- Feedback from care review meetings;
- Suggestion boxes or schemes;
- Inspection reports and advice from regulators and professional bodies e.g. CQC, environmental health officers, fire officers, commissioners, health care professionals;
- Comments, compliments and complaints;
- Manager Spot Checks;
- Accident, incidents and other adverse events, including near misses;
- Investigations into poor practice or misconduct by an employee, agency worker or volunteer;
- Internal scheme audits e.g. SMT Visit reports, management of medication checks, catering reviews and checklists, care plan audits, health and safety audits; and
- Care planning documentation, employment records or records relating to the management of the scheme.

4.3. Quality Monitoring Visits

Regular quality monitoring visits will be carried out on behalf of ATD by a suitably trained person who is not employed directly in the scheme. Quality monitoring visits will consider all aspects of the management of the scheme and the extent to which the scheme complies with ATD policies and procedures and the Essential Standards of Quality and Safety.

Quality monitoring visits will focus on the regulatory outcome areas with which scheme should be compliant although not all areas will be assessed during every visit.

Requirements will be documented through the weekly Inspections and Concerns meeting held between the CE, DoO, and QM. Actions will be documented on a Service Improvement Plan.

The scheme manager will be responsible for ensuring that any recommended actions are addressed in a timely manner, and for recording what actions have been taken and when they have been completed. Service Improvement Plans will need to be completed electronically and a hard copy retained in the care home for both internal and external inspection. Service Improvement Plans arising from previous visits will be reviewed as part of the regular quality monitoring visit and any outstanding actions will be brought forward.

The Director of Operations or Quality Manager will be responsible for ensuring that regular quality monitoring visits are carried out and for monitoring the completion of any recommended actions.

4.4. Quality Improvement Action Plan

The Registered or Supported Living Manager will be responsible for maintaining quality improvement action plans which will provide a record of actions taken to develop and improve services in the scheme and to protect people from harm.

The Registered or Supported Living Manager will be responsible for producing quality improvement action plans in consultation with residents and staff.

Actions for improving quality and safety should be recorded in an service improvement plan which identifies who is responsible for the actions with timescales for completion.

The Registered or Supported Living Manager will be responsible for ensuring that timely actions are taken to address any identified areas for improvement. The Registered or Scheme Manager must also evaluate the effectiveness of actions taken to demonstrate improvement in services and/or to identify further actions.

4.5. Portfolio of Evidence

Each service has a Quality Assurance Portfolio of Evidence, in the form of Quality Folders (See Appendix 1) which is continuously updated, to provide evidence of compliance and continuous improvement.

As a minimum, the portfolio of evidence should include:

- CQC inspection reports;
- Surveys about the service and results or where these can be found;
- The scheme's quality improvement action plan;
- ATD quality monitoring visit reports and action plans;
- Details of any external audits or where these can be found;
- Details of internal audits or where these can be found;
- Records of incidents and significant events or where these can be found;
- Comments, compliments and complaints or where these can be found;
- Accident monitoring records or where these can be found; and
- The portfolio of evidence should be available for internal inspection and to regulators, commissioners and external auditors.

The CQC reports and any survey results should be publicly available to residents and their families, prospective residents, staff, volunteers and visitors. A summary of actions from the quality improvement action plan should also be made available upon request.

4.6. Advice & Guidance

The Registered or Supported Living Manager must seek advice and guidance about how to manage the scheme safely where they do not have sufficient knowledge themselves.

Advice and guidance can be sought from specialists within ATD or from external health or social care professionals or specialists. There are a wealth of publications and reference materials readily available, including guidance for service providers available from the CQC website.

Each service will be supported by the Director of Operations (DOO) and/or Quality Manager whose role includes the provision of advice, guidance and support to all Registered or Supported Living Managers and their staff teams.

4.7. Roles & responsibilities and Decision Making

Residents must be consulted about all decisions concerning their personal care, treatment and support. Where a resident has a nominated or legal representative, they too should be consulted. Where a resident lacks capacity to make a decision, the Registered or Supported Living Manager should refer to ATD Mental Capacity Act policy.

The Chief Executive is registered with CQC as ATD nominated individual and as such is responsible for supervising the management of its regulated activities.

The Registered or Supported Living Manager is responsible for making day to day decisions regarding the safety and quality of the service as detailed in their job description. Should an occasion arise where the Registered or Supported Living Manager is in any doubt concerning a decision that affects the health, welfare and safety of one or more residents, the matter should be referred to the DOO, or in their absence, the CE.

The Registered or Supported Living Manager may make decisions which involve expenditure in accordance with agreed authorisation limits set out in ATD Finance Policies. Decisions involving expenditure beyond these limits should be referred to the DOO who may make financial decisions within their agreed authorisation limits and decisions involving expenditure beyond these limits should be referred to the CE.

Decisions which have or may have legal implications for ATD must be referred to the DoO and copied to the CE and advice can then be obtained from Business Support Manager who will seek legal advice if required.

Decisions involving the use of restraint or the deprivation of a person's liberty must be referred to the DoO or in their absence, the CE.

In the event of a serious incident which adversely affects the safety or wellbeing of one or more residents, the Registered or Supported Living Manager should refer to procedural guidance provided in the relevant ATD policy in the first instance.

Decisions relating to a serious incident involving a notifiable injury, disease or dangerous occurrence should be referred to ATD Health and Safety Manager.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

APPENDIX 1: Quality Folder Index & Contents

7. Linked Policies

Advocacy & the Duty to Consult (R001P)
Consent to Treatment and Personal Care (C009P)
Mental Capacity Act (C015P)
Deprivation of Liberty Safeguards (MCA DOLS) (C010P)
Appropriate Use of Restraint (C005P)

8. Legislation/Regulation

Section 20 regulations of the Health & Social Care Act 2008
Essential Standards of Quality and Safety
Outcome 16: Assessing and monitoring the quality of service provision

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

N/A

APPENDIX 1: Quality Folder Index & Contents

No	Folder	Function	Activities
1	Quality Assurance	To Identify areas for development within the home. Action plans to be kept up to date and actions reviewed.	1.0 Manager Environment & Service Audit 1.1 External Audits (*ECLM, LA, SLT, QM, etc*) 1.2 Business Reviews and Points of Focus (*Minutes / Actions from meeting*) 1.3 Minutes from Care Forum Meetings
2	Regulatory and External Monitoring	External and regulatory monitoring and action plans.	**Guidance** • CQC Statutory Notifications • CQC Reg. 20 Duty of Candour • Statutory Notification of Events Policy 2.0 Notifications Monitoring Sheet. 2.1 Regulatory Reports and Action Plans 2.2 Contracts Monitoring and Action Plans 2.3 Regulatory Notifications 2.4 CQC PIR / CI Self-Assessment 2.5 Any Regulatory Correspondence
3	Medicines Management	Monthly audit and review of medicines practices within the home.	**Guidance** • Medication – A Simple Guide. • Bisphosphonates – A Simple Guide. • Transdermal Patches – A Simple Guide • Medication Administration Policy • Controlled Drugs Guidance • Topical Creams & Medication Guidance 3.0 Monthly Medicines Audit and Action Plan 3.1 Incidents / Near Misses

			3.2 CD Book & Cupboard Audit (Email QM &File in QF – Residential Care Services Only.) 3.3 Communication with Pharmacy 3.4 QM Medication Audits
4	Accidents, Incidents and Falls Management	To review falls management within the home. To evidence investigation and actions following accident / incidents within the care home and review of accidents / incident trends.	**Guidance** • Roles & Responsibilities Document 4.0 Falls Trend and Analysis 4.1 Accident & Incident Log (*update monthly*) 4.2 Accident and Incident Reports
5	Care Plan & Resident Audits	To review the quality-of-care planning and ensure that care plans are person centred, reflect Residents' views and are detailed to enable colleagues to care for Residents safely. To meet regulatory requirements that residents needs reviewed by key worker with residents and their relatives / POA advocate.	**Guidance** • Care Plan Policy 5.0 Care Plan Audits 5.1 Care Reviews (*evidence to show they are complete along with DoLS review*) 5.2 Allergies and Photographs of Residents 5.3 Resident of the Day
6	Catering	To monitor the hospitality service within the home – Residents' experience of mealtimes as well as monitoring food costs.	**Guidance** • Information Card Food Storage & Cleaning • Nutrition & Hydration Policy 6.0 Monthly Catering Meetings - Residents 6.1 Monthly Catering Audit 6.2 Food Surveys 6.3 Resident Food Allergies

			6.4 Monthly / Weekly weights review sheet (*and note of actions taken* - Residential Care Services Only)
7	Health & Safety	To evidence Risk Assessment within the care home and ongoing monitoring and review of Health & Safety and Clinical Governance within the care home. *(Legionella, Void Flushing, Window Restrictors – Certificates in Health and Safety Folder (Maintenance)*	**Guidance** • Health & Safety Policy • Infection Control Policy 7.0 Health & Safety Checks Register (*S:\Maintenance Log\H&S Routine Check and Test Log*) 7.1 Maintenance certificates (*S:\Maintenance Log\Service Level Agreement Log.xlsm*) 7.2 Infection Control Audit 7.3 Pull Card / Alarm Testing 7.4 Daily Bed Rail Check 7.5 Daily Hoist Check 7.6 Daily Sling Check 7.7 Wheelchair Checks 7.8 First Aid (*Box Location, Contents Audit*)
8	Risk Assessments (*Generic*)		8.0 Risk Assessments associated with the building or service (***not*** *relating to specific residents or staff*) 8.1 Alerts & Guidance from ATD or External Bodies
9	Resident / relative feedback and involvement	To evidence Resident and relative feedback and involvement in the home as well as complaints and concerns that occur.	9.0 Schedule of Residents & Relatives Meetings 9.1 Resident and Relative's Meetings Minutes 9.2 Resident Survey 9.3 Compliment Letters/Cards and feedback 9.4 Complaints

10	Colleague Involvement & Training	To evidence colleague involvement in the management of the home and to evidence communication within the home To review overall Learning & Development within the registered service	10.0 Schedule of Colleague Meetings 10.1 Colleague Meetings Minutes 10.2 Colleague Survey 10.3 CE Blog 10.4 Link to Training Matrix 10.5 Care Team Development Register (*update once a month*) 10.6 Information of additional staff training (*provided by ATD or a Health Professional)*
11	Kit Meeting (10 @ 10)	To share information with the whole of the team about Residents' care and issues that affect Residents.	11.1 KIT Meetings
12	Safeguarding	To review any current safeguarding within the care home.	**Guidance** • Local Guidance from Safeguarding Team • Mental Capacity Act Policy • Safeguarding Policy 12.0 Safeguarding Monitoring Log 12.1 Missing Resident Checklist (*Day & Night*) 12.2 Any Completed Referral Forms / Action Plans 12.3 Herbert Protocols
13	Activities, events, and evidence to show good/outstanding service and practice (KLOEs)	To provide evidence of regular activities and events and interaction with the residents to include programmes of activities and any pictures/testimonial from any activities and events.	13.0 Activities 13.1 Events (*File emails from Activities Coordinators*)

		To collate all feedback that demonstrates examples of where staff meet the key lines of enquiry. Feedback can be received from any source, and we encourage staff to recognise the good work that they contribute towards to providing a fantastic service to our residents.	13.2 Care 13.3 Effective 13.4 Responsive 13.5 Safe 13.6 Well-led (*Examples for each required*)