

Quality Assurance Policy

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Document Owner: Quality Team

Signed off by: Emma Richardson (Director of Supported Housing)

Date last reviewed:	08/10/2024	
Due date for next review:	31/08/2026	
Policy consultation with:		
Legal Requirements:	Care Act 2014, Health and Social Act 2008, Equality Act 2010	
CQC:	CQC Regulations 2014: Regulation, 17 Good Governance	
Other:	Driving Up Quality, Autism Accreditation	
Related Policies:	Involvement policy	Health and Safety Policy
	Complaints Policy	Reporting Incident and Accident Policy
	Referrals Policy	Safeguarding Policy
	Duty of Candour Policy	Infection Prevention Control Policy
Scope: To set out how Outward intends to achieve continuous improvement in all services, reflecting CQC and other regulatory requirements. To ensure the consistent delivery of safe, effective care that results in positive experiences for the people we support.		
Policy Equality Impact Assessed		

Version number	Amendments	Reviewed by	Date
8	Wording	Ozcan Yaren	18/04/2024
8	Infection prevention control audit and Scrutiny Panel have been added.	Ozcan Yaren	08/10/2024

This information can be made available in alternative formats, such as easy read or large print. Please contact 0208 980 7101 or email info@outward.org.uk.

1. Policy Statement

This policy sets out to identify how Outward will continuously monitor and improve the quality of its Care and support and housing management services in compliance with CQC regulations, housing and other relevant regulatory bodies requirements.

Quality monitoring and quality assurance processes have a number of purposes;

- To support understanding what is working and what is not working
- To improve services for the people we support
- Evidencing for stakeholders, regulators and funders how well we perform and the impact of the support we provide for people.
- To enhance our reputation for quality services
- To support efficiency and effectiveness
- To listen and respond to the people we support/tenants concerns, feedback and views
- To listen and respond to concerns raised by staff and other key stakeholders

2. Purpose

The term 'Quality' is essentially 'all things that matter to the people we support and tenants' and our ability to provide services which satisfy them.

Outward will improve its services by reviewing operations and making improvements, which produce positive outcomes for people we support. In order to do this we will:

- Actively seek feedback from the people we support, tenants and other stakeholders and act upon this feedback.
- Review all our services regularly to ensure they are being delivered as originally intended and in line with the CQC's 'Caring, Effective, Responsive, Safe and Well-led' key lines of enquiry, housing regulations, contractual requirements and other regulatory and good practice standards..
- Obtain external recognition and accreditation as necessary
- Respond to external guidance, regulation and competition.
- Ensure our staff understand and work within the quality standards that Outward, the people we support and regulators expect.
- Analyse data, identifying trends and sharing information for improvement.
- Identify the underlying root causes and learn from mistakes to prevent reoccurrence.

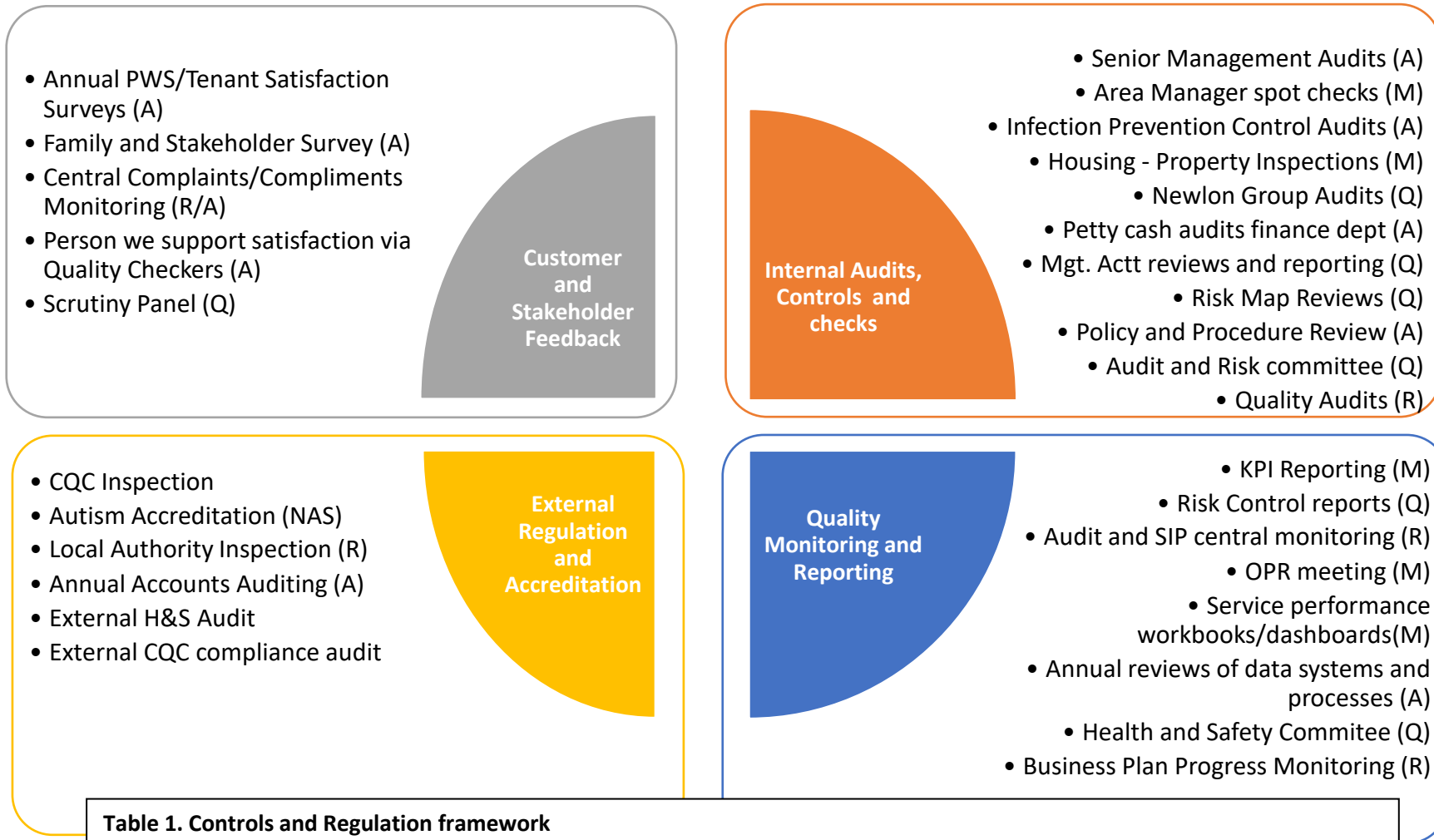


Table 1. Controls and Regulation framework
 (A)– Annual, (Q) – Quarterly, (M) – Monthly, (R) – Regular, ongoing process
 SIP – Service Improvement plans, OPR – Operations, Performance and Risk, CQC – Care Quality Commission

3. Responsibilities

Responsibility for Quality

The Board and Exec team have overall responsibility for quality assurance; the Quality manager has responsibility for reporting on quality issues to them and for the day to day implementation of the quality procedures and framework. Quality is assigned overall responsibility for below.

- Ensuring there is ongoing compliance with regulatory requirements
- Ensuring compliance with policies and procedures
- Reviewing data and providing reports to managers on learning from accidents, incidents (including safeguarding), and complaints.
- Seeking feedback from people we support, tenants, relatives, stakeholders and staff.
- Analysing outcomes of audits and preparation of reports with recommendations for actions
- Developing systems of achieving continuous improvement
- Collation, reporting and using data to prepare regular reports for the Board and Exec team of the quality of the service
- Create reports in accordance with identifying and analysing the underlying root causes, trends and lessons learned from incidents and complaints

All members of staff, at all levels, have a responsibility to improve the services we provide to people we support, tenants and all other parties.

4. Procedures

Quality Framework

Outward will embed a quality framework that includes:

- Clearly defined quality objectives that are specific, measurable, achievable, relevant and time sensitive
- Ensuring a person-centred approach to the care of each person we support and tenant.
- Enabling the person we support for to set their personal objectives and involving them in the review process
- Setting targets that are focused on meeting the needs of person we support and CQC regulations
- An organisational structure that identifies who provides vision and direction within Outward
- An up to date suite of policies and procedures that are evidence-based, reflect best practice, the needs of Outward and dovetail with any statutory requirements with regular audit cycles to ensure compliance.
- A robust Business Plan that details the strategic priorities for the upcoming years
- Personal development plans, supervision, and appraisal systems for staff to ensure that they have the relevant skills knowledge and expertise.

- The use of effective communication tools to minimise any internal or external communication barriers.
- An active internal and external audit process with outcomes feeding back into the quality cycle.
- An infrastructure and resources that can support delivery of aims and strategic priorities.
- The building of positive relationships with partners and others working in the sector to enable sharing of experiences and resources, to pool expertise and work in partnership for the best interest of person we support.
- A means of evaluating all activity on a continuous basis and using feedback gained to inform the development of services.

Outward will ensure that all quality assurance systems and quality audits are designed to measure service compliance with relevant regulatory frameworks and there is named person responsible for keeping abreast of each of the regulatory frameworks and disseminating this information to relevant people and departments.

Outward recognises the value of external audits and inspections in enabling the organisation to assess the quality of its services. We will respond to all CQC inspection reports and local authority contract reviews within the prescribed timescales and prioritise making any improvements required by our regulators.

In addition to the imposed regulatory standards we will continue to voluntarily join other accreditation schemes which measure quality and challenge Outward to continue to improve. We will work to maintain our current accreditation in British Safety Council and strive to obtain other accreditations in Autism, Learning disabilities, or Volunteering.

Control and Regulation Framework

Quality Standards describe the 'quality' people we support and stakeholders should expect to receive, it is an agreed level of service that should be delivered consistently.

All formal quality standards developed by Outward will be reviewed at least every three years in line with business plan review, to ensure they are still relevant and in line with other regulatory standards and acknowledged good practice.

Complaints

Outward is committed to listening to the people we support, tenants and stakeholders and learning from this feedback. We take all complaints seriously and have set standards in relation to how we deal with complaints.

We will continue to ensure that the people we support know what to expect of us and how to complain when we fall short of this.

Outward will ensure all people have a complaints procedure in a format they can access.

Complaints are logged centrally with the quality team and our regulatory bodies timeframe compliance for responses are closely monitored.

The quality team will report to monthly Operations, Performance and Risk (OPR) meeting on complaints, as well as performance in meeting timescales and service improvements made as a result of complaints.

In addition, we will undertake an annual review of all complaints which will inform policy change, training and lessons learnt approach.

Policies and Procedures

Outward's policies and procedures are KEY to staff understanding what is expected of them and setting out the standard of service delivery required. All policies will have a named manager level staff responsible for reviewing them, and relevant exec team member for signing them off within the necessary timeframe to ensure they are effective, compliant and relevant.

All staff will have access to relevant policies either through our intranet system or hard paper copies in services and will be required to read the most relevant policies at induction.

To ensure that our policies are meeting the needs of the people we support and staff we aim to take all appropriate policies to the staff (union reps where appropriate) and reading panels consisting of staff and people we support for review and comments.

Feedback from People we Support and Stakeholders

Outward ensure that it actively seeks feedback from people we support, tenants and their families and stakeholders and that information gained is acted upon. We will always communicate with the people we support and tenants what we have learnt from their feedback and what changes we will make for the better and will ensure we give people this information in accessible formats.

We will continue to seek feedback by the following methods, at a minimum:

- Stakeholder and family survey undertaken as part of the internal annual service audit
- Consultation events and forums held with the people we support and their families
- Monitoring complaints
- Individual feedback via satisfaction survey and house meetings attended by the people we support and tenants.
- Outward's trained expert by experience quality checkers attend services to engage with the people we support, gathering valuable insights. Quality checks are integrated into the annual internal audit process, scheduled approximately a month before ASMA audits, and the resulting reports are included in the audit pack sent to ASMA auditors and relevant service managers once Quality implements the necessary assessment. Quality analyses this feedback and presents it to the executive team and the Board via their reports.

Quality Assurance Processes

Internal Audits / Visits

All Outward care and support services will be inspected/audited in the following ways:

- A. Annual Senior Manager Audit (ASMA): Each Service is audited annually by senior managers and board members
- B. Area Manager Spot Check (AMSC): Area managers will undertake regular spot checks of services within their responsibility on a six-month basis.
- C. Waking Night Spot Check (WNSC): Area manager's visit services out of office hours and during weekends on ad-hoc basis including centrally managed waking night checks every six months
- D. Service Manager Self Audit: Each service manager conduct a self-audit prior to ASMA
- E. Quality checkers inspection (QC): Peer inspection by trained expert by experience 'quality checkers' reviewing the quality of service from a lived experience viewpoint.
- F. Team Manager monthly checks: Each service manager conduct a monthly checks for key areas and validate service performance workbooks
- G. Infection Prevention Control Audit (IPCA): Team managers in supported living services conduct an annual audit to ensure infection prevention measures are in place. The IPCA is completed every 6 month in registered care homes.

Internal audit process timeframe as follows. Each outward service must be visited via ASMA and AMSC and relevant services should be visited via WNSC and QC every financial year. ASMA is the principal audit for each financial year, and the outcomes of the rest of the audits and inspections are to be reviewed during ASMA and outcomes of the ASMA supersede the other audits.

In addition above, area managers will during supervisions check the following with their managers and evidence this:

- Service Performance Workbooks
- Training records on select HR
- Service Improvement plans (key part of service performance workbooks)

Actions from these and other inspections are entered into the services improvement plan (SIP), the Area manager oversee these through supervisions and ongoing monitoring.

All audit and inspection reports to be sent to Quality team who will centrally collate and analyse the outcome of these reports and present it to Operation, Performance and Risk meeting (OPR). The quality team will also produce an annual summary report for the Board.

Quality Spot Checks and Audits

In addition to the internal audits mentioned above, the Quality department conducts the following regular or ad-hoc spot checks and audits within the financial year:

- a) **Department Audits:** Central departments' processes are audited annually by Quality according to the annual audit plan, aligning with the scope and control lists of external audits.
- b) **Quality Spot Checks:** In response to external audit recommendations, Quality may conduct separate spot checks and audits during the financial year. E.g. checks on central staff timesheets, aids and adaptations checks, spot checks on fire alarm logs, and audits of new PWS/tenant sign-up documents.

Operations, Performance and Risk Meetings

Operations, Performance and Risk (OPR) meetings occur monthly and attendees include CEO, executive team, quality manager and other individuals as invited. Financial and operational performance as well as the potential risks are monitored through specific performance reports and KPI data.

Committees

Health and Safety Committee: The Committee meets on a quarterly basis to monitor H&S compliance throughout organization and determine necessary actions. Outward Health and Safety Lead chair the meetings and ensure the actions are completed within the reasonable timeframe. Other committee members are designated board member, CEO, executive team, quality team, staff representative and other individuals as invited.

Safeguarding Committee: The quarterly safeguarding committee outlines Outward's commitment to creating a safe environment for all people we support and staff as well as any other individual who visits any of our office/service for any reason. The committee monitors overall incident and accident reporting, and responding to safeguarding concerns, as well as staff training compliance and raising awareness about safeguarding responsibilities throughout the organization on a quarterly basis. The committee members are Safeguarding Lead, C&S directorate and area managers, quality and other individuals as invited.

Safeguarding, Incidents and Accidents, CQC Notifications and RIDDOR

All incidents, accidents, on-call reports, and safeguarding alerts are promptly signed off by managers and sent to Quality, along with other relevant parties, within the specified timeframes. For serious incidents and accidents such as safeguarding alerts, missing persons, and serious incidents, reporting is required within **24 hours**, while less serious incidents and accidents should be reported within **48 hours**. These reports undergo reviews by area managers, safeguarding leads, and PBS leads when necessary. Issues of a serious nature are escalated to the Directors. Notifications to the Care Quality Commission (CQC) and RIDDOR to Health and Safety Executive (HSE) are mandatory for certain incidents within specified timeframes: CQC Notifications within **24 hours** and RIDDOR within **10 days**. CQC notifications and RIDDORs are need to be sent to Quality after submitted to the regulatory bodies.

The quality team logs all associated forms onto a central database. Monthly reviews of the data are conducted by the quality team and presented at the OPR meeting, where trends and issues are identified.

Improvements made to processes are highlighted and addressed, and recommendations are provided. Additionally, an annual report summarizing all safeguarding incidents is produced for the executive team and the Board.

Newlon Group Audits

Outward are audited annually by external auditors employed by the Newlon group. The schedule and scope for these audits are agreed by the executive team. The reports and outcome of each audit are reviewed by Newlon's Audit and Risk committee (A&R).

Organisational Improvement Plans

Each department and team produce an annual action plan, prioritising areas of work in line with the organisations' business plan targets and external standards.

In addition a central quality improvement plan lists actions highlighted through the various quality assurance processes, together with person(s) responsible and timeframes.

Performance Monitoring

Performance will be monitored by Operations, Performance and Risk (OPR) monthly and Operations committee quarterly. Performance can be measured against:

- Improvement/action plans being put in place as a result of quality assurance management
- Improvement targets being met
- An improvement in both outputs and outcomes from people we support.

Scrutiny Panel

The Scrutiny Panel is an independent team of tenant volunteers, who review Outward's housing, maintenance, and support services. Their role is to ensure services provide good value and meet residents' needs through quarterly meetings and deep dive scrutiny reviews, where they assess service delivery and make improvement recommendations. Outward supports the panel with training, and their work, including meeting minutes and action plans, will be shared on the website.

Performance will also be measured by external inspections reports such as CQC, local authorities, external audits and by the people we support, family/stakeholder and staff feedback surveys.

5. References/Further Reading

[CQC Notifications - Notifications - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

[RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - HSE](#)

Outward Policy – Reporting Incident and Accident

Outward Policy – Duty of Candour

Outward Policy – Involvement policy

Outward Policy – Complaints Policy

Outward Policy – Referrals Policy

Outward Policy – Safeguarding Policy

Outward Policy – Health and Safety Policy

6. General Data Protection Regulations Statement

Outward is committed to compliance with the General Data Protection Regulations and the Data Protection Act 2018. It requires all staff and partners to respect confidentiality and data subjects' rights in line with its policies and procedures.

To ensure compliance with the Regulations staff must ensure that any personal information produced or processed as part of these procedures is appropriately filed on SharePoint, Sona, Iplanit, the Outward server or other agreed Password-controlled filing system(s) with role-based access control.

Whilst processing paper documents, including those from third parties, these documents must be stored in secure lockable cabinets. Records will be kept for as long as they are needed to meet the operational needs of Outward, together with legal and regulatory requirements. Where there is a deviation from this principle, the reasons for this must be recorded.

A detailed breakdown of retention and deletion of records can be found in Outward's Record Management and Retention Policy. When disposing of documents containing personal data this should be done via confidential waste. Please refer to Outward's Data Protection Policy and Procedure for more information.