OUTLOOK CARE
POLICY MANUAL

PO1
QUALITY ASSURANCE POLICY

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1 POLICY STATEMENT

Outlook Care is an independent, not-for-profit company providing delivery of care and support services that assist people with a range of needs to live and participate in the community.

Outlook Care is committed to providing the highest possible quality of service to the people who use our services, the organisations who purchase services on their behalf and all other customers and stakeholders.

Our quality assurance system, the Continuous Improvement Programme (CIP), incorporates the requirements of BS EN ISO 9001:2008, which Outlook Care has achieved across the whole of the organisation. New schemes are included in the scope as soon as it is possible to incorporate them into the three year accreditation cycle.
The high standard of service we aim for is achieved through the implementation of CIP which covers all of our operational functions from delivery of care and support through to our internal management systems. Staff at all levels of the organisation are involved in CIP and this commitment to staff involvement is reflected in our Investors in People award.

We provide evidence-based and continually improving services which promote both good outcomes and best value which includes:

- Ensuring a person centred approach to the care and support for each individual.
- Enabling service users to set Service User Standards and involving service users in the auditing process.
- Producing Annual Development Plans (ADP) for each scheme, which involves service users living in the scheme. The ADP sets annual targets for improving the quality of the service and is monitored to ensure the improvement and development of the scheme.
- Obtaining feedback from others who are involved with our schemes, such as healthcare professionals and relatives.
- Policies, procedures and guidelines which detail how these agreed levels of service are to be achieved.
- Auditing of our systems to ensure that our high quality standards are maintained and to highlight areas for improvement.

Externally Outlook Care is regulated by the Care Quality Commission (CQC) and Quality Assessment Framework (QAF) for Supporting People. Partnership working with Registered Social Landlords and Financial, Employment and Health & Safety legislation also places stringent requirements upon the organisation.

2 RESPONSIBILITIES

CIP has the full commitment of the Board of Management, the Senior Management Team and the Business Management Team. Management commitment is demonstrated by:

- High profile coverage of CIP in the Annual Report
- Quality Assurance Business Objectives
- Vision and Values statements
- Leading the Quarterly Management Review (QMR)
• Mandatory CIP and Environmental Workshop training for all employees as part of induction
• Designated CIP Auditor to undertake the auditing process
• Allocation of financial resources to provide for a Quality department
• The Head of IT and Business Performance (IT&BP) has a key role as a member of the Business Management Team.

The Director of Corporate Services has delegated authority from the Board of Management through the Chief Executive to manage the CIP system. Responsibility for day to day operational management of CIP rests with the Head of IT and Business Performance.

The Directors of Operations are responsible for ensuring that the quality of care and support is implemented across all of Outlook Care’s care and support services.

All staff within the organisation participate in a CIP Workshop as part of their mandatory training, and are made aware of their responsibility to work to our internal policies and procedures and assist in the process of Continuous Improvement.

3 THE CONTINUOUS IMPROVEMENT PROGRAMME (CIP)

The Continuous Improvement Programme ensures that we work towards our Vision and within our Values to meet the standards we have set for the delivery of our services. Our policies and procedures set out how we are to meet the standards, and the training, development and supervision of our staff ensures that they have the right knowledge, experience, skills, attitudes and behaviours. We audit, monitor and review our services through internal and external assessment, and all improvements are fed back into the system to ensure that we are continuously improving our services. We also regularly monitor new legislation and best practice and ensure our policies and procedures are updated.

CIP is a documented quality assurance system consisting of internally controlled documents and externally controlled publications as follows:

**Internally Controlled Documentation:**

**Policies** require the approval of the Senior Management Team (SMT) and the Board of Management. They may also require the approval of the collective bargaining committee.

**Procedures, Forms & Guidelines** are issued by Senior Management Team (SMT)/Business Management Team (BMT) after consultation with relevant staff.
Contractual (employment) Policies require the approval of the Director of Corporate Services, SMT, the collective bargaining committee and the Board of Management.

All documents are issued under a controlled system of document and data control to ensure that all locations access current versions of the documentation. All CIP documents can also be accessed via the Shared Document Area on Intranet. Procedures are in place to ensure effective record keeping and retention of records as detailed in C54 Record Keeping and Maintenance of Records.

Externally Controlled Publications:
The Head of IT&BP is responsible for the acquisition and distribution of externally controlled publications which are relevant across the organisation and will ensure that the appropriate publications are held at each location as agreed by directors. For some external publications which apply only to a small number of schemes it is more appropriate for the scheme to ensure access to the latest publication and Scheme Managers are responsible for these publications held in Schemes.

CIP Audits of Policies and Procedures
A programme is agreed and undertaken in accordance with the requirements of ISO9001:2000/ISO9001:2008 and an internal audit takes place at each scheme annually.

The Investigator/Auditor produces an annual audit schedule which is approved by the Audit & Risk Sub Committee. The Continuous Improvement Programme is set out in detail in the CIP Procedure CP7. The system for auditing CIP can be found in CP5 Internal Audits.

Audit outcomes are subject to corrective and preventative actions before being signed off. A report of key outcomes is presented to the Quarterly Management Review and to the Audit & Risk Committee of the Board of Management.

4 VISION AND VALUES

Our Vision
People with individual needs living the lives they choose

Our Values
These are the values that guide our decisions and actions and which underpin the principles to which we are committed:

• Respect and support the rights of people to be involved in decisions that affect their lives
Welcome diversity and ensure fairness across all aspects of our work

Value the people who use our services and their contribution to communities

Recognise the important contribution our staff and partners make in the delivery of our services

Be honest, open and accountable in all that we do

Ensure our high standards are maintained whilst providing cost-effective value for money services

Ensure we are economically viable, environmentally sound and socially responsible

Aim for excellence and encourage a culture of innovation, expertise and continuous improvement

5 STANDARDS OF SERVICE

Outlook Care’s services within Registered Care Homes are regulated by the Care Quality Commission (CQC) who set out the minimum standards of service that people using our services can expect to receive.

Where Supporting People funding exists, local authority supporting people teams regulate supported living services through the Quality Assessment Framework (QAF) Standards through a process of service reviews.

Service User Standards are produced and monitored by the Service User Committee.

6 OPERATIONAL ACTIVITIES WHICH ASSURE QUALITY

The quality system is made up of a number of activities which form the components of the structure for assuring the quality of services. The outcomes from each of the activities are reported to the Quarterly Management Review (QMR) and the Audit and Risk Sub Committee of the Board of Management.

There are three levels of operational activity with a remit to assure quality:

- Care and Support Level
- Administrative/Organisational Level
- Monitoring, Review and Audit Function

6.1 Care and Support Level

It is important that quality is evaluated at the local level of care and support as this is where the service delivery takes place. This is managed in the following ways:
**Scheme Specific Reports**

The appropriate Care Service Manager will monitor the performance of the schemes they manage on a monthly basis using the Scheme Specific Reporting system. Exceptions (schemes not performing to set standards) are reported at the Quarterly Management Review to ensure appropriate actions are taken to address the issues and to ensure schemes have the assistance and resources available to raise performance to the accepted standard.

**Annual Development Plan (ADP)**

Each scheme produces an ADP which sets annual targets for improving the quality of the service and is monitored to ensure the improvement and development of the scheme.

The ADP takes into account the views of service users and other stakeholders. Each scheme or service must evidence a systematic cycle of planning-action-review, reflecting the aims and outcomes for service users.

**Registered Care Schemes:**

The Annual Quality Assurance Assessment (AQAA) is completed annually and is used as part of the inspection process undertaken by CQC. The AQAA reviews the quality of service being delivered over the previous year’s and sets objectives and targets to demonstrate how the service plans to improve in the coming year. The AQAA is used to inform the scheme’s Annual Development Plan (ADP).

**Supported Living Services:**

This includes Supporting People Services, Domiciliary Care Services or a combination of the two.

The Quality Assessment Framework (QAF) is the regulatory standard used by Supporting People Teams to measure and grade services in terms of the quality delivered. A QAF self assessment is required for each service on an annual basis. The self assessment is validated by the Supporting People Teams during service reviews which occur at least once every three years. The QAF requires each service to provide evidence on how each standard is met. At service reviews action plans are set to ensure that services are continuously improving and grades shifting from D through to A grades. The QAF action plan will form a significant element of Supported Living Services annual report that delivers Supporting People eligible services.

The Annual Quality Assurance Assessment (AQAA) is completed annually by the Domiciliary Care services and is used as part of the inspection process undertaken by CQC. The AQAA reviews the quality of service being delivered over the previous year’s and sets objectives and targets to demonstrate how the service plans to
improve in the coming year. The AQAA is used to inform the scheme’s Annual Development Plan (ADP).

**Person Centred Planning (PCP) Outcomes**
Outcomes of PCP will be fed into the AQAA and each scheme will have specific PCP objectives fed into their ADP.

Service Users in Supported Living Services will have Outcome Focussed Support Plans that will feed both the QAF and AQAA where appropriate. The focus of each support will in some part be reflected in the ADP.

**Staff, Service User, and Relatives Meetings**
These meetings provide a forum for issues and developments to be raised throughout the year. Outcomes of these meetings inform the scheme’s Annual Development Plan (ADP) which is regularly updated.

**Service User Committee**
Service User participation and involvement is central to the management and development of Outlook Care’s service delivery and quality assurance processes. Outlook Care are committed to ensuring that service users are able to participate in a real and meaningful way which influences the way the organisation is managed and the services provided. Policy C9 – Service Users’ Plan for Getting Involved details how this takes place.

**Service User Forums**
The various service user forums are set up to encourage participation, obtain feedback, and ensure that the service users have an opportunity to participate in decisions affecting their lives. Outcomes from the Service Users’ Forums are fed back to the Service User Committee by the agreed representatives.

**Surveys**
Questionnaires are sent out annually by schemes to their customers to obtain feedback on the service they provide. The outcomes of the surveys will inform the Annual Development Plan for the scheme.

Outcomes of all survey questionnaires are analysed for organisational key trends and outcomes are reported to the Quarterly Management Review.

6.2 **Administrative/Organisational Level**
In addition to measuring the outcomes at a local level, Outlook also undertakes activities in order to assure quality and business improvement at an organisational level.
Contract Monitoring reports and meetings
Quarterly reports and regular meetings with Commissioners to evidence contract compliance and service improvements.

Tendering
Established processes are in place for tenders for new and existing business, ensuring that customers’ requirements can be met and that Outlook Care has the capability to meet the contractual requirements.

Complaints, Compliments, Comments (CCC)
These provide a useful source of feedback on the performance of the services and opportunities for improvement. The Quality Officer acts as Complaints Officer and ensures all CCC received are dealt with in a timely manner by the appropriate Director. CCC are analysed and key trends are reported to Quarterly Management Review. CP8 Complaints, Compliments & Comments Procedure details how CCC are dealt with. An Easy read version and DVD is also available.

Staff Survey
A regular survey of staff to monitor motivation and staff satisfaction is carried out by the Assistant Director of HR, results of which are reported to the Board of Management. Action plans are drawn up and feedback is provided to the QMR and Board of Management.

Training and Developing our Workforce
Outlook is firmly committed to training and developing staff and this is demonstrated by our Investors in People accreditation.

The Workforce Development Group (WDG) plans the allocation of training resources to train and develop staff to support delivery of the Business Plan. Key Actions are included on the organisation’s Key Action Plan. The WDP group regularly meet to review required actions and manage delivery of agreed training.

Approved Organisation List (AOL)
Outlook Care holds and maintains an Approved Organisation List (AOL). This list is maintained to ensure that High risk products/services purchased are from organisations that are financially sound; operate legally & morally and wherever possible minimise their environmental impact. The F8 Approved Organisation List procedure details how organisations are to be included on the AOL and monitored.

Purchasing
Outlook Care has established systems in place to ensure that all purchased products and services conform to specified requirements and within delegated Authority limits.
as detailed in Form 157 – Authorised Limits and GF5 – Ordering of Goods & Services and Payment of Invoices Guidelines

Resources
Outlook Care will determine, provide and maintain a suitable infrastructure to achieve its objectives. This will include buildings, workspaces and associated utilities; process equipment and any support services.

The Chief Executive has delegated management of the organisation’s financial resources to the Director of Finance. The Director of Finance manages the annual budget setting process, liaising with budget holders in order to set budgets in accordance with income and in order to achieve business objectives.

The Chief Executive has delegated employment management of the organisation’s human resources to the Director of Corporate Services (DCS). All Role Profiles and Role Specifications are competency based. The Director of Corporate Services is responsible for allocating human resources to operate the quality system.

Outlook was awarded the Disability Symbol in early 2001. Use of this symbol on our literature provides evidence of Outlook’s commitment to employing people with disabilities.

Where functions are outsourced, adequate controls are put in place to ensure service conformity.

Communication
There are a variety of ways in which Outlook Care communicates with Staff, Service Users, relatives, funders and other stakeholders. These range from formal publications, newsletters, reports and briefings to meetings and social events. The Communications Officer, who reports directly to the Chief Executive, is responsible for communication throughout the organisation.

Legislation
Responsibilities for new Legislation/Case Law/Social Care Trends are delegated to SMT/BMT members as detailed in Form No 314 - New Legislation Table. Those who have delegated responsibilities must ensure they use reliable and regular systems to ensure they are continually kept abreast of any New Legislation/Case Law/Social Care Trends in their delegated area of responsibility. This is done using a variety of sources to identify new/amended legislative requirements such as Subscription to professional bodies; Regular bulletins and updates; Advice from external consultants; Membership of professional bodies; Subscription to newsletters/magazines; Seminars & conferences.
Upon identifying new/amended requirements then the responsible person is to put in place appropriate actions to ensure Outlook Care complies with changes. Reporting of new legislation/case law/social care trends is to Quarterly Management Review (QMR). Report is to include the impact to Outlook Care and any actions that are required by Outlook Care to comply with changes.

**Benchmarking**

Benchmarking is undertaken by SMT/BMT on an informal basis through the involvement in cross organisation groups such as HR Directors group, Directors of Operations group; IT User group forums.

6.3 **Monitoring, Review and Audit**

Outlook Care’s services are monitored, reviewed and audited in a variety of ways in order to obtain feedback and as a means of evaluating performance, by both internal and external assessments as follows:

6.3.1 **Internal monitoring, review and audit**
- Internal Quality Assurance Audits of Procedures
- Scheme Specific Reports
- Health & Safety Inspections
- Accident and Incident Reports
- Health & Safety Risk Assessments
- Monthly Supervision
- Annual Performance Appraisal
- Absence and Staff Turnover Reports
- Regulation 26 Visits
- Care Service Manager Visitations
- Management of Information Review

6.3.2 **External benchmarking, monitoring, review and audit**
- Audit of Service User Standards carried out by Service Users
- Commissioners’ Contract Reviews
- Investors In People 3-yearly re-accreditation Inspections
- Audit by Health & Safety Advisors
- External Financial Audit
- Housing Associations’ Annual SHIP Monitoring
- CQC Inspections - Announced and Unannounced
- Environmental Health Officers' Inspections
- Bi-annual audit of care and support services
7 MANAGEMENT OF QUALITY ASSURANCE

7.1 Audit and Risk Sub-Committee of the Board of Management
The full terms of reference for the group can be found in P011 Audit & Risk Terms of Reference and it’s remit is:
- To advise the Board on the adequacy of the controls it has in place to safeguard its assets and manage the attendant risks.
- To oversee Health and Safety and Protection of Vulnerable Adults (POVA) management arrangements to ensure vulnerable adults are protected.
- To comment and advise on the effective management of risk throughout the organisation.
- To report to the Board of Management.

7.2 Quarterly Management Review
This group will review and assess the organisational efficiency and effectiveness to assure the quality of Outlook Care services. The full terms of reference for the group can be found in CP2 QMR Terms of Reference.

8 BUSINESS PLANNING AND THE OPERATIONAL PLAN

The Board of Management are responsible for setting the Business Strategy for the organisation through the Business Planning process on a three to five year cycle. The Senior Management Team (SMT) and the Board participate in the initial Business Planning review process following which consultation with staff takes place. Once the Business Plan is agreed the Key Action Plan is produced setting out the main business objectives. The Corporate Plan is produced and issued to all staff and used, in conjunction with the Key Action Plan, by Line Managers to set Business Objectives for staff.

The Key Action Plan is reviewed at SMT meetings and actions are prioritised and updated. New objectives may be added to the Key Action Plan as and when appropriate. Board of Management are supplied with a quarterly progress report.

Business Objectives are cascaded down through the organisation at Performance Appraisal and monitored during Supervision.

9 MEASURING OUR PERFORMANCE

Monthly & Quarterly Key Performance Indicators (KPI) are produced to measure performance in all areas of the business. These figures are reported to the Board of Management and appropriate actions are taken when exceptions are identified.
Performance against organisational business objectives set out in the Key Action Plan is reviewed by the Senior Management Team (SMT) on a regular basis and quarterly by the Board of Management.

QMR monitors and reviews operational performance on a quarterly basis and appropriate actions are taken when exceptions are identified.

This Policy is reviewed annually by Head of IT & Business Performance at which point changes in the activities may be proposed in order to ensure the system develops and promotes service user and stakeholder involvement and continually assures the quality of service delivery.

10 STRATEGIES, POLICIES AND PROCEDURES

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