

OC105

Quality Policy

1	Purpose & Policy Statement	3
1.1	Plan Do Check Act Cycle	4
2	Customer Impact Statement	6
3	Who does this Apply to?	6
4	Linked Documents / Forms / Websites	6
5	Responsibilities	8
6	The Continuous Improvement Programme (CIP)	8
6.1	What is Quality?	8
6.2	PLAN - establish our objectives and make plans	8
6.2.1	Vision, Values and Mission Statements	8
6.2.2	Customer Involvement.....	9
6.2.3	Business Planning.....	9
6.2.4	Statement of Purpose.....	9
6.2.5	Business Continuity Planning	9
6.2.6	Service User Standards.....	10
6.2.7	Learning and Professional Development.....	10
6.2.8	Internal Communication Plan	10
6.3	DO - implement our plans	10
6.3.1	Safeguarding Adults and Children at Risk.....	10
6.3.2	CIP Controlled Documents	11
6.3.3	Person Centered Approach to Care & Support	13
6.3.4	Accidents & Incidents	13
6.3.5	Risk Assessments	13
6.3.6	CQC Evidence to Demonstrate Compliance	14
6.3.7	H&S Statement of Intent.....	14
6.3.8	Purchasing & Expenditure	14
6.3.9	New Business Including Tenders	14
6.4	CHECK – measure our results	15
6.4.1	Key Performance Indicators (KPI).....	15
6.4.2	Customer Involvement Meetings.....	15
6.4.3	Customer Forums.....	15
6.4.4	H&S Monitoring	15
6.4.5	Quality Monitoring Reports	16
6.4.6	Themed Audits	16
6.4.7	Quality Monitoring Visits	17

6.4.8	Practice Governance	17
6.4.9	Customer Audits	18
6.4.10	External Certification & Auditing	18
6.4.11	Surveys.....	20
6.4.12	SOPI - Service Outcome Performance Indicators	21
6.4.13	Complaints, Compliments & Comment – We’re Listening	21
6.4.14	Evaluate Learning Interventions	21
6.4.15	New Legislation Review	21
6.4.16	Staff Meetings.....	22
6.4.17	Supervision & Appraisals.....	22
6.5	ACT – correct and improve our plans.....	22
6.5.1	People’s Voice.....	23
6.5.2	Quarterly Management Review	23
6.5.3	Audit & Risk.....	24
6.5.4	Board of Management.....	24
6.5.5	Trustee Annual Report and Accounts.....	24
6.5.6	CIP Controlled Document Review	25
6.5.7	Staff Recognition Scheme	25
7	Appendix 1: Equality Impact Assessment Tool.....	26

1 Purpose & Policy Statement

Outlook Care is an independent, not-for-profit organisation delivering care, housing services and domiciliary care to people with individual needs, living the lives they choose.

Our Quality Management System, the Continuous Improvement Programme (CIP), incorporates the requirements of BS EN ISO 9001:2008, and provides the framework for how we ensure Quality across the whole of the organisation. The scope of the certification covers service delivery across the whole of the organisation, including all registered care, nursing care, respite care, supported living and domiciliary care services. New services are included in the scope as soon as it is possible to incorporate them into the three year certification cycle.

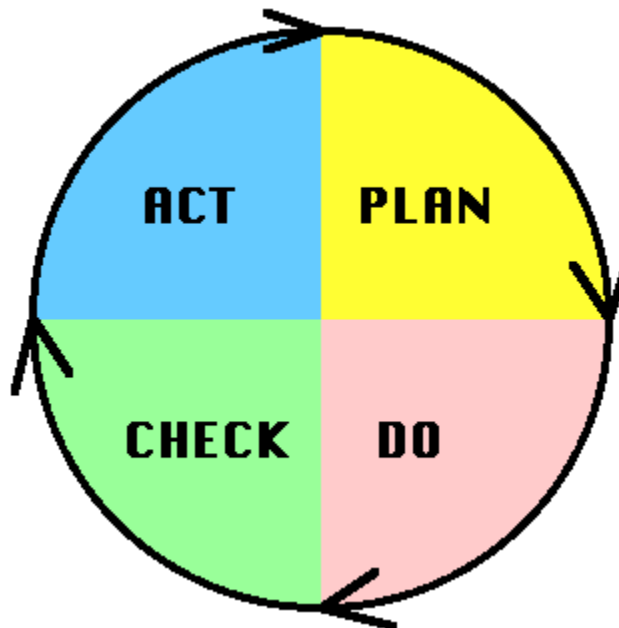
We have held continuous certification to ISO 9001 since 1995 and from October 2009 are certified to ISO 9001:2008. The certification body used is URS, United Registrar of Systems, part of the Registrar of Standard Holdings (ROS) Group who are accredited to ISO 17021, registration number 043 through the United Kingdom Accreditation Service (UKAS) which they have held since May 1995.

CIP covers all our operational functions from the delivery of support and care through to our internal managements systems and helps us in achieving a consistently high standard of support and care. It enables us to demonstrate our commitment to providing high quality services to the people who use them, the people who purchase services on their behalf and all other customers and stakeholders

Outlook Care is regulated by the Care Quality Commission (CQC) and Quality Assessment Framework (QAF) for Supporting People and the Financial Services Authority (FSA). Our commitment to staff involvement is reflected in our Investors in People award which is audited every 3 years. Partnership working with Housing Providers/ Landlords together with Financial, Employment and Health & Safety legislation also places stringent requirements upon the organisation.

1.1 Plan Do Check Act Cycle

We follow the principles of Dr W E Deming's **Plan Do Check Act** cycle to ensure we provide evidence-based and continually improving services to promote both good outcomes and best values. From June–August 1950, Deming trained Japanese car industry professionals the concepts of quality management and introduced the PDCA cycle during his lectures and the implementation of his work transformed this industry. Deming's message was: improving quality will reduce expenses while increasing productivity and market share and is now a well recognised and respected Quality Management tool.



Plan – establish objectives and make plans (analyse our organisation's situation, establish our overall objectives and set our interim targets, and develop plans to achieve them).

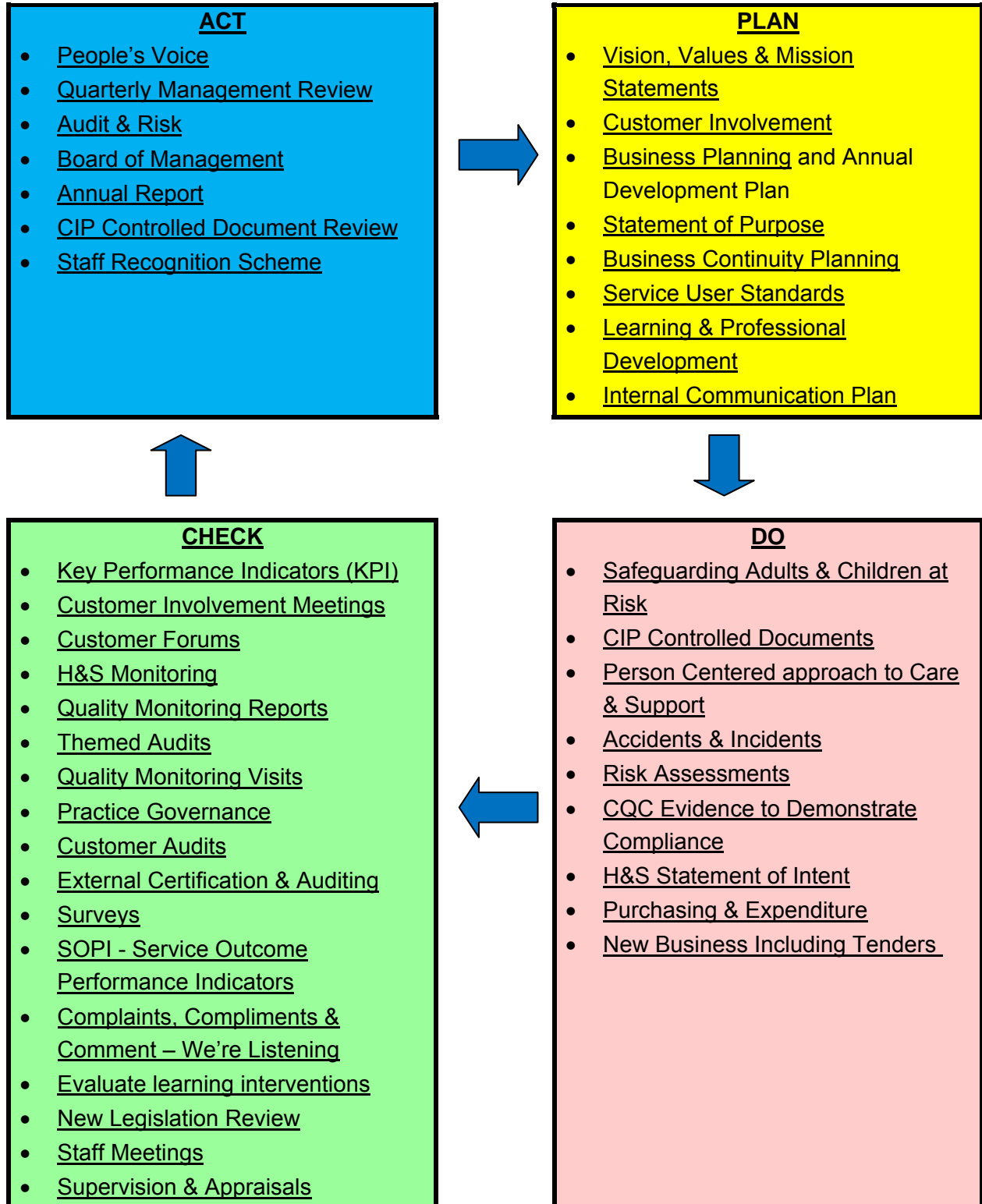
Do – implement our plans (do what we planned to).

Check – measure our results (measure/monitor how far our actual achievements meet our planned objectives).

Act – correct and improve our plans and how we put them into practice (correct and learn from our mistakes to improve our plans in order to achieve better results next time).

Refer to Form No 470 – Continuous Improvement Programme

Note: By clicking on the bullet points you will go directly to the section



2 Customer Impact Statement

To ensure that the people we support receive a quality assured service at all times in Outlook Care Services that continually evolves and improves.

3 Who does this Apply to?

All Staff	Care & Support Staff	Central Services Staff	Line Managers	Board/EMT SMT/BDT
√				√

4 Linked Documents / Forms / Websites

Documents

How Outlook Care Assures Quality

- Form 470 Continuous Improvement Programme

Plan

- OC38 Vision, Mission Statements & Values Policy
- OC98 Customer Involvement Policy
- Corporate Plan
- Business Plan
- Annual Development Plan
- OC41 Statement of Purpose
- OC107 Business Continuity Management System Policy
- OC106 Service User Standards
- OC77 Learning & Professional Development
- OC101 Internal Communication Plan

Do

- OC19 Safeguarding Adults & Children at Risk Policy
- OC94 Child Protection Policy
- Form 368 OC Document Template
- Form 367 Staff Briefing Template
- Form 423 CIP Team Briefing Template
- OC53 Corporate Policy Register
- OC5 Records, Data and Confidentiality Policy
- OC17 Support Planning using a Person-Centered Approach
- OC6 Accidents & Incidents

- OC18 Risk Management Policy
- ED1 CQC Essential Standards of Quality & Safety
- Form 374 Evidence to Demonstrate Compliance
- OC8 Health and Safety Policy and Statement of Intent
- F8 Approved Organisation List
- Form 365 Approved Organisational List
- Form 157 Authorised Limits
- OC108 – Purchasing & Expenditure
- OC77 Learning & Professional Development
- OC32 Contract & Performance Management Policy
- OC82 Expression of Interest & Tender

Check

- Form 330 Registered Services H& S Key Information Tool
- Form 329 Supported Housing Services H&S Key Information Tool
- Form 417 Quality Monitoring Report
- Form 465 ISS Quality Monitoring Report
- Form 417a Quality Monitoring Prompts
- Form 464 Quality Monitoring Cycle
- Form 419 Themed Visits - Service User Records/Outcomes - PCP & MCA
- Form 420 Themed Visit - Health & Safety, Control of Infection & Environment
- Form 421 Themed Visits - Staff Management
- Form 422 Themed Visit Medications & Finance
- OC76 Practice Governance
- ED4 Quality Assessment Framework - Core Service Objectives
- ED5 Quality Assessment Framework - Easy Read - What Supporting People services should be like
- OC32 Contract & Performance Management Policy
- Form 435 Outlook Care Circles of Support Survey
- Form 436 Outlook Care Service User Survey
- Form 463 SOPI Service Outcome Performance Indicators
- OC65 Complaints, Compliments & Comments Policy
- Form No 314 New Legislation Table
- Form 282 Performance Appraisal - Probationary Period
- Form 58 Annual Performance Appraisal
- OC28 OCB Appraisal
- Form 400 Annual Appraisal Form for OCB Worker
- OC68 Supervision

Act

- OC79 Governance Policy
- Form 383 Board Management Cycle
- Form 458 Organisational Risk Map
- S23 Staff Recognition Scheme

Websites

- www.cqc.gov.uk CQC Website

5 Responsibilities

CIP has the full commitment of the Board of Management, the Executive Management Team and the Senior Management Team. All staff within the organisation are responsible for quality and must follow CIP systems to ensure a high quality service is provided at all times. New starters will attend “A Quality Service” induction.

6 The Continuous Improvement Programme (CIP)

6.1 What is Quality?

The Continuous Improvement Programme (CIP) is Outlook Care’s Quality Management System which ensures that we work towards our Vision and Mission Statements and within our Values to meet the standards we have set for the delivery of our services.

It can be hard to define what quality is as it is very subjective to the individuals needs. The definition we use is:

“Outlook Care will provide high quality services that meet the expectation of service users for the price agreed”

6.2 PLAN - establish our objectives and make plans

6.2.1 Vision, Values and Mission Statements

Outlook Care has a clear Vision together with Mission Statements for each of our core service groups. These are supported by our Values which capture the ethos of the organisation and underpin all that we do.

These are documented in **OC38 Vision, Values & Mission Statements Policy**.

6.2.2 Customer Involvement

Participation and involvement from the people we support is central to the management and development of Outlook Care's service delivery and quality assurance processes.

OC98 Customer Involvement Policy documents how Outlook Care ensures that the people we support are able to participate in the organisation in a real and meaningful way which influences the way the organisation is managed and the services we provide.

6.2.3 Business Planning

The Board of Management are responsible for setting the Business Strategy for the organisation through the Business Planning process on a three year cycle. The Executive Management Team (EMT) and the Board participate in the Business Planning annual review process which sets the key Business Objectives.

The Business Plan is supported by the Annual Development Plan which sets out in detail how these Objectives will be met and specifies the activities and priorities for the year ahead.

Objectives for individuals are cascaded down through the organisation from this Plan via the appraisal process.

6.2.4 Statement of Purpose

This is a requirement by CQC which provides a description of our schemes by location and the service they provide. Care Administration is responsible for updating the Statement of Purpose and notifying CQC as details change, and is recorded on **OC41 Statement of Purpose**.

6.2.5 Business Continuity Planning

Ensures Outlook Care have systems in place to identify, plan for and respond to incidents and business disruptions to continue operating at an acceptable level for the following Business Disruption Scenarios:-

1. Loss of, or access, to premises
2. Shortage of staff
3. Disruption to transport
4. Loss of IT and Communication systems
5. Loss of utilities
6. Loss of key suppliers

This is documented in **OC107 Business Continuity Management System Policy**.

© Outlook Care Feb 13. Reproduction in part, or in whole, is not permitted. Valid on print date only. Purpose & Policy Statement Approved by Board 4TH February 2013

6.2.6 Service User Standards

The Service User Standards were written by the people we support for the people we support. They were developed by the Service User Committee (now People's Voice) and detail how people we support want to be treated and what is important to them.

These are documented in **OC106 Service User Standards**.

6.2.7 Learning and Professional Development

Outlook is firmly committed to training and developing staff and this is demonstrated by our Investors in People accreditation. Workforce planning is integral to the Annual Development Plan. HR/LD specialists will gather learning needs, discuss these with Senior Managers and plan the allocation of training resources to train and develop staff to support delivery of the Business Plan. These discussions will take place regularly and review meetings will take place to review required actions and manage delivery of agreed training. The training, development and supervision of our staff ensures that they have the right knowledge, experience, skills, attitudes and behaviours.

This is documented in **OC77 Learning & Professional Development**.

6.2.8 Internal Communication Plan

The Internal Communication plan sets out how we ensure effective two-way communication between Outlook Care, people who work for us and volunteers. An annual action plan is managed by an EMT member who monitors and sign off actions.

This is documented in **OC101 Internal Communication Plan**.

6.3 DO - implement our plans

6.3.1 Safeguarding Adults and Children at Risk

Safeguarding Adults & Children at Risk is paramount for Outlook Care and their safety and well being is integral to everything we do. **OC19 Safeguarding Adults & Children at Risk Policy and OC94 Child Protection Policy** provides all our staff with information on reporting issues relating to safeguarding Adults and Children at Risk. The overall aims of the policies are to help staff prevent, or intervene where abuse is identified or suspected and follow a reporting process which is clear and effective. Through induction and training, support staff will be advised how to recognise the signs and symptoms of abuse, including bullying and harassment

between the people we support, and the relevance of practice guidance from the General Social Care Council.

A safeguarding designated Board member is notified of all Safeguarding alerts and the actions taken. Outcomes and key performance indicators arising from these alerts are reviewed 3 times a year by the Audit and Risk subcommittee to review alerts raised, highlight trends and potential risks, agreeing or identifying actions to mitigate risk.

This is documented in **OC19 Safeguarding Adults & Children at Risk Policy and OC94 Child Protection Policy** and locally by the relevant Local Authorities procedures which are accessed as Controlled External Documents with in the CIP Controlled Documents area on the SDA.

6.3.2 CIP Controlled Documents

To ensure that all staff operate to the same high quality standard, CIP controlled documents have been written and developed by Outlook Care to tell us how to carry out our tasks.

Our document and data control system ensures that all documents issued have been reviewed, with consultation carried out with relevant staff and approved appropriately. These are then made available to staff and previous versions withdrawn. All OC Documents are reviewed every 3 years unless a review is identified as part of audit or is required more frequently as directed by author, dictated by legislation or contractual requirements.

All CIP controlled documents are available to staff via the Shared Document Area (SDA) however some restricted OC Documents will have a higher access level. The SDA is an electronic library and the CIP Controlled Documents are found under the heading "**CIP Controlled Documents**".

This area is split into 7 categories:

- **Forms**
Predefined documents to be used by staff for recording data as instructed by the corresponding CIP Controlled Document.

- **Care, Support & Housing**
Policies, procedures and guidelines for Care, Support & Housing Management operations.

- **Corporate & Governance**
Policies, procedures and guidelines relating to Corporate and Governance.
- **Finance**
Policies, procedures and guidelines for financial control.
- **HR & Staff Mgmt**
Policies, procedures and guidelines for human resource management.
- **Health & Safety**
Policies, procedures and guidelines for Health & Safety.
- **External Documents**
Documents that have been published by an outside source, the amendments to which Outlook Care has no direct control. These are publications necessary for the planning and operation of Outlook Care's Quality Management System and will include Statutory Regulations and associated documents, National/International Standards and Codes of Practice. External Documents are reviewed periodically to confirm the correct version is available.
- **Staff Briefings**
These are issued by Executive Management Team/Senior Management Team (EMT/SMT) when communication to staff is required. The previous twelve months' briefings are available to be viewed on the SDA.
- **Team Briefings**
These are issued quarterly and include contributions from all departments, key performance indicators (KPI) and important messages to be cascaded to teams. Team briefings are communicated to JNC before being published for all staff. Team managers are responsible for ensuring these briefings are communicated to staff within their team and any comments are fed back to Quality Officer.

It is the responsibility of all staff to ensure that they have access to the SDA and always use the up to date versions of documents.

When reviewing or creating new CIP Controlled Documents the following forms are to be used to ensure standardisation of documents issued.

- **Form 368 OC Document Template**
- **Form 367 Staff Briefing Template**

- **Form 423 CIP Team Briefing Template**

Outlook Care Policies which require approval by the Board of Management are documented in **OC53 Corporate Policy Register**. All policies will contain a Customer Impact Statement to assess the impact of the policy on the people we support. Policy statements are signed to include adoption of the policies in the Policy Register. Contractual Employment Policies will also require the approval of the Joint Negotiating Committee.

OC5 Records, Data and Confidentiality Policy sets out how manual records and electronic data are recorded, stored, kept secure and destroyed.

6.3.3 Person Centered Approach to Care & Support

Good support planning and delivery begins with a detailed needs assessment. The initial needs assessment gives a clear starting point to monitor progress towards achieving outcomes and to identify changing needs. Good support planning is led by the people we support and their circle of support and reflects a person-centred approach.

Outcome-focussed Support Plans set out objectives, tasks and activities to provide people with the right support, skills and safety measures to live the lives they choose.

This is documented in **OC17 Support Planning using a Person-Centered Approach**.

6.3.4 Accidents & Incidents

Reporting Accidents and Incidents are a legal and contractual requirement. The risks of failing to report them would mean that Outlook Care is not carrying out its legal duties or is in breach of a contract, with the risk of the contract being terminated.

To ensure that our delivery of support is underpinned by best practice and to continuously improve our service delivery the analyses of accidents and incidents are reported to QMR.

This is documented in **OC6 Accidents & Incidents**.

6.3.5 Risk Assessments

OC18 Risk Management Policy provides the framework for the management of business and operational risk in the delivery of Outlook Care's activities. Outlook Care is committed to ensuring that risks to the organisation, its staff and the people

we support are minimised by identifying and taking actions to mitigate these risks. This approach will be balanced against a framework of supporting people we provide services to, to enjoy increased opportunities to exercise choice and control.

6.3.6 CQC Evidence to Demonstrate Compliance

To ensure that services can demonstrate and evidence compliance with **ED1 CQC Essential Standards of Quality & Safety**, Service Managers are responsible for updating **Form 374 Evidence to Demonstrate Compliance** for their service.

6.3.7 H&S Statement of Intent

It is the policy of Outlook Care to ensure, so far as is reasonably practicable, that its operations and services are conducted in such a manner as to prevent harm or injury to employees, the people we support, volunteers, contractors, visitors, the property and the environment.

Outlook Care recognises its duty to take all reasonable steps to continuously review and make improvements when and where necessary, to health, safety and welfare standards, and also to ensure that its statutory obligations are met at all times.

This is documented in **OC8 Health and Safety Policy and Statement of Intent**.

6.3.8 Purchasing & Expenditure

Outlook Care has established systems in place to ensure that all purchased products and services conform to specified requirements and within delegated Authority limits. Outlook Care maintains an Approved Organisation List (AOL) which ensures that high risk products/services are purchased from organisations that are financially sound; operate legally & morally and wherever possible minimise their environmental impact.

This is documented in the following:

- **OC108 Purchasing & Expenditure**
- **Form 365 Approved Organisational List**
- **Form 157 Authorised Limits**

6.3.9 New Business Including Tenders

This Quality Assurance Policy ensures that we continuously check that we are delivering what our customers (people who use services, their families and commissioners) want whilst complying with all legislative requirements. Quality assured, externally validated, safe, service delivery is the foundation by which Outlook Care demonstrates its capacity and competency, enabling growth through

selling services or being awarded contracts through tenders. Public sector purchasers of services regard evidenced, live, quality assurance systems, as a core and mandatory requirement. Private purchasers regard quality assurance as a validation of safe service delivery and good management. To be able to evidence our Policy in practice is essential for the safe management and growth of the business.

This is documented in **OC32 Contract & Performance Management Policy** and **OC82 Expression of Interest & Tenders**.

6.4 CHECK – measure our results

6.4.1 Key Performance Indicators (KPI)

Monthly & Quarterly Key Performance Indicators (KPI) are produced to measure performance in all areas of the business. Monthly KPIs are reported to the Board of Management and Quarterly KPIs are reported to Audit & Risk sub-committee.

Team Briefings include the qualitative KPIs to inform staff of Outlook Care's performance in these areas.

6.4.2 Customer Involvement Meetings

These meetings provide a forum for the people we support to discuss and feedback any issues they may have and provide an opportunity for Outlook Care and Service Managers to discuss future developments of the service. Recommendations & requirements for services are recorded on the service **Form 417 - Quality Monitoring Report**.

6.4.3 Customer Forums

The customer forums act as a mechanism for consultation with the people we support and to obtain feedback on service delivery within local geographic and client groups. These forums are utilised as platforms for wider, local consultation and feed into Partnership Boards and local Self Advocacy Groups. Members from the local meetings are elected to sit on the People's Voice Committee.

This is documented in **OC98 Customer Involvement Policy**.

6.4.4 H&S Monitoring

The Health & Safety key Information tools must be used as a minimum to identify the frequency and responsibility of H&S compliance checks to ensure our offices and services are compliant with Health & Safety legislation.

- **Form 330 Registered Services H& S Key Information Tool**

- **Form 329 Supported Housing Services H&S Key Information Tool**

6.4.5 Quality Monitoring Reports

Quality Monitoring will take place every quarter. Service Managers will monitor the performance of their services at a pre defined frequency as agreed with the Area Manager which is determined by the level of care and support delivered and the risk factor of the service.

Service Managers are responsible for recording and completing any actions or requirements that arise from the Quality Monitoring undertaken. The following forms are used as part of this process:

- **Form 417 Quality Monitoring Report**
- **Form 465 ISS Quality Monitoring Report**
- **Form 417a Quality Monitoring Prompts**
- **Form 464 Quality Monitoring Cycle**

6.4.6 Themed Audits

Themed audits drill down on a specific area giving detail and identifying trends across the organisation. Each quarter Service Managers are responsible for completing a themed audit for their services and recording / completing any actions or requirements that arise on the Quality Monitoring Report.

Themed audits are documented in **Form 464 Quality Monitoring Cycle** but dependant on operational requirement, additional themed audits may be introduced. E.g. Olympic Planning. The following forms are used for the themed audits:

- Quarter 1 - Service User Records & Outcomes & MCA
Form 419 Themed Visits - Service User Records/Outcomes - PCP & MCA
- Quarter 2 - Health & Safety, Infection Control & Environment
Form 420 Themed Visit - Health & Safety, Control of Infection & Environment
- Quarter 3 - Staff Management
Form 421 Themed Visits - Staff Management
- Quarter 4 - Medications & Finance
Form 422 Themed Visit Medications & Finance

An Area Manager is assigned as the lead to each of the themes and is responsible for collating the data from these audits and submitting an audit outcome report to Quality Management Review (QMR) detailing findings and recommendations.

6.4.7 Quality Monitoring Visits

Area Managers will visit services unannounced to sample the Quality Monitoring undertaken and record any requirement, recommendations and commendations on the same Quality Monitoring Report. These unannounced sample visits will take place in the 2nd and 3rd month of each quarter to ensure the Quality Monitoring is completed.

Area Managers will visit to sample their services at a pre defined frequency as agreed with the Director of Operations which is determined by the level of care and support delivered and the risk factor of the service. These visits are unannounced and at least one a year must be out of hours.

Area Managers are responsible for signing off completed actions on the Quality Monitoring Report and commenting on any exceptions including KPI summary data for the previous quarter by the third week in the month, April, July, October and January ready for reporting to Quality Management Review (QMR).

Area Managers are responsible for completing the Quality Monitoring Visit reports (QMV) to the service during the period.

To ensure an independent view of the service the Quality Officer will visit each service once a year to sample the Quality Monitoring undertaken instead of the Area Manager. This visit is announced and the Quality Officer will communicate dates of these visits to both Service Manager and Area Manager.

At any time a further audit may be requested by either the Area Manager or Director of Operations.

The Quality Officer will provide a full schedule of internal audits completed to QMR which is made available to Audit & Risk.

6.4.8 Practice Governance

Practice Governance ensures that our delivery of support is underpinned by best practice. It enables us to demonstrate accountability for continuously improving the quality of our services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Practice governance is a

crucial aspect of our approach to ensuring the care people receive meets essential standards of quality and safety.

Summary reports are generated from Accidents & Incident reports submitted by services and are reported to QMR and summary information made available to Audit & Risk. These reports are analysed to identify any common themes across the organisation that need to be acted upon. Additionally these reports identify any increase in incidents at a particular service that may require further investigation and analysis to establish the root cause.

This is documented in **OC76 Practice Governance**.

6.4.9 Customer Audits

Feedback from the people we support is vital in ensuring we deliver the service that people want. The people we support are actively encouraged to participate in audits and give feedback during formal audits and unannounced visits.

6.4.10 External Certification & Auditing

External auditing is carried out by a number of different organisations and can include the following:

- CQC Inspections for registered regulated activities
- QAF (Quality Assessment Framework) for Supported Living services
Tool available at **ED4 Quality Assessment Framework - Core Service Objectives & ED5 Quality Assessment Framework - Easy Read - What Supporting People services should be like.**
- Commissioners' Contract Report & Monitoring
Documented in **OC32 Contract & Performance Management Policy**.
- ISO 9001:2000/9001:2008
Certification is renewed every three years subject to annual surveillance visits at Central Services and a sample of our services, with each service being visited at least once in three years. These audits are carried out by an external assessor for United Registrar of Systems (URS).
- Audits of Accounts.
It is a statutory requirement for Outlook Care to file and publish audited financial statements. Auditors are required to be external, independent and suitably qualified. The Board of Management are responsible for appointing

the auditors and approving the audited accounts at the Annual General Meeting.

- **Investors In People**
3-yearly re-accreditation is carried out by an external body and a report generated with actions which are checked at the next re-accreditation visit.
- **Health & Safety**
External H&S Consultants with expert knowledge in certain fields are sometimes commissioned to provide robust support. The Board, Executive Management and Senior Management Team have attended a Safety for Senior Executives course approved by the Institution of Occupational Safety and Health. Two internal Officers responsible for health and safety hold a certificate in The National Examination Board in Occupational Safety and Health (NEBOSH) and Certificate in The Institute of Occupational Safety and Health (IOSH).
- **CHAS – Contractors Health & Safety**
CHAS is established as the market leader for health and safety. CHAS assesses the organisation's health and safety policy statement; the organisation of health and safety and the specific health and safety arrangements to a standard acceptable to purchasers, customers and to others. CHAS Accreditation supports Outlook Care to demonstrate compliance with and the sound management of health and safety and reduces duplication as many organisations accept CHAS Accredited companies as being a competent organisation.
- **Registered Providers Annual SHIP Monitoring**
Social Housing in Partnership monitoring was put in place by the former Housing Corporation where Housing Providers sub contract housing management responsibilities to an agent to perform on their behalf. The SHIP monitoring is a tool to facilitate the monitoring and performance of the agent inline with the Management Agreement.
- **Environmental Health Officers' Inspections**
Local Authority Environmental Health Inspectors can attend and inspect most premises and/or surrounding areas from ensuring that buildings are a safe and healthy living environment to dealing with poor sanitation and drainage issues. Most Inspections are normally the cause of an individual making a complaint to the local Council. The LA has a variety of powers and

duties to ensure that required standards are met.

- **Food & Safety Inspections**
Local Authority enforcement officers can enter any premises that prepares food within their area to carry out an inspection and risk assessment to ensure food legislation is not contravened: these inspections are unannounced. The Inspector will review how you operate your business to identify potential hazards to food safety. Organisations will receive feedback or immediate actions to address or in normal circumstances followed up by letter and a 'scores on the doors' rating that is the current system used by LA's to advertise the grading of the food premises.
- **Positive about Disabled People**
Outlook Care was awarded the Disability symbol in 2001 and provides evidence of Outlook Care's commitment to employing people with disabilities.

6.4.11 Surveys

Service Managers are responsible for sending out surveys annually to their customers to obtain feedback on the service they provide. On return of the completed surveys Service Managers will record any requirements, recommendations and commendations on their Quality Monitoring Report for that quarter.

Outcomes of all survey responses will be analysed by an Area Manager and Head of IT & BP for organisational key trends and are responsible for collating the data from these surveys and submitting a survey outcome report to Quality Management Review (QMR) detailing findings and recommendations.

Where possible the surveys will be completed on line using Survey Monkey.

The following forms detail the survey questions used and can be used in exceptional cases where access to the internet is not available:

- **Form 435 Outlook Care Circles of Support Survey**
- **Form 436 Outlook Care Service User Survey**

The Director of Corporate Services is responsible for regular staff surveys to monitor staff satisfaction and is responsible for collating the data from these surveys and submitting a survey outcome report detailing findings and recommendations to Quality Management Review (QMR) and Board of Management. The outcomes of the surveys appear in an action plan and progress is regularly communicated to staff. Ad hoc staff surveys may be development at any time, by EMT/SMT. E.g. E-learning Survey.

6.4.12 SOPI - Service Outcome Performance Indicators

Service Managers are required to complete SOPI – Service Performance Indicators on the performance of their services to collect good practice initiatives and to measure outcomes and areas for improvement required both for the individual service and across the organisation. The SOPI are completed electronically and are documented in **Form 463 – SOPI Service Outcome Performance Indicators**.

6.4.13 Complaints, Compliments & Comment – We're Listening

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 Complaints, Compliments & Comments (CCC) received are dealt with in a timely manner. CCC are analysed and key trends are reported to Quarterly Management Review.

OC65 Complaints, Compliments & Comments Policy details how CCCs are dealt with and the corresponding documentation to be used by staff.

The Quality Officer is responsible for reporting on KPI summary data and outcomes and trends to Quality Management Review (QMR) and to Team Briefing with summary information provided to Audit & Risk.

6.4.14 Evaluate Learning Interventions

We have a comprehensive Learning and Professional development programme and our overall approach to Learning and Development which is documented in OC77 Learning & Professional Development. It is critical to the success of the programme that the resources we invest are monitored along with an evaluation of whether planned learning outcomes have been met. All delegated attending classroom based training complete a course reaction questionnaire to provide immediate feedback.

Line Managers are required to discuss with delegates how recently completed learning has translated itself in to practice.

Certain Learning and Development programmes will have a bespoke evaluation to assess the effectiveness of the overall programme in meeting both individual and organisational needs.

6.4.15 New Legislation Review

Responsibilities for New Legislation/Case Law/Social Care Trends are delegated to SMT/BMT members and documented in **Form 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 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 Quality 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.

6.4.16 Staff Meetings

These meetings provide a forum for issues and developments to be raised throughout the year and to cascade the quarterly Team Briefings to staff. They also provide an opportunity for staff to feed comments back to the EMT/SMT. Recommendations & requirements for services are recorded on the service **Form 417 - Quality Monitoring Report**.

6.4.17 Supervision & Appraisals

Effective performance of all members of staff at every level in the organisation is vital to the success of Outlook Care. It is the Line Manger's responsibility to ensure that staff have an annual performance appraisal meeting supplemented by regular 1:1 supervision meetings. OCB workers who average more than 15 hours per week and have been engaged for over a year should receive an annual appraisal (this figure is set for guidance only and Line Managers may also appraise other regular OCB workers depending upon individual and service need).

The following documentation is available for this process:

- **Form 282 Performance Appraisal - Probationary Period**
- **Form 58 Annual Performance Appraisal**
- **OC28 OCB Appraisal**
- **Form 400 Annual Appraisal Form for OCB Worker**
- **OC68 Supervision**

6.5 ACT – correct and improve our plans

6.5.1 People's Voice

The People's Voice is a committee to ensure that the people we support are able to participate in the organisation in a real and meaningful way which influences the way the organisation is managed and the services we provide. The People's Voice membership includes both Outlook Care staff and the people we support and the Chair is an individual who uses our services, supported by the Director of Business Development. Meetings are held through social events.

This is documented in **OC98 Customer Involvement Policy**.

6.5.2 Quarterly Management Review

The Quarterly Management Review (QMR) membership includes SMT and Director of Operations and is chaired by the Head of IT & BP. The key objective of the meeting is to ensure our quality assurance system (CIP) delivers efficient and effective outcome focussed services as determined by the people who use our services via our internal customers.

This meeting reviews the findings from all the activities that are carried out within the organisation as part of the **checking** stage of the Plan-Do-Check-Act cycle and makes recommendations for improvements to the service provided and reports directly to the Audit & Risk sub-committee.

Terms of Reference of QMR

- Reviewing and evaluating our operational activities to ensure we achieve positive outcomes for the people we provide a service to in line with our contracts and compliance with legislation
- Ensuring relevant current and new legislative guidance informs our quality system.
- Monitoring internal and external audit and inspection outcomes to ensure requirements are met.
- Developing a culture of continuous improvement, that informs long-term target setting.
- Developing a culture of identifying and reducing our environmental impact to reduce Outlook Care's carbon footprint.
- Monitoring organisational performance against KPI data, exception reporting, management accounts and organisation objectives across all organisational activities.
- Identifying trends and making recommendations for continuous improvement.
- Monitoring of Social Care Environmental Trends to inform planning.

- Ensuring systems and processes are efficient, cost-effective, well maintained, reviewed and improved where necessary and ensuring that the environmental impact is as low as possible.
- Review of Summary sheet of all services **Form 417 - Quality Monitoring Reports**. Area Managers are responsible for identifying services at QMR with significant concerns so appropriate action can be agreed.

6.5.3 Audit & Risk

One of the roles of the Audit and Risk Committee is to monitor our Quality Management System, the Continuous Improvement Programme (CIP), Health and Safety, and environmental management arrangements to ensure we are compliant with all relevant legislation and to oversee the arrangements for Safeguarding Adults and Children at Risk.

Audit & Risk is responsible for ensuring that any issues or weaknesses identified by the Quarterly Management Review are addressed effectively and reports to the Board of Management.

The full remit of the Audit and Risk committee is documented in **OC79 Governance Policy**.

6.5.4 Board of Management

The purpose of the Board is to direct the affairs of Outlook Care, set the long-term vision and protect the reputation and values of the organisation. All Board Members share responsibility for the decisions of the Board. Each Member should act only in the interests of Outlook Care and not on behalf of any constituency, group or company.

This is documented in **OC79 Governance Policy. Form 383 The Board of Management Cycle** visually shows the Outlook Care meetings' reporting structure. The annually reviewed **Form 458 Organisational Risk Map** is used to identify and assess the level of risk. All papers submitted to the Board for information or decision will include a Customer Impact Statement to assess the impact of the paper on the people we support.

6.5.5 Trustee Annual Report and Accounts

An Annual General Meeting of the Shareholders of Outlook Care is held each year to approve the appointment/re-appointment of Board Members. Members will also approve the Trustee's Annual Report and Accounts and appoint the Organisation's External Auditor.

The Trustee's Annual Report is a comprehensive summary of the organisation and the work that has taken place during the year and includes details of the outcomes and outputs achieved.

6.5.6 CIP Controlled Document Review

CIP Controlled Documents are reviewed every 3 years or when changes are required following legislative changes or as identified as part of the checking stage of the Plan-Do-Check-Act cycle.

The Quality Officer is responsible for reporting to QMR documents that are required for review and monitoring the progress of Policies to be approved by the Board of Management as documented in **OC53 Corporate Policy Register**.

6.5.7 Staff Recognition Scheme

The Staff Recognition Scheme recognises and rewards exceptional staff effort, or a team's contribution or performance. The aim of this scheme is to recognise, acknowledge and publicise the often exceptional levels of performance and service provided within Outlook Care. It applies to all Outlook Care staff and OCB workers.

This is documented in **S23 Staff Recognition Scheme**.

7 Appendix 1: Equality Impact Assessment Tool

To be used for all Policies requiring Board approval and Board papers for approval relating to people (See OC53 Corporate Policies Review) The completed tool should be appended to the document/saved on file.

Document being impact assessed: OC105 Quality

Assessor (Author): Katie Lay

Date: January 2013

Purpose 1: check that no group of people (i.e. People we support, staff, Board, volunteers) is disadvantaged/more or less favourably affected than the other by any condition or requirement which cannot be shown to be justified on the basis of:

What?	Checked - no impact	If you believe there is an impact, is this valid, legal and/or justifiable? State why.	If it isn't valid, legal and/or justifiable, what action could be taken to reduce adverse effects and promote or enhance positive effects? (write on reverse if you need more space)	Confirm relevant actions included in decision making process
Age	√			
Disability – learning, physical, sensory impairment, mental health problems	√			
Race	√			
Nationality	√			
Ethnic origin – including gypsies and travellers	√			
Gender – including gender reassignment	√			

What?	Checked - no impact	If you believe there is an impact, is this valid, legal and/or justifiable? State why.	If it isn't valid, legal and/or justifiable, what action could be taken to reduce adverse effects and promote or enhance positive effects? (write on reverse if you need more space)	Confirm relevant actions included in decision making process
Religion	√			
Beliefs	√			
Sexual orientation – including lesbian, gay and bisexual people	√			
Domestic circumstances	√			
Social and employment status	√			
Marital/partnership status	√			
HIV	√			
Political affiliation	√			
Trades Union memberships	√			

Purpose 2: Are there opportunities within the document to:

	Yes/No	If yes, how?
Eliminate discrimination?	Yes	
Promote equality of opportunity?	Yes	We want to listen to the views of all our stakeholders in ensuring the quality of our services

Promote good relations between people of different groups?	Yes	We want to listen to the views of all our stakeholders in ensuring the quality of our services and involve all in the process of assessing quality
--	-----	--

Purpose 3: Is the impact of the document likely to be negative i.e. is there risk of:

	Yes/No	If yes, how can this be minimised?
Discrimination?	No	
Reducing equality of opportunity for some groups?	No	
Harming relations between different people of different groups?	No	
Describe where you could Incorporate equality monitoring into day to day management		