



Quality Assurance Framework

Person Responsible	Operations Manager
Author	Denise McGregor
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DOCUMENT HISTORY

Date	Author/Editor	Summary of Changes	Version No.
27.07.2018	Adele Houston	Review of 1 st version of policy	1
11.01.2019	Robert Krawczyk	Creation of 2 nd version of policy	2
10.01. 2022	Denise McGregor	Reviewed	3

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CONSULTATION AND RATIFICATION SCHEDULE

Name of Consultative Body	Date of Approval
Senior Management Team	27.07.2018
Senior Management Team	11.01.2019
Senior Management Team	10.02.2022

CROSS REFERENCE TO OTHER POLICIES/STRATAGIES

This policy should be read in conjunction with:
Care planning Policy
Data Protection Policy

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1. Introduction and Purpose

Primecare Health Ltd. is committed to achieving the National Care standards where all clients feel safe and happy, where everyone enjoys a good quality of life, and where everyone can achieve their outcomes.”

In order to ensure that Individuals of Primecare Health Ltd receive a high-quality service, robust quality assurance arrangements are in place to evidence that this is the case, and to identify any areas where improvements need to be made.

This document will articulate:

- the quality assurance cycle, and range of quality assurance activities undertaken.
- the role that elected members and senior staff members will play in relation to the quality assurance of Care Services; and
- the governance arrangements for quality assurance reporting.

The quality assurance activities outlined in this document are in addition to routine performance monitoring undertaken through processes such as supervisions, 1 2 1's, staff appraisals, Management Team meetings. Management Team will be responsible for:

- complaints & concerns
- Outstanding Appraisals
- Outstanding Probation Reviews
- Care plans reviews.
- Quality Assurance visits
- Working Group Activity
- Individual feedback
- Training & development

Supervision and Appraisals are undertaken in line with our company policy.

2. Application of the Quality Assurance Framework

The services that come under the umbrella of this Framework are direct delivery services to Primecare clients.

The quality assurance requirements set out in this document apply to services provided directly by Primecare Health Ltd.

Quality Assurance Activity - Our Expectation of Services

4. Service Delivery

Primecare Health are committed to deliver services in accordance with the Health and Social Care Standards and deliver the best possible care to achieve Individual outcomes and as such has set out the following to support achievement of its goals.

- Are person centred. Where there is a conflict of interest, decisions should be made in the Individual's best interests.
- are rooted in promoting independence for Individuals.
- are focused on action and outcomes for Individuals.
- are holistic in approach, addressing the Individual's needs within their family and wider community.
- ensure equality of opportunity.
- involve Individuals and families.
- build on strengths as well as identifying difficulties.
- are integrated in approach.
- are a continuing process not an event.
- lead to action, including the provision and review of services; and are transparent and open to challenge.

4.1 Feedback from Individuals

The service will ensure arrangements are in place to seek feedback from Individuals and their families, analyse the information gathered, and use it to inform service planning and development. Where there are opportunities to actively involve Individuals and families in service development, these should be promoted.

4.2 Complaints and Compliments

A complaints & Compliments analysis will be provided at every monthly management meeting and shared with:

- Direct Line Management Team

4.3 Feedback from staff

Each rota area has arrangements in place to promote a two-way dialogue between frontline staff and managers/Office staff. The purpose of this is for staff to be able raise issues, identify solutions, and contribute to service development. Examples of such arrangements could include support group meetings, supervisions, probation reviews, and staff appraisals.

4.4 file auditing.

The service has arrangements in place for managers/elected staff to audit Individuals files, using an audit tool appropriate to the service being delivered. Auditing will take place on a quarterly basis. Audit tools will incorporate the following areas:

- quality of assessment (as outlined in the introduction to this document)
- identification of risk
- quality of planning and review
- quality of intervention
- evidence of the Individuals views being heard and acted upon
- evidence of diversity needs being considered and addressed.
- effectiveness of Care Services
- evidence of management oversight
- evidence of impact/improved outcomes

Audits will be recorded in both paper format and where possible also recorded electronically for ease of reporting.

4.5 Practice Observations

Direct observations of the practice of frontline staff by first line managers/ Training Officers are key to ensuring that Individuals and families are receiving a quality service that addresses the needs of the Individual. Each frontline Staff member is observed four times a year, and supervision will be the means of ensuring that good practice is commended and areas for improvement identified and addressed.

5. Quality Assurance Responsibilities

In order to ensure that there is sufficient scrutiny of service delivery provision, **Operations Manager/Registered Manager/ Management Team**

Task	Purpose	Frequency
Individual forums	To give Individuals and their families the opportunity to express their views and influence change where required	Twice yearly
Individual Questionnaire feedback	To gauge the quality of the service and identify issues, and feed into the plan for continuous improvement	Annually
Service Audit	To evaluate the accuracy and quality of care planning documentation	Quarterly

5.1 Observations– Front line Managers

Task	Purpose	Frequency
Moving & Handling	To ensure safe practice	Annually
Personal Care	Checking Individual is clean and skin integrity is not compromised	Quarterly
Medication	To observe administration of meds and confirm safe practice, Mar chart completion	Quarterly
Attitude to work	To ensure good rapport with Individual	Quarterly
General Competence	To ensure Individuals outcomes are being met	Quarterly
Hygiene practices/infection control	To ensure safe practice and use of correct PPE	Quarterly
Understanding Dementia	To ensure staff knowledge/ understanding and skills reflect safe practice	Annually

5.2 Spot Checks- Training officers

Task	Purpose	Frequency
Conversation with Individual	To ascertain the Health & Wellbeing and outcomes are being met.	Quarterly
Checking cleanliness/general condition of client home	To provide a safe and clean environment	Quarterly
Preferred time met	Check arrival time is as agreed.	Quarterly
	In line with needs	Quarterly

Duration of visit	assessed & outcomes are meeting Individuals requirements	
Competence of care staff	General check	Quarterly

5.3 Managers

Task	Purpose	Frequency
Complete telephone checks	Review the quality-of-service delivery	Twice yearly
Care plan reviews.	To ensure Individuals details are up to date and relevant	Twice yearly
QA visits	Review	Twice yearly
Risk assessments	Assessment of risk to deliver POC	Twice yearly