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| **DOCUMENT TITLE:** | **Quality Assurance Policy** |
| **CATEGORY:** | Governance and Quality |
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| **RELATED DOCUMENTS:** | Governance and Quality Frameworks |

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| **OUR PRINCIPLES:** | With passion and excellence, Delphi makes a  difference to people’s lives by providing innovative and specialist addiction services that lead the way from dependence to freedom. |
| **OUR VALUES:** | We all commit to and care about: going one step further with our clients; our wellbeing as individuals and as teams; and improving and strengthening ourselves and our organisation. |

Introduction

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| **Our Approach** | By adopting Care Quality Commission Standards as our core model of quality assurance we can be assured that we are providing our clients with high quality, safe services, which respects their dignity and protects their rights.    Utilising the quality frameworks that sit alongside this policy document, we continuously review our services against the following 5 key questions:   1. Are we delivering safe services? 2. Are our services effective? 3. Do we deliver caring services? 4. Are we responsive to people’s needs? 5. Are we well led?     This approach provides one of the mechanisms we use to govern our services, be assured of our service provision, and to strive for excellence and continuous improvement.    All Acorn staff are committed to delivering improved outcomes and experiences for the people who use our services. |

Responsibilities

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| **All Staff** | All staff are expected to be aware of the standards relevant to their area of work, and to embed these standards within their daily practice.    All staff have a responsibility for ensuring that the principles outlined within this document are universally applied. |
| **Registered Managers (RM)** | The RM is responsible for monitoring compliance against the requirements of the Framework,  ensuring that the requirements are met and that improvements are continuous. |

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|  | Where there are gaps in compliance that cannot be resolved these should be escalated to the Senior Leadership Team (SLT) via the Nominated Individual.    An assessment of CQC compliance must be included within the monthly reports to the monthly Managers Meeting.    The RM/Service Manager must coordinate the collection of evidence on an ongoing basis to allow Acorn to assess its compliance with the Essential standards and to provide assurance to the Board that the regulations are being adhered to.  All evidence related to the CQC Framework is to be saved for each question on the S Drive.  Good evidence demonstrates that people who use services:   * Have good outcomes and experiences, meaning that their care is effective and that they are safe. * Are involved in their care and that their views are listened to and acted on   This evidence will demonstrate the outcomes of people who use services rather than only looking at policies and procedures. It should:   * Come directly from people who use services and those acting on their behalf. * Relate to the experiences of individual people who use the service.   Some examples of sources and types of evidence could include:   * Surveys of people who use services, their carers and families. * Complaints and feedback from people who use services. * Feedback from local representative, community and voluntary groups * Feedback from the public and the NHS |

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|  | Foundation Trust Membership   * Staff surveys and feedback * Quality monitoring including reviews of services, learning from complaints, audits and comparative information * Risk assessments * Individual care planning and records * Staff skills and competence * Reporting and learning from incidents * Action plans and monitoring improvements.   All evidence must be current (within the last 12 months or document still current and in date) and accurate. |
| **Nominated Individuals (NI)** | The NI is the main point of contact between Acorn and the CQC.    They ensure that the company is registered with the CQC for the appropriate regulated activities (in accordance with ‘the scope of registration’).    They oversee tasks of the Registered Managers (and Service Managers), ensuring they have a work plan or reporting cycle which reflects their responsibilities regarding CQC compliance.    They oversee the evidence and data in place for external visits and action plans and sign off any data sharing as appropriate. Included in this is assessing the quality of evidence provided by RM’s/Service Managers, and ultimate oversight of compliance activity.    They act as a source of expertise for all staff on CQC requirements. |

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|  | In conjunction with the Corporate Services team, they are responsible for notifying the CQC in writing about certain important events that affect people who use the services they provide. These include:     * Changes to the statement of purpose (responsibility of the Nominated Individual) * Certain changes to and other events concerning the service (responsibility of the Nominated Individual) * Certain deaths of people who use the service. * Deaths and unauthorised absences of people detained or liable to be detained under the Mental Health Act 1983 * Certain serious injuries * Applications to deprive a person of their liberty under the Mental Capacity Act 2005 * Allegations of abuse * Events that prevent or threaten to prevent the registered person from carrying on the service to the essential standards of quality and safety * Police being called to the environment. |
| **SLT (Responsible Group)** | Any gaps in compliance will be reviewed by the SLT, who will provide the necessary support and advice (reporting through to the Care Governance Group and Board where appropriate)    The Responsible Group will monitor the completion of action plans developed by the relevant Delivery Groups to address any areas of non-compliance and providing further support if required to implement any actions. |