(NAME OF HOME)

QUALITY POLICY STATEMENT QP-70

Title: PUTTING CARE GOVERNANCE INTO PRACTICE *(KLOE)*

1.0 INTRODUCTION

1.1 What do we mean by care governance? The essential goal of social care is to ensure that people receive good quality and safe services that deliver the outcomes they want. Care Governance provides a framework through which this can be assured and the delivery of good quality care supported.

1.2 Care Governance has been defined as 'a framework within which personal social services are accountable for continuously improving the quality of their services and taking corporate responsibility for performance and for providing the highest standard of social care' (Best Practice, Best Care 2002).

1.3 Social care governance is a framework for making sure that social care services provide excellent ethical standards of service and continue to improve them. Our values, behaviours, decisions and processes should be open to scrutiny as we develop safe and effective evidence-based practice. Good governance means that we recognise our accountability, we act on lessons learned and we are honest and open in seeking the best possible outcomes and results for people. (SCIE 2011).

1.4 The Health and Social care Act 2008 (Regulated Activities) (Amendment) Regulations 2015: Regulation 17 requires providers to have in place: effective governance, including assurance and auditing systems or processes.

1.5 These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. We must continually evaluate and seek to improve their governance and auditing practice.

1.6 In addition, providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity.

1.7 As part of their governance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

2.0 POLICY

2.1 To strive to continually improve the quality of our service through recognising our accountability for our values, behaviours, decisions and processes and the services we

provide, that are open to scrutiny through monitoring, auditing and learning from those who use our services.

3.0 CARE GOVERNANCE CORE VALUES

3.1 The core values of care governance are:

- Continuous improvement of services, care and support.
- The service user experience is the central focus in decision making, meeting their needs and aspirations and keeping them informed.
- Commitment to quality, which makes certain that all staff are up to date in their practice, are expertly supervised and develop an environment where learning and tackling discrimination is built into everyday practice.
- Commitment to equality and diversity.
- Openness to share and report mistakes, errors and adverse effects of intervention as well as a commitment to learn from them.

4.0 COMPONENTS OF CARE GOVERNANCE

4.1 Components of Care Governance Care governance covers all aspects of services that have a direct or indirect impact on the delivery of care and support to Service Users. The following components are interrelated and form a framework for Care Governance:

- Service User experience.
- Service User/carer and partnership involvement.
- Risk management / Health and Safety.
- Quality Assurance and audit.
- Staffing, staff management and HR policies and procedures.
- Safeguarding policy and procedures.
- Equality and diversity.
- Education, Training and continuous professional and practice development.
- The use of information to support the delivery of service including evidence based practice and learning from complaints, compliments and adverse incidents.

5.0 CULTURE

5.1 We will create an organisational culture that promotes human rights and social justice, that:

- Recognises the contribution of staff through the application of best practice including learning and development.
- Is transparent and open to innovation, continuous learning and improvement.
- Recognises the valuable contribution of those who use the service who will be encouraged and enabled to contribute to the monitoring and improvement of the safety and quality of care.
- Underpins the work of all staff and based on openness and honesty in seeking the best possible outcomes and results for people who use our service.
- Ensures that staff are accountable for standards of care.

(NAME OF HOME)

QUALITY POLICY STATEMENT QP-70

6.0 QUALITY MANAGEMENT

6.1 We will ensure that we have in place an up to date quality management system (policies and procedures) that complies with the requirements of the Health and Social care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, the Care Quality Commission Fundamental Standards and Key Lines of Enquiry.

6.2 All staff will follow our policies and procedures to ensure quality and consistency in the delivery of care to Service Users.

6.3 We will ensure that transparency and candour are demonstrated in our policy, procedure and practice.

7.0 HEALTH, SAFETY AND WELFARE OF PEOPLE

7.1 We will have in place and follow health and safety, risk management and safeguarding policies and procedures to support and protect our Service Users.

7.2 We will support staff when they raise concerns in relation to practice that endangers the safety of Service Users and other wrong doing in line with our whistleblowing and regulatory requirements.

8.0 SERVICE USERS EXPERIENCE

8.1 Our service adopts a person centred approach to the delivery of the service. This involves the assessment of the Service User's needs, their choice, aspirations and preferences.

8.2 The service provided will be subject to planned review to ensure that the Service Users expectations have been met.

8.3 The service will respond to the changing needs of Service Users and where necessary reassess and produce a new person centred care plan.

8.4 The auditing of our services will include learning from the experiences of people who use the service.

9.0 SEEKING THE VIEWS OF SERVICE USERS

9.1 We will carry out surveys to evaluate the level of our Service Users satisfaction with the services we provide.

9.2 We will support Service Users to make complaints when they are dissatisfied with the service and seek resolution of complaints to Service Users Satisfaction.

9.3 We will consult with Service Users and seek their contribution to the development and operation of the service.

10.0 CONTINUAL IMPROVEMENT

10.1 We will demonstrate through improvements to our service that we have acted upon the lessons learnt, including mistakes in the delivery of our service and complaints.

10.2 Following inspection, we will ensure that any shortfall in our service is addressed promptly.

10.3 Inspection Reports on our service will be made available to Service Users.

10.4 Information will be made available to Service Users and the Regulatory Authority on how we have acted upon responses to satisfaction surveys and suggestions for improvement.

11.0 STAFF TRAINING AND DEVELOPMENT

11.1 There will be in place a staff training and development plan that will equip our staff to meet the needs of Service Users, deliver agreed outcomes, and provide a quality service.

12.0 STAFF SUPERVISION AND APPRAISAL

12.1 All staff will receive scheduled supervision and appraisal.

13.0 RECORDS

13.1 The service will maintain securely an accurate, complete and contemporaneous record in respect of each service user including a record of the care and treatment provided to the Service User and of decisions taken in relation to the care and treatment provided.

13.2 We are required to keep records that are fit for purpose defined as:

- Complete, legible, indelible, accurate and up to date, with no undue delays in adding and filing information, as far as is reasonable. This includes results of diagnostic tests, correspondence and changes to care plans following medical advice.
- An accurate record of all decisions taken in relation to care and treatment and make reference to discussions with people who use the service, their carers and those lawfully acting on their behalf. This includes consent records and advance decisions to refuse treatment. Consent records include when consent changes, why the person changed consent and alternatives offered.
- The records must be accessible to authorised people as necessary in order to deliver Service Users care and treatment in a way that meets their needs and keeps them safe. This applies both internally and externally to other organisations.

- Records must be created, amended, stored and destroyed in line with current legislation and nationally recognised guidance.
- Kept secure at all times and only accessed, amended, or securely destroyed by authorised people.
- Both paper and electronic records can be held securely providing they meet the requirements of the Data Protection Act 2018.
- Decisions made on behalf of a person who lacks capacity must be recorded and provide evidence that these have been taken in line with the requirements of the Mental Capacity Act 2005 or, where relevant, the Mental Health Act 1983, and their associated Codes of Practice.
- Information in all formats must be managed in line with current legislation and guidance.
- There must be systems and processes in place that support the confidentiality of people using the service and not contravene the Data Protection Act 2018

14.0 ASSESSING, MONITORING AND AUDITING

14.1 We will carry out scheduled audits of our quality management system (policies and procedures) to ensure they are fit for purpose.

14.2 The audit will include the components of care governance included in this policy.

14.3 We will assess and monitor our service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended), as required by the care quality Commission.

14.4 Overall responsibility for scrutiny of the system will rest at board level or equivalent where appropriate.

15.0 REPORTING TO THE CARE QUALITY COMMISSION

15.1 When requested, our service will provide a written report to CQC setting out how we assess, monitor, and where required, improve the quality and safety of their services.

(NAME OF HOME)

QUALITY POLICY STATEMENT QP-70

Acknowledgements and references

(Best Practice, Best Care 2002).
(SCIE 2011).

Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - **Well Led - W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?**

Prompt	Compliance Evidence
W2.3 Does the registered manager understand their responsibilities, and are they supported by the board/trustees, the provider and other managers to deliver what is required?	Para 1.2 and 14.4 of the policy addresses the prompt.
W2.4 Are all relevant legal requirements understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications and other required information? Do managers understand recommendations made by CQC, keep up-to-date with all relevant changes, and communicate them effectively to staff?	This policy addresses the prompt.
W2.5 How does the service make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported? Do staff know and understand what is expected of them?	Para 1.0, 2.1 and 5.1 of the policy addresses the prompt.

Prompt	Compliance Evidence
W2.6 Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance?	Para 1.5 and Section 6.0 of the policy addresses the prompt.
W2.7 How does the service make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality?	Section 1.0 and Para 1.5 of the policy addresses the prompt.

Key lines of Enquiry 2018 – **Well-Led – W3: How are the people who use the service, the public and staff engaged and involved?**

Prompt	Compliance Evidence
W3.1 How are staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice?	Para 5.1 of the policy addresses the prompt.
W3.4 How does the service enable and encourage accessible open communication with all people who use the service, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics?	Section 7.0 of this policy addresses the prompt. Refer to QP-34 Communicating with Service Users
W3.5 How are people's views and experiences gathered and acted on to shape and improve the services and culture?	This policy addresses the prompt Refer to CI-08

Key Lines of Enquiry 2018 – **Well-Led – W4: How does the service continuously learn, improve, innovate and ensure sustainability?**

Prompt	Compliance Evidence
W4.2 How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance?	This policy addresses the prompt. Refer to CI-03 Management Review of the Quality System.
W4.3 How is success and innovation recognised, encouraged and implemented?	Section 5.0 of the policy addresses the prompt.

Managers will need to demonstrate to CQC that they are complying with the regulation and Fundamental Standard by following the procedure or policy that provides the evidence.