Quality Assurance and Improvement Procedure

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1 Procedure statement

1.1. This procedure outlines the approach to ensuring continuous improvement and maintaining high standards of care within our services. It supports the delivery of the Care Inspectorate's Key Questions 1 (How well do we support people's wellbeing?), 2 (How good is our leadership?) & 5 (How well is our care planned?) which all require evidence of effective quality assurance and continuous improvement processes

2. Purpose

2.1. The purpose of this procedure is to define 'quality' through best practices and set out how we intend to achieve continuous improvement across our service delivery, ensuring safe and effective care outcomes. Continuous improvement must also align with the Health and Social Care Standards and the Care Inspectorate Quality Framework to ensure services meet regulatory expectations

3. Scope

3.1. This procedure applies to all staff, service users, and stakeholders involved in the safe delivery of care. This procedure also applies to contractors, agency workers, and any external professionals contributing to service delivery

4. Context

4.1. We are committed to maintaining and adhering to quality through established policies, procedures, and management systems.

4.2. Our Quality Assurance Framework ensures that quality and improvement are embedded into daily practice, defining specific, measurable, achievable, and time-sensitive outcomes. It requires documented evidence of audits, outcomes, and improvement actions, ensuring traceability and accountability

5. Definitions

5.1. **Quality Assurance**: The process of verifying or determining whether services meet or exceed service user expectations.

5.2. **Quality Assurance Framework**: A framework outlining how the organization will evaluate, manage, and improve the quality of the services it provides.

5.3. **Continuous Improvement**: An ongoing cycle of evaluating performance, implementing changes, reviewing impact, and sustaining progress to improve outcomes for people using services

6. Mandatory procedures

6.1. Staff will have personal development plans, supervision, and appraisals to ensure they possess the relevant skills, knowledge, and expertise. Learning and development activities will follow the SSSC Codes of Practice, ensuring staff maintain skills and competence

6.2. We will ensure regular communication channels are in place to minimise internal and external communication barriers. Communication practices will always uphold principles of openness and honesty in line with Duty of Candour requirements

6.3. Regular audits, spot checks, and observed practices will be conducted to build good practice and enable staff growth. Audits must be completed at agreed frequencies based on risk assessment and service type, with findings recorded and actions tracked to completion. Any learning from these will be incorporated into service improvement plans to ensure continuous learning and improvement.

6.4. All managers will create an environment where sharing experiences through reflection, team meetings, and questionnaires is encouraged. They will promote a culture that is open, honest, transparent and welcomes feedback and reporting of concerns.

6.5. All service users will have a person-centred plan that meets their needs, expectations, and wishes and will align with the Health and Social Care Standards: 'My support, my life'. They will be reviewed regularly to ensure they remain life and based around the individual.

2 Practice guidance

6.6. All staff will ensure that:

- all support given is person-centred through demonstrating within their practice, the four principles of good person-centred care: personalised, coordinated, enabling, and treated with dignity and compassion.
- they empower individuals to achieve their desired outcomes in line with the Health & Social Care Standards through the creation and delivery of outcome focussed support plans.
- any information they provide, is accessible and in a format that enables service users to make informed choices.
- they take an assets-based approach to build on individuals' existing capabilities and

support networks.

- actively listen, recognise and act on what matters to those who use our services.
- they regularly evaluate and improve the way in which they work and deliver services to ensure best practice and delivery of high quality services.
- they take a positive approach to managing risks in a way that promotes choice while ensuring safety for all.

Complaints handling

6.7. We are committed to addressing and resolving complaints in a timely and effective manner. Our complaints handling procedure includes:

- **Reporting Complaints**: Service users, their families, and staff can report complaints through various channels, including in person, by phone, email, or through our website.
- **Acknowledgment**: All complaints will be acknowledged within 3 working days of receipt.
- **Investigation**: A thorough investigation will be conducted to understand the nature of the complaint and identify any areas for improvement.
- **Resolution**: We aim to resolve complaints within 20 working days. If more time is needed, we will keep the complainant informed of the progress.
- **Feedback**: Complainants will be informed of the outcome of their complaint and any actions taken to address the issues raised.
- **Learning and Improvement**: Complaints will be reviewed regularly to identify trends and areas for improvement, ensuring that lessons learned are integrated into our quality assurance processes.

Staff Training

6.8. We are dedicated to ensuring that all staff receive comprehensive training to maintain high standards of care. Training effectiveness will be evaluated through supervision, observed practice, and feedback loops to ensure learning is applied in practice. Our staff training procedure includes:

- Conducting regular training needs analysis to identify gaps and areas for development.
- Maintaining a training matrix to track completed training and identify upcoming training requirements.
- Providing thorough induction training for all new staff to ensure they understand our policies, procedures, and values.
- Offering continuous professional development opportunities, including mandatory training and optional courses to enhance skills and knowledge.
- Incorporating training discussions into regular supervision and appraisal sessions to ensure ongoing development and address any training needs.

- Encouraging reflective practice and learning from experiences to improve service delivery.
- Regularly evaluating the effectiveness of training programmes and making necessary adjustments to meet the evolving needs of staff and those accessing our services.

Staff supervision

6.9. Effective staff supervision is essential for maintaining high standards of care and supporting staff development. Our supervision process will follow SSSC reflective practice and supervision guidance to support continuous professional development and will include:

- Regular supervision sessions to provide staff with support, guidance, and feedback. These sessions are crucial for ensuring that staff feel supported and can discuss their development needs and any challenges they face.
- Developing individual CPL plans during supervision to address training needs and career aspirations.
- Using supervision sessions to review performance, set goals, and identify areas for improvement.
- Creating a supportive environment where staff feel comfortable discussing challenges and seeking advice.
- Encouraging reflective practice during supervision to help staff learn from their experiences and improve their practice.
- Keeping detailed records of supervision sessions to track progress and ensure accountability.

Service User Involvement

6.10. We are committed to involving service users in all aspects of their care and support. Feedback from service users will directly inform service improvement plans, with evidence of changes communicated through 'You Said, We Did' updates. Our approach to service user involvement includes:

- Ensuring service users are actively involved in the development and review of their person-centred support plans at all stages including reviews.
- Providing multiple channels for service users to give feedback, including surveys, suggestion boxes, and regular meetings.
- Encouraging service users to participate in decision-making processes that affect their care and the services they receive.
- Establishing service user groups where they can discuss their experiences and contribute to service development.
- Conducting regular reviews of service user involvement to ensure their contributions are valued and regularly acted upon.

Feedback Loops

6.11. Feedback loops are essential for continuous improvement and ensuring that the voices of service users and staff are heard and acted upon. Our approach includes:

- Conducting regular surveys to gather feedback from service users, their families, and staff and building the outcomes of these into our Service Improvement Plans.
- Holding feedback sessions and service user groups to discuss experiences and suggestions for improvement.
- Ensuring follow-up on feedback to inform participants of the actions taken and the outcomes achieved for example, through the use of 'You said, we did'.
- Continuously monitoring feedback to identify trends and areas for ongoing improvement.

7. Monitoring and Review

7.1. This procedure will be reviewed annually along with the service's Quality Assurance Framework and updated as necessary to reflect changes in regulations or best practice. It will also be reviewed following external inspection, significant incidents, or regulatory updates to ensure continued compliance

8. Source Information Used to Support Development of Procedure

- Scottish Social Services Council

  Source: https://lms.learn.sssc.uk.com/resources-category/organisational-development-trainers/
- Step into Leadership

  Source: https://learn.sssc.uk.com/leadership/index.php
- Care Inspectorate Guide

  Source: https://hub.careinspectorate.com/resources/quality-frameworks-and-kq7s/a-quality-framework-for-support-services-care-at-home-including-supported-living-models-of-support/
- SSSC Codes of Practice

  Source: https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice/
- Health & Social Care Standards
  https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/06/health-social-care-standards-support-life/documents/health-social-care-standards-support-life/health-social-care-standards-support-life/govscot%3Adocument/health-social-care-standards-support-life.pdf

Speaking your language - we are happy to translate our policies on request.

يمكن ترجمة سياساتنا عند الطلب.
إذا كنت بحاجة إلى مساعدة ، فيمكننا توفير مترجم

Nasze zasady mogą być przetłumaczone na żądanie.
Jeśli potrzebujesz pomocy, możemy zapewnić tłumacza

我们的政策可以应要求翻译。
如果您需要帮助，我们可以提供翻译

ہماری پالیسی کا درخواست پر ترجمہ کیا جاسکتا ہے۔
اگر آپ کو مدد کی ضرورت ہو تو ہم ایک ترجمان فراہم کرسکتے ہیں