CQC Outcome 16, Regulation 10 of the Health and Social Care Act 2008
(Regulated Activities) Regulations 2010
Assessing and monitoring the quality of service provision

Notes on use:
For most effective use of the document the user should personalise the text to suit their organisation. To do so, search the text for three asterisks ‘***’, as all fields marked ‘***’ are to be replaced accordingly with name of organisation/relevant individual/relevant group. ‘***’ may indicate fields that require personalisation, based on the characteristics of your organisation. ‘We’ refers to your organisation, unless stated otherwise. In addition we recommend the training statement found on the final page of this document is to be completed once the text has been read and fully understood.

This page can be discarded.

Disclaimer: The user is aware that in no event will Excelacare Ltd be liable for any loss or damage including without limitation, indirect or consequential loss or damage, or any loss or damage whatsoever arising from loss of data or profits arising out of, or in connection with, the use of products, materials or services (used in their original form or otherwise altered), purchased or otherwise acquired from Excelacare Ltd.
Assessing and monitoring the quality of service provision

Content summary
1. Introduction
2. Policy for assessing and monitoring the quality of service provision
3. Continuous quality improvement
4. Training statement
   Appendix 1: Proforma for assessment of service quality
   Appendix 2: Checklist for the development of inappropriate and abusive practice
   Appendix 3: Audit of care plan
   Appendix 4: Audit of risk assessments
   Appendix 5: Audit of medication

1. Introduction
This policy is cross-referenced to Outcome 16 of the Care Quality Commission’s Essential Standards of Quality and Safety, and to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) defines quality monitoring as ‘A continuous system of monitoring to ensure that the local quality measures are effective. Quality monitoring is part of quality assurance’.

***[organisation name]*** is committed to a continuous quality improvement system. This practice guidance sets out how the organisation assesses and monitors the quality of the services that our service users receive. We do this in order to ensure that there is a continuous improvement in the quality of every activity that service users experience.

The organisation is also committed to service user feedback on the quality of the services they receive, as outlined in outcome 1j.
The purpose of the internal quality assurance system is to ensure that the organisation is aware of the quality of the provision that they provide. The organisation’s quality assurance system is one means of dealing with concerns and complaints at an early stage that have the potential to become a safeguarding concern.

For further guidance staff are advised to read the following associated documentation and practice guidance that impact on this area of work:

- Complaints policy
- Notification protocols

2. Policy for assessing and monitoring the quality of service provision

The care staff within the organisation are responsible for the direct care provided to service users. The senior management team of the organisation are required to develop systems that will enable them to assess the quality of care being provided, and to ensure that all statutory and Care Quality Commission (CQC) requirements are being met.

Inspection staff from the CQC have a statutory role to monitor services within the organisation. However, regulatory visits from the CQC do not detract from the responsibility of those who manage the organisation to monitor the quality of services being provided.

The organisation assesses and monitors the quality and safety of the service using the following sources of information:

1) Feedback from service users or others acting on their behalf (e.g. advocates)
2) Direct Observations of practice
3) Audits of practice (e.g. care plans and risk assessments)
4) Analysis of adverse events, incidents, errors and near misses
5) Investigations into the misconduct of an employed person
6) Comments, complaints and suggestions
7) Feedback from relatives
8) Feedback from staff meetings and staff supervision

And so on...
3. Continuous quality improvement

The organisation is committed to continuous quality improvement for service users. The method employed to monitor the quality and safety of service must have the confidence of service users and staff.

The organisation will assess its own service quality and safety by making unannounced ‘visits’ on at least a bimonthly basis. The person carrying out this visit will be a senior representative of the organisation. The proforma outlined in appendix 1 of this policy will be used for these assessments, and by doing so, the sources of the evidence used to reach conclusions, are clearly identified.

And so on...
4. Training statement

All staff will be encouraged to read this policy, and will be provided with adequate training at all suitable stages of their employment at [organisation name].

I declare that I have read the text above and understand the document in its entirety, and the implications of my actions with respect to ‘assessing and monitoring the quality of service provision’.

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Print</td>
</tr>
</tbody>
</table>

Assessing and monitoring the quality of service provision
Appendix 1: Proforma for assessment of service quality
Content not included in sample

Appendix 2: Checklist for the development of inappropriate and abusive practice

<table>
<thead>
<tr>
<th>Date of assessment:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation name:</td>
<td></td>
</tr>
<tr>
<td>Staff member completing assessment:</td>
<td></td>
</tr>
</tbody>
</table>

There are a number of potential hazards/issues to note within a residential setting. The associated prompts are for senior staff to consider during outcome 16 assessments. The greater the number of issues identified, the higher the risk of inappropriate and potentially abusive practice developing.

The prompts will be used at least annually when undertaking quality assurance visits as outlined in outcome 16: ‘Assessing and monitoring the quality of service provision’.

The prompts are listed under 11 headings; a-k:

**a) Context**

1) Is there a history of safeguarding issues concerning this particular setting?
2) Has the setting been subject to any serious concern protocol from commissioning and safeguarding agencies?
3) Has the organisation been the subject of a high, low or average number of complaints (please select)?
4) From the complaints are there any common themes and generic issues that have become apparent about practice?
5) Is there any contract compliance or commissioning information that should be taken into account?
6) What is known about the previous Care Quality Commission (CQC) inspections at this setting?
7) What is the view of CQC and commissioning agencies with respect to the organisation?
8) Has the quality of service fluctuated over time e.g. from good to bad practice?
9) Has there been any police involvement at the setting?
10) Any other contextual information – for example from the pattern of accidents, incidents and other notifications?

b) Leadership
1) Is there a registered manager employed at the organisation?
2) Is there a deputy manager employed at the organisation?
3) How long has the present management team been in place?
4) Is there a staffing policy with associated management structure?
5) What role does the proprietor/senior staff play within the setting – e.g. occasional involvement, or involved on a daily basis?
6) Has there been a recent change in the leadership team?
7) Is there any evidence of dysfunctional staff groups/cliques having developed?
8) What role do senior staff from external bodies play in providing leadership?

And so on...

Appendix 3: Audit of care plan,
Appendix 4: Audit of risk assessments, and
Appendix 5: Audit of medication are not included in this sample