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## **QUALITY POLICY AND GOOD GOVERNANCE**

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### **Aim of the Policy**

This policy is intended to set out the values, principles and policies MOONSTONE CARE UK's approach to maintaining and improving quality and achieving high standards and also to meet Regulation 17, Good Governance, of the Health and Social Care Act 2008

( Regulated Activities) Regulations 2014.

### **Policy Statement**

We place a strong emphasis on providing the highest quality service possible for all of the people who use our service and work on the basis that no matter how good our present services, there is always room for improvement.

We believe that having the highest quality care is the absolute right of all of the people who use our service. The continuing aim of the organisation is to provide a professional and efficient service to meet all of the requirements of service users and the long term goal is to obtain the highest possible level of satisfaction from service users and relatives.

All service users of this agency should:

1. expect the highest quality care possible
2. Be given a say in the running of the organisation through routine evaluations of each care episode and a larger survey of service user opinion carried out on an annual basis. This survey is confidential but the results are published and distributed to all service users and purchasers. Comments and feedback are also sought from service users' relatives, carers, friends, advocates and other stakeholders
3. Be free to complain about any aspect of the running of the services provided and to have their complaints welcomed and acted upon promptly. To this end the agency operates a robust complaints procedure. (See our Complaints Policy and Procedures for details on how this works.)

### **Procedures**

Every member of staff of the agency from the top to the bottom is expected to demonstrate a total commitment to quality and quality improvement in every aspect of their working day.

In particular:

1. The owner and management team bear the responsibility for establishing, maintaining and implementing a quality management system for the agency. This system helps to set standards and to make changes to achieve the standards and the process is reviewed regularly
2. every employee is responsible for the quality of their work and is trained to perform their duties to our specified quality standards
3. contractors employed for specific functions are required to meet our specified standards

4. The organisation has an annual development plan for quality improvement drawn up as part of its business plan and which is based upon feedback from service users, staff and relatives. The plan is costed, focuses upon specific measurable standards and includes named staff as responsible for each aspect
5. The agency is consistently listening to service users and stakeholders and conducts annual user satisfaction and feedback surveys using a standardised questionnaire and follow up interviews with a random sample of service users, representatives and stakeholders. The findings are analysed and incorporated into the development plan
6. the agency's managers monitor closely the quality of staff work by regular supervision, which includes direct observation of people's care practice and occasional unannounced visits to service users' homes when staff are expected to be there
7. The agency has a timetable for regularly self assessing its activities against each of the C.Q.C's Fundamental standards, information from which informs its improvement and annual development plans.

### **Personnel**

The registered manager is responsible for quality in the agency and for preparing and distributing the annual questionnaires and collating the results.

### **Audit**

At least one quality audit is conducted is planned on an annual basis. All data collected during the audit are treated as confidential.

### **Training**

The owner and management team are committed to the idea that in order to provide a quality service, the organisation requires high quality staff that are suitably trained, supervised and supported. In particular we are committed to ensuring that:

1. all new staff read, understand and become committed to the policy on quality as part of their induction training
2. Each member of staff has a personal development plan in which their training needs are identified and a plan made as to how such needs will be met. (See the agency's policy on Development and Training.)

The agency's management undertake to ensure through instruction, practical example and training that quality is the aim of all members of staff and that each employee has a proper understanding of the importance of the quality system and its direct relevance to the success of the business.

### **Good Governance: How we are complying with regulation 17**

Through our Quality Policy and associated activities, we have established systems or processes which enable and ensure compliance with Good Governance, namely:

- (a) We assess, monitor and improve the quality and safety of the services provided in the 'carrying on' of our service delivery (including the quality of the experience of service users).
- (b) We assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from our service provision .( please refer to our policy manual in its entirety for specific polices such as Health and Safety, Accident reporting for example)
- (c) We maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to them and of decisions taken in relation to the care and treatment provided;
- (d) We maintain securely such other records as are necessary to be kept in relation to—
  - (i) Persons employed
  - (ii) The management of the regulated activity;
- (e) We seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving services;
- (f) We evaluate and improve practice in respect of the processing of the information referred to in paragraphs (a) to (e) above

The registered person will send to the Commission, when requested to do so, within 28 days beginning on the day after receipt of being asked:  
a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph a) and (b) above are being complied with and any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.