



# Quality Assurance (Care & Support) Procedure

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## Version Control

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# Quality Assurance (Care & Support) Procedure

## Contents

1.0 Introduction .....	3
1.1 Relevant policies and procedures .....	3
1.2 Regulatory framework .....	3
1.3 Care & Support quality assurance system .....	3
2.0 Service audit framework .....	3
2.1 Medication .....	3
2.2 Finance .....	4
2.3 Registered Operations Managers / Care & Support Managers .....	4
3.0 Local management spot-checks .....	5
4.0 Good Life service reviews .....	5
5.0 Service reviews .....	5
6.0 Staff supervision .....	<b>Error! Bookmark not defined.</b>
7.0 Implementation and review .....	6
7.1 Implementation .....	6
7.2 Review .....	7
Appendix 1 - weekly medication audit .....	see folder
Appendix 2 - weekly finance audit .....	see folder
Appendix 3 - CSM / ROM audit .....	see folder
Appendix 4 - service review .....	see folder

## 1.0 Introduction

ARK's overarching organisational quality assurance system is described in **G19 Quality Assurance**. This procedure, which should be read in conjunction with G19, provides more details regarding some specific quality assurance measures that are in place within Care and Support to assure and evidence that our services are delivered to the highest standards.

ARK monitors, measures and evaluates practice and service delivery using a number of quality assurance systems and tools to identify areas of strength and areas for improvement, ensuring that every individual service is provided within a framework of continual improvement.

### 1.1 Relevant Policies and Procedures

#### **G19 Quality Assurance**

### 1.2 Regulatory framework

- Codes of Practice for Social Services Workers and Employers (SSSC, 2016)
- Health and Social Care Standards (Scottish Government, 2017)

### 1.3 Care & Support quality assurance system

The key elements of ARK Care & Support quality assurance system include:

- Service audit framework
- Local management spot-checks
- Good Life support reviews
- Service reviews
- Staff supervision

## 2.0 Service audit framework

Care & Support Staff undertake weekly audits of our support to individuals in the following areas:

### 2.1 Medication

The Medication audit enables the review of the critical systems and processes in place around the receipt, administration, recording and returning of medication to ensure these are appropriate and effective.

Appendix 1 contains the template that Care & Support Staff use to direct the audit and to record their findings. The scope of the audit consists of a review of dispensing packages, MAR sheets, PRN medication and health appointments to ensure all records are present and accurate and that any discrepancies are escalated for action. Actions and timescales are recorded for all non-compliant areas and signed off by the Care & Support Manager / Registered Operations Manager when complete.

## 2.2 Finance

The **Finance** audit enables the review of the critical systems and processes in place around recording of supported person related financial transactions to ensure these are appropriate and effective.

Appendix 2 contains the template that Care & Support Staff use to direct the audit and to record their findings. The scope of the audit consists of a review of Financial Transaction Sheets, receipts, bank statements and cash tins to ensure all records are present and accurate and that any discrepancies are escalated for action. Actions and timescales are recorded for all non-compliant areas and signed off by the Care & Support Manager / Registered Operations Manager when complete.

## 2.3 Registered Operations Managers / Care & Support Managers

Care & Support Managers / Registered Operations Managers perform quarterly audits that enable the review of critical systems and processes within their service to ensure that these are appropriate and effective.

Appendix 3 contains the template used to direct the audit and record the findings. The scope of the audit includes:

- Verification that Good Life Assessments, Support Plans, Risk Assessments and Review processes and documentation are of the correct standard and that individuals/ carers/ family/ advocates have been involved as appropriate.
- Verification that any restrictive practice is of the least restrictive and has been agreed by multi agencies or legal guardians.
- Verification that any Guardianship Orders and/or other legal orders are in place where required.

Actions and timescales are recorded for all non-compliant areas and signed-off by the Area Manager when complete.

### 3.0 Local management spot-checks

Managers regularly check with individuals/families/guardians to ensure that they are satisfied with the service being delivered.

Managers will discuss and assess Risk Management and Good Life Support Documentation on an ongoing basis during support delivery, support reviews and at staff supervision.

Managers observe staff practice to ensure that services are delivered to individuals in line with ARK policies and procedures at all times; and where necessary followed up through our structured and ad hoc supervision systems

### 4.0 Good Life service reviews

Reviews of Good Life Support Documentation and Risk Assessments are carried out within first six weeks of starting support and then six monthly thereafter.

Where possible, reviews will be attended by all stakeholders important to the individual

The reviews focus on and measure progress towards outcomes that the individual has identified as being important to them, any specific issues that need to be addressed and any changes to support that may be required.

Each person being supported is provided with an opportunity to provide feedback regarding the quality of service provided by ARK. This ensures that overall service quality is monitored and any improvements required are identified and actioned.

### 5.0 Service reviews

Service Reviews are carried out by an Area Manager from another area to provide independent verification that services have appropriate quality systems in place.

Service Reviews will be carried out under the following circumstances:

- As per a pre-determined schedule maintained by the Care & Support Assistant Directors. These reviews are proactive peer reviews that are planned well in advance to support an area's continuous improvement efforts.
- As a result of any ARK service receiving a grade of less than 4 by the Care Inspectorate. These reviews will provide additional input by peers to help ensure that the service improvement plan is comprehensive and meets the required standards.

**Appendix 4** contains the template that is used to record findings from the Service Review. The scope of the review includes:

- The Care Inspectorate action plan created as a result of the inspection and progress made (if required)
- Good Life Planning tools
- Service Quality Audits
- Incidents and notifications
- Stakeholder engagement
- Staff engagement
- Staff development
- Service Management
- Health & Social Care Standards

Results of the review will be shared with the ARK Executive Team and Board and external stakeholders as required

Any additional actions required as a result of the review will be included in the local Service Improvement Plan or Care Inspectorate Action Plan

## 6.0 Staff supervision

Progress towards supported people's personal outcomes and specific practice/support issues are discussed during staff supervision.

Staff use supervision to work with their managers to identify good practice; address issues and focus on ensuring outcomes within the Good Life Support Documentation are met.

Templates and details relating to the ARK supervision process are contained in HR05 Performance Management

## 7.0 Implementation and Review

### 7.1 Implementation

Area Managers have overall responsibility for ensuring that these procedures are implemented, working through Care and Support Managers / Registered Operations Managers.

Care and Support Managers / Registered Operations Managers are responsible for ensuring that the procedures are implemented when required within their area of responsibility

All staff will follow the relevant parts of these procedures. Failure to do so may result in disciplinary action.

## 7.2 Review

Assistant Directors, Care & Support will ensure that this procedure is reviewed at least every 3 years, and that service management and staff are advised of any amendments.