



## QUALITY ASSURANCE MANAGEMENT POLICY

### Scope

- **Policy Statement**
- **The Policy**
- Quality Assurance
- Personnel
- Audits
- Continuous Improvement
- Communication
- **Related Policies**
- **Related Guidance**
- **Training Statement**



## **Policy Statement**

### Quality Assurance Policy Statement

Divine Touch Care Limited is committed to delivering high-quality, safe, effective, and person-centred supported living services for people with learning disabilities and autistic people. We place quality at the centre of everything we do and recognise that achieving excellence is an ongoing process requiring continuous review, learning, and improvement.

We work on the principle that, regardless of the current standard of our services, there is always opportunity to improve outcomes for the people we support. Our Quality Assurance arrangements are designed to ensure that services are safe, responsive, effective, caring, and well-led, in line with the expectations of the Care Quality Commission (CQC).

Divine Touch Care Limited has established a formal Quality Assurance and Quality Management System that provides a clear framework for:

- \* Monitoring the quality and safety of care and support
- \* Measuring performance against regulatory requirements, internal standards, and best practice
- \* Identifying risks, learning from incidents, complaints, audits, and feedback
- \* Driving continuous improvement and service development
- \* Ensuring accountability, transparency, and effective leadership



Quality assurance is integral to good governance and supports compliance with Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This policy should be read in conjunction with the organisation's Good Governance Policy, Safeguarding Policies, and Risk Management arrangements.

Through effective quality assurance systems, Divine Touch Care Limited ensures that Service Users are supported to live safely, with dignity, choice, and control, and that our services continually evolve to meet their needs, aspirations, and rights.

### **Quality Assurance**

We have the following system and procedures in place to support us in our aim of service user satisfaction and continual improvement throughout our organisation.

- Regular gathering and monitoring of service user, family, or relevant person's feedback.
- Quality Circles
- Co-production (giving power to Service Users)
- A complaints procedure.
- Selection and performance monitoring of suppliers against set criteria.
- Robust and value-based recruitment, selection, and retention process.
- Training development for employees including specific training in quality management principles
- Regular monitoring and observation of staff.
- Regular audit of internal processes.
- Measurable quality objectives which reflect an organisational aim.
- Management reviews and audit results, feedback, and complaints.



Our Quality Management Systems are based on the ISO principles of Plan, Do, Check, Act – more commonly known as the PDCA Cycles. This is the fundamental basis of Continuous Improvement:

**Plan** – Plan how you deliver the service (Business Plan, Policies, Compliance to regulations, system design)

**Do** – Deliver the service in accordance with your plan

**Check** – Check the service is operating in accordance with the plan (Audit, Reviews, Service User feedback)

**Act** – Take action where deficiencies are identified or where good practice can be shared

- The cycle then starts all over again until the issue is resolved = continuous improvement
- The Quality Management System will be:
- Co-produced
- Written down
- Communicated to all stakeholders
- Regularly reviewed and updated

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

Service users' views will be sought, collated and used to inform the services we provide. All service users should:



- Receive the highest quality care and support possible.
- Have a say in the running of the organisation through routine evaluations information is gathered and a larger survey of service user opinion carried out on an annual basis. Although confidential, the results of this survey 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.
- 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 organisation operates a robust complaints procedure.

All staff, including senior managers, are expected to demonstrate their commitment, understanding and adherence to delivering the highest standards of quality care services to all of our service users, in all aspects of their day-to-day roles, and to discharge their responsibilities accordingly. In particular:

- The owner and management team bear the responsibility for establishing, maintaining, and implementing a quality management system. This system helps to set standards and to make changes to achieve improved standards, the process is reviewed regularly.
- Every employee is responsible for the quality of their work and is trained to perform their duties to the required legal and organisational standards.
- Contractors employed for specific functions must meet specified standards.
- 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, focusing upon specific measurable standards and includes named staff as responsible for each aspect.



- The organisation listens constantly to its service users and stakeholders and conducts annual user satisfaction and feedback surveys via a standardised questionnaire and follow-up interviews with a random sample of its service users, representatives, and stakeholders. The findings are analysed and incorporated into its development plan.
- Co-production – Service Users wherever possible will be involved in the improvement planning process so that their views can be truly heard. This is the fundamental principle of Co-production and person-centred Care.
- Quality Circles are an important part of the Quality Management process and should involve all stakeholders as much as feasibly possible including Service users, informal carers, family and external stakeholders such as the social services contract monitoring team. This ensures that everyone involved either directly or indirectly has a say in how services are developed and improved over time.
- Managers closely monitor the quality of work by regular supervision, which includes direct observation of staff practice and unannounced visits to service users' homes when staff are expected to be there.
- The organisation has a timetable for regularly self-assessing its activities information from which informs its improvement and annual development plans.

## Personnel

The registered manager is responsible for ensuring quality within the company.

The **Register Manager** is responsible for preparing and distributing the annual questionnaires, and for collating the results.



However, all staff are responsible for complying and working in accordance with the company's Quality Management Systems. Staff will be trained during induction about our Quality System and their responsibilities when carrying out their duties.

### **Audits**

At least one across the business quality audit is conducted annually. This audit will cover all the business operations and will include auditing the Quality Systems to ensure they are fit for purpose.

The data collected from these audits are reviewed by the Quality Lead and Board of Directors to identify trends or emerging themes.

The Quality Group will identify all areas of non-compliance and compile Quality Improvement Action Plans to resolve the issues. These action plans will be co-produced with service users where possible and will be agreed upon and discussed with all staff members to ensure there is a consistent management approach. Action plans will be:

- Written Down
- Shared with all staff and service users
- Routinely reviewed
- Updated and revised for project slippage
- Signed off as complete
- Reviewed at 6 months to ensure changes are being applied

### **Customer Surveys/Feedback**

Gaining feedback from customers is essential for maintaining responsive services. Gaining feedback must be embedded in day-to-day practice but there must also be more formalised methods of gaining feedback from service users and the wider stakeholder group – such as family members and informal carers.



Customer feedback is available in accessible and digital formats to enable everyone to participate and be involved.

Methods include:

- Detailed 6 monthly Satisfaction Questionnaires. (Service users and Staff)
- Monthly analysis of complaints and compliments
- Monthly analysis of incidents (Safeguarding, Accidents etc.)
- Annual Stakeholder Questionnaires (Local Authority, GPs etc.)
- Client Forums
- Staff Meetings

Getting feedback has little merit unless the information is collated and analysed to identify trends or emerging themes. The Quality Lead is responsible for communicating any issues of non-compliance to the board so that robust action plans can be put in place to rectify them.

### **Thematic Internal Audits**

Our Quality Management System requires us to carry out regular internal audits of key activities and functions to ensure our service continually monitors its performance and where deficiencies are identified clear and robust action plans are implemented. This ensures that this organisation is a Learning Organisation that embraces the principles of Continuous Improvement.

Audits will include:

- Medication Management
- Information Governance
- Infection Control
- Adult Support and Protection





- Training and Workforce Development
- Equality and Diversity
- Health & Safety
- Regulatory Compliance
- Complaints & Compliments
- Adults with Incapacity procedures
- Internal Systems and Processes i.e. Staff Rotas or Scheduling Systems
- Premises and Maintenance Audit
- Recruitment and Selection.
- Health and Social Care Standards

The frequency of audits will depend upon the subject matter. For example, medication audits should be carried out monthly by the designated medication lead. The Quality lead will produce an audit schedule that details all the planned audits for the year and their frequency.

**Effective Auditing is a comprehensive subject matter in itself. Please refer to separate Audit Policy for more detailed information as listed in the Related Policies below**

### **Continuous Improvement**

Constantly monitoring and evaluating our service through audits and feedback from Residents and other stakeholders is a vital tool for continuous improvement. The data will be analysed for themes and trends so that improvement plans can be put in place to ensure our service users are safe and receive the highest quality service.

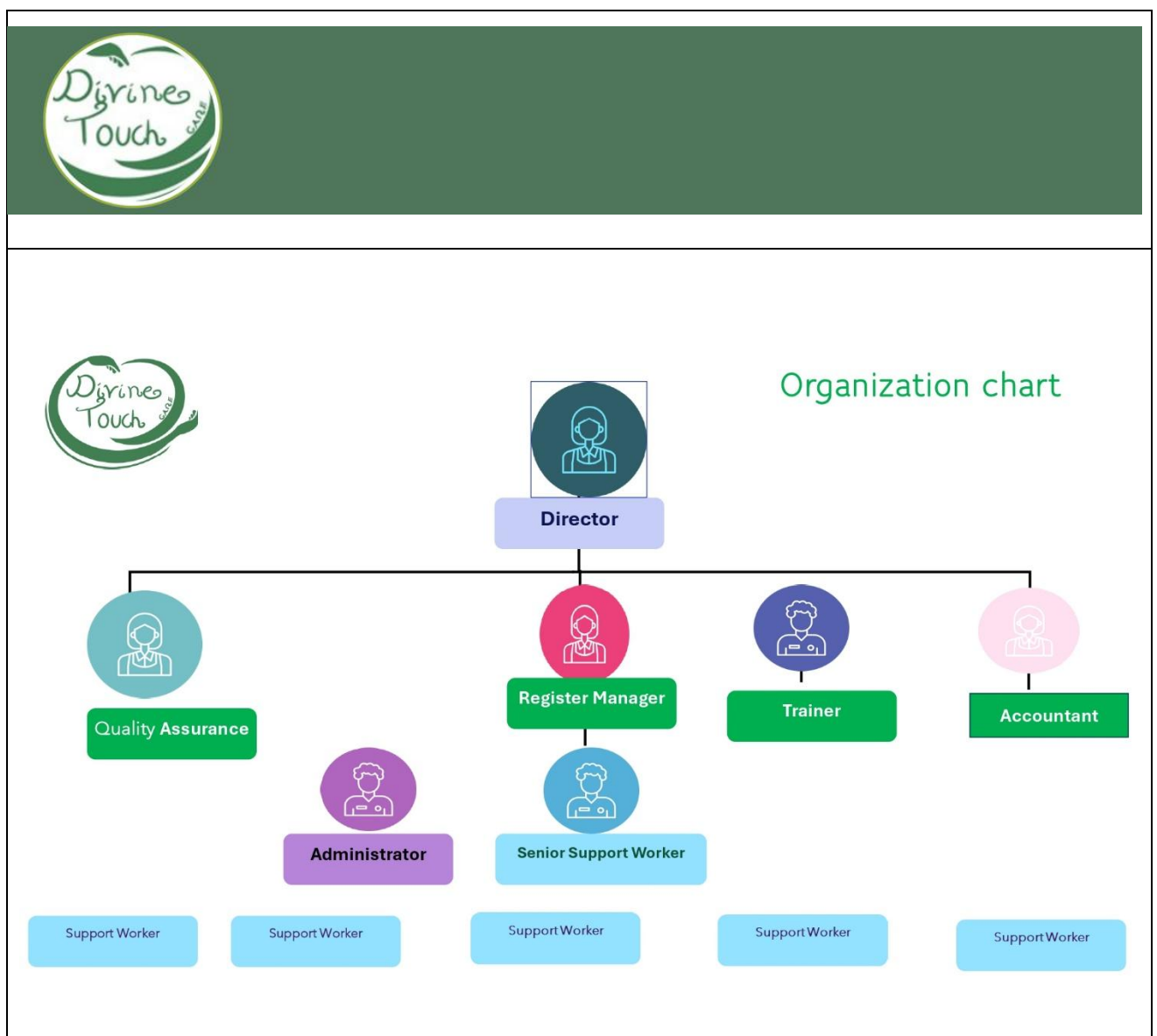
### **Communication**

No quality management system can be effective unless all stakeholder involved understands its purpose and what their responsibilities are. The Directors are



responsible for communicating the organisations Quality Objectives and provide the necessary training to all staff in understanding the QA systems employed and their roles and responsibilities to fulfil the organisations aim of continuous improvement.

## Organisation Stucture





## **Related Policies**

Audit

Business Contingency and Emergency Planning

Duty of Candour

Financial Irregularities

Fit and Proper Persons: Directors

Good Governance

Whistleblowing

## **Related Guidance**

CQC Regulation 5: Fit and Proper Persons: Director:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-5-fit-proper-persons-directors>

CQC Regulation 17: Good Governance:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>

CQC Regulation 20: Duty of Candour:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour>

ISO – PDCA



<https://www.iso.org/files/live/sites/isoorg/files/archive/pdf/en/iso9001-2015-process-appr.pdf>

### **Training Statement**

All Board members will undertake an induction into their role which will cover all the principles above. In addition, the board will implement the requirements of CQC Regulation 5 Fit and Proper Persons Directors, Regulation 17 Good Governance and Regulation 20 Duty of Candour of the Health and Social Care Act 2008.

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions. External courses are sourced as required.

**This policy will be made available in an accessible format on request.**

**Date Reviewed: 12 December 2025**

**Person Responsible for Updating this Policy: Eva Joseph**

**Next Review Date: December 2026, or earlier if required**