



SoLO  
Life  
Opportunities

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Charity No. 1102297  
England Company No.  
5025939

## **POLICY AND PROCEDURE**

### **Quality Assurance**

**Category:** whole organisation

#### **Statement of Purpose**

Quality is the foundation of the underpinning values of SoLO, which were revised in 2017. This policy aims to provide a framework for establishing what SoLO believes quality looks like for our members, how we deliver against a quality framework and how we monitor our performance across the organisation.

#### **Policy Statement**

SoLO Life Opportunities is committed to quality in the delivery of its services, the way in which it treats its staff and volunteers and in the way in which it looks after its assets.

We believe that by working to a high standard in all we do, we will be more efficient and effective in delivery, we will retain our personnel and we will be good stewards of our property and equipment, saving money in the longer term. We uphold the principle of 'getting it right first time', as this creates a win/win situation for all involved.

Quality is a subjective term and SoLO applies the following practices to ensuring that quality is achieved:

1. Where services are subject to external validation, quality is determined by the achievement against the inspection standards. More information can be found about the regulatory frameworks below.
2. Where services are not subject to external validation, but aspects of the services are similar, these frameworks (whilst not governed by external inspection) will be used where appropriate.

3. User experience is recognised as a good gauge for delivering quality and, where possible, feedback will be sought and learning applied to improve the quality of the service.
4. Staff input into quality is recognised as an important factor and the feedback from a recent workshop held in October 2017 can be seen in **Appendix four**.
5. Where there are areas of good practice working in other organisations to drive standards up, these will be applied to appropriate areas (for example REACH standards within supported living – **Appendix five**)
6. To ensure Board assurance and to continue to work to the ISO900 standards which cover customer focus; leadership; engagement of people; process approach; improvement; evidence-based decision making and relationship management, there is a system of internal controls which involve annual reviews of Trustee Board (governance) health and safety (risk), personnel, estates, activities. These are undertaken by a trustee and a report is made to the next trustee board with any recommendations required.

SoLO also works within a regulatory framework for the provision of certain services. These are:

- Ofsted – for children up the age of 8. Whilst this is a voluntary registration, we believe it provides a good benchmark to ensure children’s services are delivered to a high quality and we use the same standards across other children’s services that are not subject to this regulation Ofsted standards can be seen in **Appendix one**.
- Care Quality Commission (CQC) – for adult services where personal care is provided in the home. These standards can be seen in **Appendix two**.
- Standard of Recommended Practice (SORP) – for financial recording and reporting. These standards can be seen in **Appendix three**.
- Investors in People (IIP) – our current registration for this standard is due for re-inspection on 7<sup>th</sup> May 2018. This covers our people management.

## **Our approach to quality within the organisation:**

### **1. Finances**

We work to agreed budgets which go through a stringent process involving all staff in agreeing them, setting them and then monitoring them. We look for value for money in purchasing and undertake internal audits on processes to manage the finances within the organisation.

## **2. Training**

We offer a full induction training for all new staff covering core areas such as safeguarding, health and safety and disability awareness - as well as an introduction to the organisation. Staff are also expected to complete E-Learning in Health and Safety and Safeguarding, with additional Food Safety, Fire Safety, Moving and Handling as applicable. Any new staff recruited to SoLO's regulated services are required to complete the Care Certificate. Other training needs are identified and implemented as required.

## **3. Regular Reviews**

The Senior Management review on a weekly/regular basis anything that is not working within the organisation and put in place any corrective action that is required to put it right. The teams review their practice at team meetings and individuals are provided with 6 weekly supervision sessions with their managers where they review their own practice. Projects are reviewed on a regular basis by Managers against quality standards and any areas of improvement are followed up.

## **4. Reporting to Trustees**

The trustees regularly review areas of work and call in reports from the senior managers to assess any areas that need improvement and also to celebrate any specific areas where there is evidence of high quality work.

## **5. Championing Quality**

Quality is championed through the organisation through various different channels:

- Communication bulletins are used to highlight areas of good practice
- Success is celebrated publicly through social media
- Hero of the month scheme celebrates individual success

## **6. Strategic approach to quality**

The 5 year strategic plan has a focus on quality with the first two words of the Mission statement stating 'High Quality'

"High Quality Services that are fit for purpose, delivered by a well-supported, confident, skilled staff team who enable our members to reach their full potential".

Our strategy focuses on the effective use of our resources to deliver high quality services.

## **7. Quality Standards**

Our commitment to quality is evidenced by:

- Achievement of Investors in People Award (with overachievement of all standards, working towards Gold level)
- Compliance against all standards in CQC
- Good record with Ofsted

## **8. 'No blame' culture**

Our organisation has created a culture of reporting of incidents and learning from them. We recognise that if staff and members are not allowed to make mistakes, then they are deprived of learning and growth opportunities. This is balanced by a robust approach to risk management.

## **9. Quality is the right way**

We do not build in quality in what we do simply because it will earn us new work or score us 'points' against our competitors. We work towards high quality because it is the right thing to do and will benefit our members. This is emphasised from the moment we recruit staff and discussed regularly during staff catch ups and team meetings.

Linked with policies:

- Internal controls
- Financial internal controls

## Appendix 1

### Ofsted Standards

1. Effective leadership and management – demonstrable leadership and management with high expectations, performance management and professional development. Evidence of user involvement, wide learning programmes, active promotion of equality and diversity, evidence of safeguarding and active involvement in the prevent programme.
2. Quality of teaching, learning and assessment – evidence of high expectations of what the child can achieve, evidence of differentiation, evidence of assessments. Engagement with parents, carers and children.
3. Personal Development behaviour and welfare – evidence of pride in achievement, increase in self-confidence and self-awareness of children. Evidence of attendance records, behavioural management, safeguarding protocols including areas such as internet and social media use. Evidence of health eating, exercise and emotional support.
4. Outcomes for children – evidence that children are moving from their base line.

### Basic inspection criteria for voluntary registration (and what we will be assessed against)

- registration details and compliance with, and the provider's understanding of, the requirements of registration
- safety of the registered premises and whether the provider has effectively assessed and minimised any risks
- talk to the provider, the children and any parents or staff members and observe the provision to make sure policies are being put into practice
- staff's understanding of policies and procedures
- recruitment policies, where applicable
- arrangements for making sure unvetted people do not have unsupervised access to children

## Appendix 2

### Care Quality Commission (CQC) Standards

**Fit and Proper People** – Are the leaders of the right calibre to run the service? Does the registered manager have the right skill set?

**Person-centred care** – Care must be appropriate, meet the needs of users, and reflect their preferences.

**Dignity and respect** - Service users must be treated with dignity and respect. Care must ensure the privacy of the service user; support the autonomy, independence and involvement in the community of the service user; have due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.

**Need for consent** – Service should only be provided with full consent of the service user and, where this is not possible, provider must work in full compliance with the mental capacity act.

**Safe care and treatment** - Care and treatment must be provided in a safe way for service users. Service must assess the risks to the health and safety of service users of receiving the care or treatment; do all that is reasonably practicable to mitigate any such risks; ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. Ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way; where equipment or medicines are supplied by the service provider, ensure that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; provide the proper and safe management of medicines; assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated, where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and others.

**Safeguarding service users from abuse and improper treatment** – service users must be protected from abuse and improper treatment in accordance with this regulation. Systems and processes must be established and operated effectively to prevent abuse of service users. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. Care or treatment for service users must not be provided in a way that—(a) includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010) of

the service user,(b) includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint, (c) is degrading for the service user, or (d) significantly disregards the needs of the service user for care or treatment. A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

**Meeting nutritional and hydration needs** - The nutritional and hydration needs of service users must be met.

**Premises and equipment** - All premises and equipment used by the service provider must be (a) clean, (b) secure, (c) suitable for the purpose for which they are being used, (d) properly used (e) properly maintained, and (f) appropriately located for the purpose for which they are being used. The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used. (NB this regulation only applies to premises and equipment owned or rented by the provider).

### **Summary**

**Receiving and acting on complaints** - Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation. The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of (a) complaints made under such complaints system, (b) responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and (c) any other relevant information in relation to such complaints as the Commission may request.

### **Summary**

**Good governance – 17 - (1)** Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Providers must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); 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 the carrying on of the regulated activity; maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; maintain securely such other records as are necessary to be kept in relation to persons

employed in the carrying on of the regulated activity, and the management of the regulated activity; 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 such services; evaluate and improve their practice in respect of the processing of information; Reports requested by the CQC inspector must be provided within 28 days of the request.

**Staffing** - Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. Persons employed by the service provider in the provision of a regulated activity must: receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

### **Summary**

**Fit and proper persons employed** - Persons employed for the purposes of carrying on a regulated activity must: be of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the necessary conditions. Persons employed must be registered with the relevant professional body

**Duty of candour** - Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

**Requirement to display rating** – any rating given following a CQC inspection must be displayed clearly on the organisation's website.

### **Appendix 3 – Statement of Recommended Practice (SORP)**

For a charity to state that its report and accounts are compliant with this SORP, both its trustees' annual report and its accounts must be prepared fully in accordance with the reporting and accounting recommendations of this SORP. To state that their accounts have been prepared in accordance with this SORP, a charity must:

- consider those SORP modules that apply to the activities, transactions and circumstances of the reporting charity;
- comply with applicable format requirements and accounting treatments specified by this SORP and provide those disclosures that this SORP specifies 'must' be provided;
- make any additional disclosures required by the FRS 102; and only depart from the requirements of this SORP or the FRS 102 if necessary for the accounts to give a true and fair view.

Full information of SORP can be found in

[http://www.charitySORP.org/media/619101/frs102\\_complete.pdf](http://www.charitySORP.org/media/619101/frs102_complete.pdf)

## Appendix 4 – What does quality look like?

### Feedback from Staff leaders session October 2017

#### Members

- ✚ Happy members
- ✚ Members fully engaged in process
- ✚ Evidence of respect and appreciation of members
- ✚ Members having fun!

#### Activities

- ✚ Organised/differentiated/bespoke/personalised service
- ✚ Risk assessed against opportunity lost
- ✚ Evidence of variety
- ✚ Good use of budget

#### Staff

- ✚ Motivated, involved staff who work as a team, work through differences and build on each others' strengths
- ✚ Experienced, confident, qualified and reliable staff who set a good example
- ✚ Good support from line managers who are approachable and accessible and meet regularly with their staff and care about their welfare
- ✚ Mutual respect for all (volunteers and support workers)
- ✚ Staff who work within policies and procedures, are professional and vigilant
- ✚ Trained staff who are able to act quickly and appropriately in emergencies
- ✚ Passionate staff who know the members and make them the priority

#### Culture

- ✚ All work within policy and procedures, reinforce good working practises every day
- ✚ Information is clear, concise, up to date and confidentiality is maintained
- ✚ Services are safe, innovation is rewarded and earn parents trust
- ✚ Communication is clear and regular there is evidence of feedback and praise
- ✚ Staff are positive ambassadors of SoLO when in public

## **Appendix 5 – REACH Standards**

Reach Support for LIVING offers a set of voluntary standards. Originally launched in 2002 and now in their third edition, Reach was created to ensure that supported living focuses on ensuring each person is able to live the life they choose with the same choices, rights and responsibilities as other citizens. The Reach Standards remain the most widely recognised standards across the UK in relation to supported living.

1. I choose who I live with
2. I choose where I live
3. I have my own home
4. I choose who I am supported by
5. I choose how I am supported
6. I get good support
7. I choose my friends and relationships
8. I choose how to be healthy and safe
9. I choose how I am part of the community
10. I have the same rights and responsibilities as other citizens
11. I get help to make changes in my life

Within each standard are guides of how to ensure that the tenant receives the best support possible and has choice and control over their lives.