

Quality Assurance Policy / Procedures

Title of Policy/Guideline and version number	Quality assurance policy: Version 5
Author / Accountable Person	Marionette Zvavamwe Registered Manager
Creation Date	31/01/2021
Principal target Audience:	All external stakeholders and External Partners Service users, families and advocates All staff employed by CapitalPro Agency.
Commissioning Body	Management Services
Stake Holders Consulted	Directors Clinical Leads Staff
Standards	CQC Single Assessment Framework (2023) CQC Fundamental Standards (Health and Social Care Act 2008, Regulated Activities Regulations 2014) Nice Guide Lines NMC Skills for Care Guidance Patient Safety Agency The Care Act 2014 Mental Capacity Act 2005 Equality Act 2010 UKHSA Infection Prevention & Control Guidance
Implementation Plan	Availability to All staff Review compliance with Policy in 6 months Monitor Feedback for quality and safety related incidents Local teaching at induction
Approved by:	Marionette Zvavamwe
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Version Control Sheet

Version	Date	Author	Status	Comment
1	Jan 2021	Marionette Zvavamwe	Registered Manager	Creation
2	July 2022	Marionette Zvavamwe	Registered Manager	Editing for submission to CQC
3	November 2022	Marionette Zvavamwe	Registered Manager	Branding and Logos
4	July 2023	Marionette Zvavamwe	Registered Manager	Update
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1.0 Introduction

CapitalPro Agency is committed to delivering safe, effective, caring, responsive and well-led domiciliary care services in line with the Care Quality Commission (CQC) Single Assessment Framework. The Registered Manager, Marionette Zvavamwe (marionette@capitalproagency.com / 01708871517) is responsible for oversight of quality and governance

1.1 CapitalPro Agency is a provider for personalised homecare services

1.2 CapitalPro Agency, has a responsibility and operates under a duty of care to act in the best interests of all people who use our services

1.3 As a CQC-registered provider, we uphold the Fundamental Standards, ensuring everyone receives high-quality, person-centred care.

1.4 All staff should familiarise themselves with this policy. It is a paramount component in maintaining quality care and patient safety to ensure that all staff and service users prior, during and on conclusion of any activities connected with CapitalPro Agency upholds all aspects of this policy Consistently.

1.5 Quality assurance is an ongoing cycle using the **Plan–Do–Study–Act (PDSA)** improvement approach:

- **Plan:** Identify risks, gaps, and service needs using evidence and feedback
- **Do:** Implement planned care and improvement actions
- **Study:** Monitor outcomes, audit results and feedback
- **Act:** Adjust, improve and repeat the cycle



2.0 Aims and Purpose of the Policy

2.1 The policy aims to:-

- Provide structure, standardised and a transparent practice, approach to delivering high-quality care.
- Demonstrate compliance with legislation, regulations and CQC Quality Statements.
- Define CapitalPro's commitment to safety, effectiveness, continuous improvement and person-centred practice.
- Promote a culture of learning, accountability, openness and improvement.

2.2 The purpose of this policy is to ensure standardised and consistent approach to quality assurance that supports service user safety, wellbeing and experience, while aligning with regulatory expectations and best practice.

3.0 Scope

3.1 This policy applies to all staff employed by CapitalPro. (permanent, temporary, agency and bank staff), it also applies to volunteers and students, contractors and external professionals working on behalf of the organisation

3.2 It must also be included as part of the induction programme for all new staff, including administrative teams.

4.0 Responsibilities

4.1 The Responsible Individual (RI)

The RI holds organisational accountability for ensuring effective governance systems, quality assurance processes and compliance with regulations. Responsibilities include oversight of audits, risk management, incident reporting and improvement.

4.2 Leadership Team

The Leadership Team ensures:

- Quality systems are embedded across all operations
- Regular internal audits aligned to CQC Standards

- Adequate resources to deliver safe, effective care
- Governance meetings occur monthly

4.3 **Registered Manager**

The Registered Manager is responsible for:

- Day-to-day quality governance and regulatory compliance
- Maintaining the Quality Improvement Plan (QIP)
- Ensuring all care delivered is safe, effective and person-centred
- Ensuring all staff receive training, competency assessments and supervision
- Responding to incidents, complaints and regulatory recommendations
- Ensuring audit reports and evidence are accessible to regulators

4.4 **HR / Operations Manager**

Responsible for:

- Oversight of recruitment, training compliance and staff competency
- Ensuring learning from incidents and audits is implemented
- Ensuring staff have access to this policy

4.5 **The Clinical Governance Committee**

Responsible for:

- Reviewing incidents, near misses and complaints
- Ensuring investigations are completed and learning is embedded
- Monitoring audit outcomes and recommending improvements

4.6 **The Staff**

All staff must:

- Deliver safe, compassionate and person-centred care
- Follow this policy and all other organisational procedures
- Report incidents, risks, concerns or near misses immediately
- Contribute to continual improvement and service-user feedback

4.7 **Team Leaders**

Team Leaders must ensure:

- Policy implementation in their local teams
- Staff receive supervision, support and training
- Audit actions and improvements are completed and evidenced

4.8 **Students**

Students have supernumerary status and must be supervised. Supervisors must ensure students are aware of and follow this policy.

5.0 Service Users

CapitalPro Agency is committed to ensuring that all people who use our services experience personalised, safe and dignified care. Service users should expect:

- 5.1 Effective, safe and personalised support meeting their needs and preferences
- 5.2 Opportunities to provide regular feedback through surveys, reviews and direct communication
- 5.3 Clear information about their care, delivered in line with the **Accessible Information Standard**.
- 5.4 Respect for dignity, privacy, independence and cultural needs.
- 5.5 Involvement of families, carers or advocates where appropriate.
- 5.6 Confidential and secure handling of personal information.

Quality assurance begins and ends with the service user. Their experiences, outcomes and feedback directly inform our improvement processes.

6.0 Quality Assurance

CapitalPro Agency is committed to continuous improvement through a structured quality assurance system aligned with the CQC Single Assessment Framework.

6.1 **Quality Assurance Framework Includes:**

- Care plan audits and service reviews
- Service-user involvement in evaluating care
- Family and advocate involvement
- Recruitment and HR processes ensuring safe staffing
- Staff development and competency frameworks
- Incident, complaint and risk management systems
- Regular governance and strategy meetings

6.2 **Key Performance Indicators (KPIs)**

CapitalPro monitors KPIs including (but not limited to):

- Missed or late visits
- Medication errors
- Complaints and compliments
- Staff training compliance
- Safeguarding referrals
- Staff turnover and retention

6.3 **Continuous Quality Improvement**

Quality data feeds into the Quality Improvement Plan (QIP) using the PDSA cycle.

7.0 Safeguarding

CapitalPro Agency is committed to safeguarding adults at risk, following the **Care Act 2014**, local safeguarding procedures and multi-agency guidelines.

All staff must:

- Receive safeguarding training at induction and annually
- Understand how to recognise and report abuse
- Follow the Mental Capacity Act and make best-interest decisions where required

CapitalPro follows **Duty of Candour (Regulation 20)** requirements and reports notifiable incidents to the CQC.

8.0 Infection Prevention & Control (IPC)

CapitalPro follows the Health and Social Care Act 2008 Code of Practice on IPC and UKHSA guidance.

We implement Standard Infection Control Precautions (SICPs) including:

- Hand hygiene (WHO Five Moments)
- PPE use
- Safe waste disposal and cleaning procedures
- Environmental risk assessments

Staff must complete IPC training at induction and annually. IPC audits are conducted quarterly.

NICE (2012) guideline for Personal Protective Equipment will be our stand practice to protect staff and reduce the opportunity of transmission between patients.

9.0 Training, Supervision and Education Department

CapitalPro ensures all staff are trained, competent and supported.

Our workforce development includes:

- **Care Certificate** for new care workers
- Mandatory training (e.g., safeguarding, MCA, IPC, medication)
- Annual competency assessments

- Regular supervision (minimum every 3 months)
- Annual appraisal
- Personal development plans

The organisation promotes staff wellbeing, continuous learning and a positive, open culture.

10.0 Audit Programme

Audit is essential to demonstrate compliance and drive improvement.

10.1 Audit Frequency

- **Monthly:** medication, incident/complaint monitoring, missed visits
- **Quarterly:** care plans, recruitment files, training compliance, safeguarding
- **Annual:** full quality review and service-user satisfaction survey

10.2 Audit Process

Each audit will include:

- Sample selection
- Findings and compliance level
- Action plan with responsible person and deadline
- Follow-up review

11.0 References

CQC Single Assessment Framework (2023)
CQC Fundamental Standards
Care Act 2014
Mental Capacity Act 2005
Health and Social Care Act 2008 Regulated Activities Regulations (2014)
Equality Act 2010
The National Institute for Clinical Excellence (NICE): www.nice.org.uk
World Health Organisation (2009) Guidelines on hand hygiene in health care WHO
Geneva
Skills for Care Guidance
UKHSA IPC Guidance