



THE CLUBHOUSE PROJECT
DAY SERVICE LTD.

QUALITY ASSURANCE POLICY

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The Clubhouse Project Day Service Ltd is committed to providing the highest possible quality of service to the people who use our services, the organisations who purchase services on their behalf and all other organisations. We believe that no matter how good our present service, there is always room for improvement.

The high standard of service we aim for is achieved through the implementation of CIP (Continuous Improvement Plan), which covers all our operational functions from delivery of care and support through to our internal management systems. Staff at all levels of the organisation are involved in CIP and this commitment to staff involvement is reflected in our regular meetings, survey's.

We provide evidence-based and continually improving services, which promote both good outcomes and best value, which includes:

- Ensuring a person-centred approach to the care and support for each individual.
- Enabling the people we support to set aims, goals and aspirations and ensuring we involve them in the auditing process.
- Internal Quality Monitoring Reports identifying recommendations and requirements to ensure the improvement and development of the service, as well as identifying commendations for good practice and achievements.
- Obtaining feedback from others who are involved with our services, such as healthcare professionals and relatives.
- Policies, procedures and guidelines, which detail how these agreed levels of service are to be achieved.
- Auditing of our systems to ensure that our high-quality standards are maintained and to highlight areas for improvement.

EXTERNAL

The organisation works within several externally imposed quality frameworks that define standards. The most important of these include:

- National Minimum Standards (Care standards Act 2000)
- Other regulatory standards, e.g. Health & Safety Executive, Fire Authority, Environmental Department
- Contracts compliance as set by the placing local authority

In general, these external quality frameworks all aim to ensure that quality is built into services through setting and implementation of standards, through processes for review, and through monitoring to ensure that services meet the needs of our clients.

INTERNAL

We are aware that other key aspects of quality assurance include mechanisms for the monitoring or auditing of services to ensure they are being delivered as originally intended.

These include:

- ***Monthly Managers Report***

(Monthly audit of Essential Standards of Quality & Safety, examination of buildings, fixtures, fittings, risk assessments, equipment, policies, procedures, records, reports)

- ***Complaints monitoring and effective “open door” policy***
- ***Policies, Procedures & Practices***
- ***Environmental Monthly Report to include training***

(Review of policies, procedures and practices in light of changing legislation and reflection of good practice as advised by appropriate authorities or multidisciplinary body)

Satisfaction surveys – clients’ questionnaires, family/advocates questionnaires,

The view of family, carers and of multi-disciplinary teams in the community is sought on how the day service is achieving its goals for those people who use the service. Further consultation mechanism such as meetings with clients and their families or their representatives, can also help to provide adequate confidence that the project is satisfactorily meeting expectations.

Client Involvement – Quality assurance begins and ends with the clients – the key customer. In order for any quality assurance programme to be successful, their views must be sought on a regular basis and action taken if a service no longer appears to be meeting their needs.

PARTICIPATION & CONSULTATION

- ***Client Meetings*** – Meetings will be held at least every six months to enable clients to have a forum to share and discuss issues concerning the running of the project and its activities.
- ***Family Meetings*** – to enable families to work in partnership with staff and individuals.
- ***Staff Meetings*** – Where there are specific important issues or changes on which staff should be consulted.
- ***Involvement in Staff Recruitment*** – A representative will be involved in the staff selection process.
- ***Support Plan Review Meetings*** are to be held quarterly, the client is to attend if at all possible and the meeting recorded in their plan.

CLIENT SATISFACTION SURVEY

Clients will be given the opportunity to say what they think about the service through a client survey carried out regularly. The survey will be confidential, but a summary of the results will be available for the family/MDT who can also view the summaries.

VIEWS, SUGGESTIONS AND COMPLAINTS

The views, suggestions and complaints of clients and others concerning any aspect of the running of the project will be welcomed, listened to, and acted upon promptly.

FAMILY/ADVOCATE/MDT INVOLVEMENT

The organisation will involve other relevant groups, in order to ensure a quality service is being delivered.

SATISFACTION SURVEYS

Satisfaction questionnaires are to be sent annually, families/carers/advocates. These surveys are confidential, but summaries of the results are collated and made available.

CONTINUOUS IMPROVEMENT PLAN

The Project will have a continuous development plan for quality improvement, based upon feedback from clients, staff and others. The improvement plan will become part of an agreed 'live' ongoing commitment to continuous improvement. The plan becomes 'live' because it is regularly reviewed, amended and added to.

The files which may be in situ for continuous improvement may be:

- Discovered – complaints, suggestions, and compliments, good and innovative practice.
- Health & Safety – risk assessments, fire and environmental officer.
- Inspections visits
- Management – budgets, procedures, guidelines, codes of practice.
- Clients– surveys, meetings and individual comments.
- Staff – meetings & individual comments, training.

COMPLAINT POLICY

A complaint is any form of contact from, or on behalf of, a client/visitor who is not satisfied with any part of the service.

Our target is to give you no cause for complaint but, we realise that, even in the best run organisations, there may be times when things go wrong and you may not be happy with the service you receive and we need you to tell us about it.

We aim to resolve all complaints about our service in an effective and timely manner by working with individual complainants to find a resolution.

We are committed to continually improving our service, so any complaints will be analysed and used to enhance the way we deliver our service and care for our clients.

We may ask for your feedback on the service that you have received. Please take the time and opportunity to let us know your views as your feedback is valuable to us. If you have any suggestions or ideas that you would like to share with us, please let us know.

HOW TO COMPLAIN

In person

Voice complaint verbally, to the person-in-charge of shift, within 24 hours of incident, who should attempt to resolve it on the spot.

IF UNRESOLVED

Voice complaint verbally to the Project Manager or Directors within 48 hours of incident, who will attempt to resolve the issue, as soon as possible.

By telephone or in writing (letter, email, complaint form) submitted to the project.

Who will investigate the issue fully and then within a minimum of 28 days, give a written report to the service user / relative, explaining fully the actions taken. Where investigations are not concluded in 28 days, you will be contacted and kept updated.

IF THIS IS STILL INSUFFICIENT:

Funded Clients can contact their allocated care manager. (This person will be the Social Worker responsible for the placement to the care home and continued monitoring)

FURTHER TO THIS:

Contact the regulatory authority

Stating the name of the service, times, date, circumstances of the complaint, and the events surrounding the complaint. Please also include any actions taken, to try to resolve the problem, and their outcome.

SAFEGUARDING POLICY

All persons have the right to live their lives free from violence or other sorts of abuse, but in the 1980's and 90's a number of serious incidents came to light in which vulnerable adults had not received the protection and support they needed and had been subject to abuse.

The prevention of abuse of adults at risk is a collective responsibility of all sections of society. However, those agencies, professionals, independent sector organisations and voluntary groups working with, or in contact with adults at risk, hold a particular responsibility to ensure safe, effective services and to facilitate the prevention and early detection of abuse from whatever quarter, thus ensuring that appropriate protective action can be taken.

What Does The Organisation Do To Minimise Abuse

- In accordance with the Mental Capacity Act 2005 adults at risk will be given information to support them in speaking out and protect themselves from abuse knowing they will be listened to and believed
- Training in safeguarding adults (adult protection) awareness and good care practice to staff and volunteers
- Identifying in advance potential abusers' thorough recruitment and selection procedure with appropriate checks with Disclosure & Barring Service Bureau – which holds a list of individuals barred from working in Care and Education and those with criminal records
- Minimising opportunities for abuse;
- Promoting “whistle blowing” – Ability for a worker to raise concern at any time about an incident that happened in the past, is happening now, or is believed will happen in the near future.
- Gathering information on activity around the management and investigation of alerts;
- Carry out quality audits on individual cases; and ensuring that the general public are aware that these procedures are in place and that steps are taken to protect adults at risk.

QUALITY ASSURANCE

The quality of our services is of paramount importance to us

We believe that meeting the requirements, needs and expectations of our clients is the ultimate measurement of quality. We place our clients at the core of everything we do.

Our approach to achieving quality is by:

- Listening to clients/families and understanding what it is they want and why
- Engaging our clients in creating and sharing standards, processes and best practice
- Continuously striving to improve quality of our services through:
 1. Providing the highest level of support
 2. Creating and sustaining effective partnerships with our clients
 3. Raising expectations, aspirations and standards
 4. Listening and being responsive to all of our clients
 5. Championing continuous improvement

Continuous Improvement

Client feedback on the quality of services is highly valued and is a key indicator in ensuring that we deliver effective and improving service to our clients. We believe that by listening we can make sure that our services continuously develop and improve so they meet our clients' changing needs.

We measure customer satisfaction through direct feedback from individual clients and their families/carers.

For more information regarding our Quality Assurance Policy and procedures, please email the Project Manager – contact@theclubhouseproject.org