

Bethany Care Ltd

Quality Assurance Policy

Policy & Procedure 52

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Quality Assurance Policy & Procedure

1. Object & Field of Application

- 1.1 Bethany Care is committed to enhancing the quality of its service delivery by using systematic processes and activities.
- 1.2 Quality Assurance allows Bethany to constantly review its performance against the existing Disability Services Standards and to effect ongoing improvements.
- 1.3 This policy will detail how Bethany will constantly assess its organization and its services to ensure it is providing the best possible quality of services to clients, using the most efficient and accountable management practices.
- 1.4 As services are provided in a constantly changing environment Bethany must ensure it maintains necessary compliance with these changes.

2. Definitions

- 2.1 Internal Audit – A self-appraisal tool for monitoring and verifying the effectiveness of the service and quality systems
- 2.2 External Audit - A process, driven by an independent body, used to monitor and verify the effectiveness of the service and quality systems
- 2.3 Continuous Improvement Register – A summary of suggested improvements, actions undertaken, designated responsibilities, and description of timescales, used to promote quality at Bethany.

3. Legislation

Disability Services Act 2006

4. Quality Assurance Procedures

Bethany is committed to:

- 4.1 Documenting and reviewing its policies and procedures on a regular basis.
- 4.2 To the best of its ability, ensuring all of its employees are aware of and understand key Bethany policies and procedures.
- 4.3 Hold monthly staff meetings and quarterly Board meetings where there will be opportunities to discuss continuous improvement matters.
- 4.4 Carry out independent financial audits annually. The Board appoints a company auditor at its Annual General Meeting.
- 4.5 Strive to ensure it meets all necessary requirements of the Human Services Quality Framework service standards.
- 4.6 Conduct an internal audit against the existing Human Services Quality Framework service standards.

4.7 Each audit will:

- a. review and document action on non-conformities from previous internal audits where available,
- b. review processes with particular reference to current Standards document, any previously identified non-conformities, and/or evidence of compliance.
- c. conduct interviews with staff members, and management.
- d. review client and staff files and relevant documents and records;
- e. Audit reports to be completed and circulated to relevant stakeholders ie board and management.
- f. Identify actions for improvement.

4.8 Conduct quality assessments or spot checks by the House Coordinator or Assistant Manager to ensure staff are acting in a competent manner within correct procedural guidelines.

4.9 Send follow-up emails to Coordinators and Management to remind them when reports are due. e.g. continuous improvement activities, health and safety audits, monthly reports regarding how many files and plans have been reviewed, staff appraisals etc.

5. Timeline for Quality Assurance Activities

Bethany uses a Quality Assurance – Online Monthly Perpetual Planner to ensure its quality activities occur in a systematic timely manner. This document exists as a google calendar.

January	Analysis of client results	July	Team meeting
	Staff satisfaction survey		Document review M-N
	Team meeting		Complaints refresher training
	Client Consent for audit, client matrix		
	Document review A-B		
February	Board Meeting	August	Team meeting
	Share client and staff survey results		Document review O-P
	Share audit findings with staff		Internal Audit
	Team meeting		Board Meeting
	Document review C-D		
March	Newsletter to clients with audit results	September	Team meeting
	Team meeting		Document review Q-R
	Document review E-F		Internal Audit
	Start new Continuous Improvement Register		Client statistics
	Action recommendations from the audit		AGM
April	Team meeting	October	Team meeting
	Database review		Document review S-T
	Document review G-H		Internal Audit
			Website review
			Send client survey
May	Staff Training Day	November	Team meeting
	Document review I-J		Document review U-V-W
	Board Meeting		Board Meeting
			Send staff surveys
June	Newsletter	December	Team meeting
	Team meeting		Document review X-Y-Z
	Document review K-L		Board Meeting
			Newsletter

6. Feedback

- 6.1 Bethany will encourage all stakeholders to contribute to the continuous improvement process of the Service by forwarding any suggestions for improvement to the office.
- 6.2 Comments, recommendations and improvements placed in suggestion boxes located at each of the Bethany Houses will be collected and reviewed each quarter
- 6.3 Bethany will obtain feedback annually from all stakeholders including:
 - clients (or their advocates)
 - employees
 - Bethany will analyze feedback and identify strategies for improvement.

7. Service Planning

- 7.1 Board of Governance and Service Manager will develop a Strategic Plan.
- 7.2 The Strategic Plan will be reviewed every 7 years

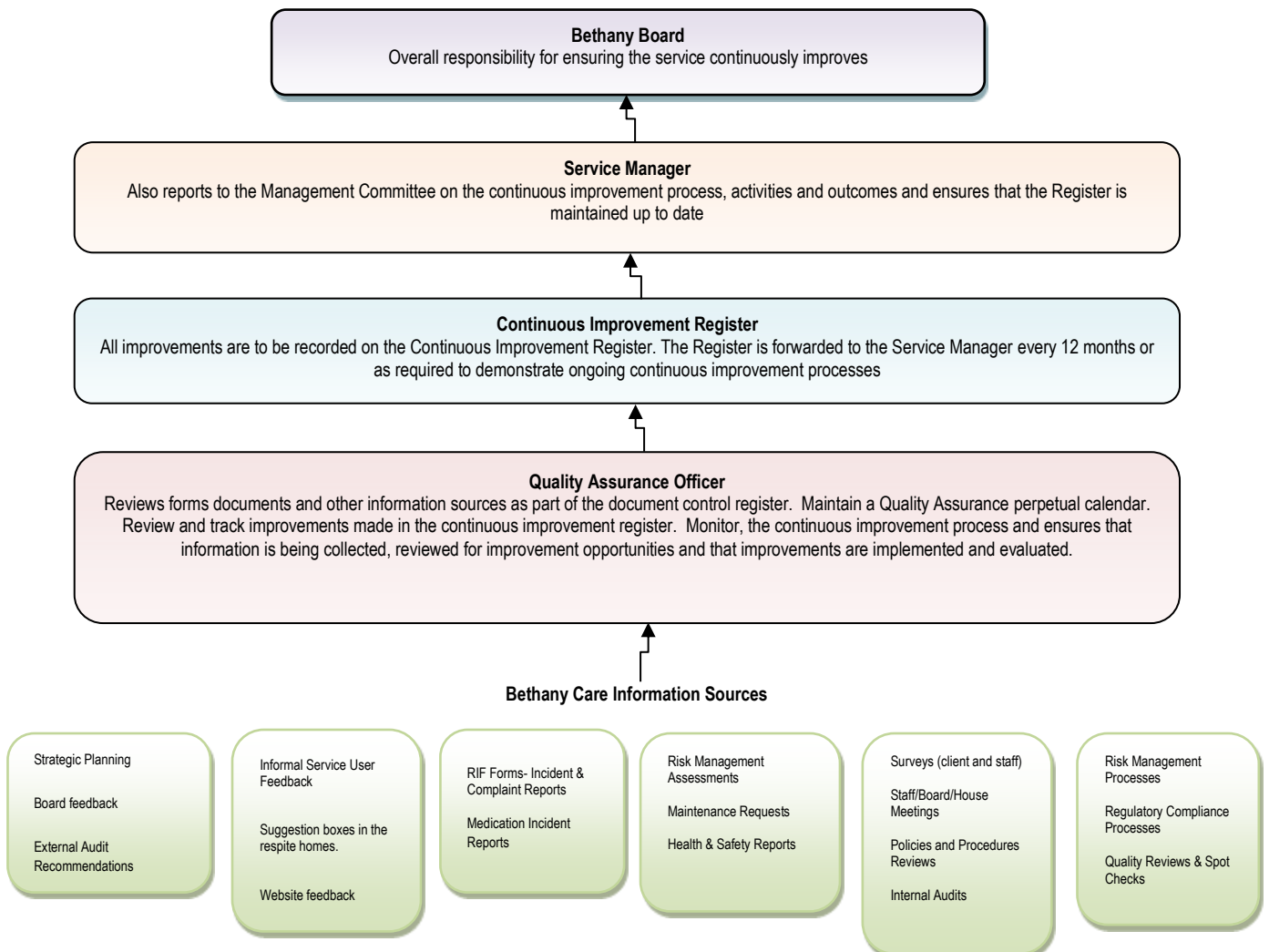
8. Continuous Improvement Register

- 8.1 The Continuous Improvement Register will be maintained by the Quality Assurance officer, who has the responsibility to enter and update information.
- 8.2 The Register will record
 - the date the issue or idea has been identified,
 - Agreed action/s to respond to the idea or issue
 - Who will be responsible for taking action/s
 - Date action/s are to be completed
 - Date to review actions and any outcomes

9. Identifying Improvements Needed

- 9.1 Actions for improvement will be identified from evaluating the following:
 - Complaints and incidents from RIF forms
 - Suggestions for service improvement from suggestion boxes
 - Suggestions from website feedback
 - Risk Management reviews
 - The Strategic Plan
 - Internal and External Audit findings and briefings
 - Spot checks and quality assessments conducted by Coordinators and Managers.
 - Feedback from client and staff surveys
 - Points raised in Board, permanent resident, and staff monthly meetings.

10. Continuous Improvement Information Management Process



11. Implementing Improvements

11.1 Actions for improvements may include:

- Staff training at monthly meetings, or external training for more specialised issues
- Provision of information, disseminated through email or presented at staff meetings.
- Amendments to procedures or practices
- Seeking external services or advice
- Acquiring or replacing equipment or software, etc.

12. Other related policies and documents

12.1 This policy should be linked to the following policies:

- Risk Management Policy
- Health and Safety Policy
- Complaints & Disputes Policy
- Document Control Policy
- Policy Writing Policy

12.2 Other documents:

- Continuous Improvement Register
- RIF and Medication Incident register
- Risk Assessments
- The Strategic Plan

END