THE GOVERNANCE AND QUALITY ASSURANCE (QA) POLICY AND PROCEDURE

PRIMUS PLUS HEALTHCARE

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1.0 PURPOSE

The Governance and Quality Assurance (QA) Policy and Procedure for Primus Plus Healthcare aims to establish and sustain a culture of excellence in the delivery of supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions. This policy provides a comprehensive framework for governance, quality assurance, compliance, and risk management, ensuring the continuous delivery of safe, effective, and person-centred care in supported living settings without personal care.

While the scope of services provided by Primus Plus Healthcare does not include personal care, this policy is designed to ensure the highest standards of care for individuals who receive support with daily living activities, accommodation, and assistance with maintaining independence. We focus on enhancing the quality of life of service users by providing a safe environment, promoting autonomy, and fostering a sense of dignity.

The primary goal of this policy is to ensure that Primus Plus Healthcare provides services that are individualized, compassionate, and promote the well-being, independence, and dignity of all service users while complying with all relevant regulatory standards. The policy outlines clear structures and processes to guarantee the safety and quality of services, including the roles and responsibilities of all staff, leadership accountability, and the mechanisms for continuous improvement.

This policy will ensure compliance with the Care Quality Commission (CQC) regulations, the Care Act 2014, the Health and Social Care Act 2008, and all other relevant national legislation and frameworks. It also supports the ongoing development of staff through training, auditing, and feedback systems that are integral to maintaining high standards in the services provided.

Through this Governance and Quality Assurance Policy, Primus Plus Healthcare is committed to:

1.1 Ensuring Regulatory Compliance with All Relevant Standards

- Objective: Ensure compliance with all relevant regulatory standards, including CQC regulations for supported living services, and applicable national policies and legislation such as the Care Act 2014, Health and Social Care Act 2008, UK GDPR, and Data Protection Act 2018.
- Relevant Regulations:
    - CQC Regulation 17 – Good Governance: Ensures that the organization has effective governance structures to monitor and improve the quality of care.
    - The Care Act 2014 – Provides the framework for adult social care, ensuring care services are tailored to meet the needs of individuals, promoting well-being, and protecting individuals from abuse.
    - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Sets standards for care and treatment services to ensure safety and quality.
    - General Data Protection Regulation (GDPR) & Data Protection Act 2018 – Ensure the secure handling of personal data, safeguarding service users' rights.

1.2 Promoting Continuous Improvement in the Quality of Care Delivered

- Objective: To ensure continuous enhancement of the quality of care and support delivered to service users through regular audits, feedback systems, and performance monitoring.

- Key Processes:
    - Implementation of regular internal and external audits to monitor care delivery, safety, and compliance with regulatory standards.
    - Collection and analysis of service user feedback to identify areas for improvement and enhance service delivery.
    - Establishment of a culture of learning where audit results and feedback inform action plans for service improvement.

1.3 Maintaining Robust Governance that Ensures Transparency, Accountability, and Effective Leadership in the Service Delivery Process

- Objective: Ensure effective governance structures that guarantee accountability and clear leadership, driving transparency in decision-making and service delivery.
- Key Components:
    - Clear organizational structure with defined roles and responsibilities for leadership and staff.
    - Regular reporting and documentation to maintain transparency, including audits, incident reports, and service user feedback.
    - Leadership accountability to ensure that the organizational goals align with service user needs, regulatory requirements, and continuous improvement targets.

1.4 Ensuring a Safe Environment for Service Users and Staff, with a Clear Focus on Safeguarding, Risk Management, and the Prevention of Abuse or Neglect

- Objective: Create and maintain a safe living environment for service users, ensuring that their dignity, autonomy, and safety are consistently protected.
- Relevant Legislation:
    - CQC Regulation 13 – Safeguarding Service Users from Abuse and Improper Treatment: Focuses on protecting service users from harm, abuse, and neglect while ensuring that appropriate measures are in place to safeguard their well-being.
    - Safeguarding Vulnerable Groups Act 2006 and The Care Act 2014 – Mandates safeguarding measures and actions to prevent abuse or neglect of vulnerable individuals.
- Key Practices:
    - Regular risk assessments to identify potential hazards and mitigate risks related to the living environment.
    - Staff training in safeguarding and the handling of abuse or neglect concerns, ensuring immediate reporting and investigation of incidents.
    - Clear protocols for managing incidents and implementing corrective actions.

1.5 Fostering a Culture of Person-Centred Care that Respects the Individuality of Each Service User and Empowers Them to Participate in Decisions About Their Care

- Objective: Ensure that all services are tailored to meet the individual needs, preferences, and aspirations of service users, empowering them to have a say in their care and living arrangements.
- Key Elements:
    - Development of individualized care and support plans that respect service users' choices and encourage their active participation in decision-making.
    - Encouragement of service users' autonomy, supporting them to live as independently as possible in a safe and supportive environment.
    - Regular review of care plans in collaboration with service users and their families to adapt to any changes in needs or preferences

2.0 SCOPE

This Governance and Quality Assurance (QA) Policy applies to all operational aspects, services, personnel, and activities within Primus Plus Healthcare, with a specific focus on supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions. The policy outlines the core principles for service delivery, ensuring that care is safe, effective, caring, responsive, and well-led while complying with all applicable regulations and legislation.

The policy covers a comprehensive set of practices, processes, and structures that govern the delivery of supported living services without personal care. These services assist individuals in achieving their independence by providing accommodation, support with daily living tasks, and guidance on life skills, but exclude personal care tasks such as bathing, dressing, or administering medication.

2.1 Organizational Coverage

- Company-wide Application: This policy applies to all departments, business units, and staff members within Primus Plus Healthcare, ensuring that all areas of operations comply with the principles outlined in this document. This includes leadership, support staff, operational management, and administrative staff.
- Staff Involved: The scope applies to all personnel who are directly or indirectly involved in the provision of supported living services, including senior management, care staff, team leaders, administrative staff, and external partners involved in the care delivery process.
- Organizational Structure: The policy is applicable across the organization’s governance structure, from the Board of Directors to operational staff, ensuring that each role is accountable for maintaining high standards of care.

2.2 Services and Functions Included

This policy encompasses the entire range of services provided under Primus Plus Healthcare’s supported living model, including but not limited to:

- Supported Living Services: Provision of accommodation and non-personal care support aimed at helping individuals live independently. This includes assistance with daily living activities such as:

    - Budgeting and financial management
    - Meal preparation and grocery shopping
    - Community engagement and social inclusion
    - Personal safety and crisis management
    - Accessing healthcare services and appointments (excluding personal care)
    - Developing life skills and independence
- Accommodation Services: The policy includes support provided in a range of housing settings such as independent living flats, shared houses, or other supported living environments where service users can live in a safe, independent, and community-integrated setting.
- Social and Emotional Support: Service users are supported in fostering relationships with their families, carers, and peers. This support may include facilitating social activities, accessing employment or volunteer opportunities, and participating in community events.
- Staff Support and Development: This includes the recruitment, training, development, and ongoing supervision of staff to ensure that they have the necessary skills and knowledge to deliver safe and effective supported living services. Staff training programs will focus on providing guidance in areas such as safeguarding, risk management, person-centred support, and managing challenging behaviours.
- Incident Management and Risk Assessment: Procedures for identifying, reporting, and managing any incidents that occur within supported living settings, including managing health and safety risks, responding to emergencies, and addressing complaints.

2.3 Geographic and Contractual Scope

- Service Locations: This policy applies to all locations where Primus Plus Healthcare provides supported living services. This includes:
    - Individual service users' homes where supported living services are provided.
    - Shared accommodation settings (e.g., group living arrangements) within the community.
    - Any outreach or community-based services aimed at supporting service users with their integration into society and development of life skills.
- Contractual Scope: The policy applies to all contractual agreements in place for the provision of supported living services, whether these are:
    - Publicly Funded: Services provided under contracts with NHS bodies, local authorities, or government initiatives.
    - Privately Commissioned: Agreements made with individual service users or private entities to provide supported living services.
    - Third-Party Partners: Where third-party organizations or contractors are involved in the provision of supplementary services (e.g., therapy services, community integration programs), their activities must also align with the principles outlined in this policy.

2.4 Regulatory Compliance and Relevant Legislation

This policy ensures that Primus Plus Healthcare complies with all relevant legislation, regulations, and guidelines that apply to supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions.

- CQC Regulations:
    - Regulation 17 – Good Governance: Ensures that the service has robust governance processes in place for overseeing care delivery, quality monitoring, and compliance.
    - Regulation 13 – Safeguarding Service Users from Abuse and Improper Treatment: Outlines safeguarding policies and procedures to protect vulnerable service users from abuse or neglect.
    - Regulation 18 – Staffing: Ensures that staffing levels are sufficient and that staff are appropriately trained to deliver care and support in line with the regulatory requirements.
    - Regulation 9 – Person-Centred Care: Ensures that services are tailored to the individual needs of each service user, respecting their choices and preferences.
- The Care Act 2014:
    - Provides a framework for the provision of care and support to adults, focusing on promoting well-being, independence, and dignity for service users. It emphasizes the need for a person-centred approach in supported living services.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:
    - Establishes the regulatory framework for providers of health and social care services, including the standards for care provision and the responsibilities of service providers.
- Safeguarding Vulnerable Groups Act 2006:
    - Legislation aimed at preventing harm to vulnerable individuals, particularly in care settings, by ensuring that staff working with vulnerable groups are suitably vetted.
- General Data Protection Regulation (GDPR) and Data Protection Act 2018:
    - Ensures that personal data of service users and staff are protected and handled in compliance with data protection laws.

2.5 Stakeholder Engagement and Involvement

This policy ensures the engagement of all stakeholders, both internal and external, in the delivery of services, including:

- Service Users and Families:
    - Person-Centred Care Plans: The development of care plans will involve service users and their families or advocates, ensuring that the service provided meets the individual needs, preferences, and aspirations of each service user.
    - Feedback Systems: Regular surveys, interviews, and meetings will be held to gather service user and family feedback, ensuring that the services are responsive to their needs.

- Staff:
    - Ongoing Training and Development: Staff will be regularly trained and supported to ensure their competency in providing high-quality care.
    - Staff Involvement: Staff will have opportunities to participate in care reviews, performance evaluations, and discussions related to the continuous improvement of service delivery.
- External Stakeholders:
    - Regulatory Bodies: The policy ensures compliance with the requirements of regulatory bodies such as the Care Quality Commission (CQC) and Local Authorities. Inspections and feedback from these bodies will guide improvements in service quality and compliance.
    - Community Partners: Collaborations with healthcare professionals, therapists, social workers, and community organizations will ensure that service users have access to the full range of services and support they need.

2.6 Areas of Focus

This policy specifically addresses the following focus areas within Primus Plus Healthcare's supported living services:

- Quality Monitoring and Audits:
    - Continuous monitoring of service quality, including regular audits of accommodation settings, risk management practices, and staff performance.
- Risk Management:
    - Implementation of robust risk assessments and procedures to identify and mitigate risks associated with the living environment and day-to-day activities.
- Staff Recruitment and Development:
    - Recruitment practices ensure that only qualified and competent staff are hired to deliver supported living services, and that all staff receive ongoing training and support.
- Service User Safeguarding and Protection:
    - Ensuring that all services provided are safe, respectful, and promote the dignity and well-being of service users, particularly through safeguarding and incident reporting mechanisms.
- Incident Reporting and Response:
    - Clear protocols for reporting incidents, accidents, and near-misses, ensuring timely investigation and corrective actions to prevent reoccurrence.

3.0 POLICY STATEMENT

Primus Plus Healthcare is committed to providing high-quality, safe, and person-centred supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions. The purpose of this Governance and Quality Assurance (QA) Policy and Procedure is to ensure that all services we deliver are aligned with the highest standards of care, safety, and compliance with regulatory and legislative requirements. The policy will establish

clear guidelines and processes to guide the provision of supported living services in a way that promotes service users' dignity, well-being, and independence, while safeguarding them from harm.

As part of our commitment to delivering exceptional care, Primus Plus Healthcare is fully dedicated to ensuring that supported living services are delivered in compliance with the Care Quality Commission (CQC) regulations, the Care Act 2014, the Health and Social Care Act 2008, the Data Protection Act 2018, and other relevant UK legislation. Through a robust framework of governance, continuous quality improvement, and regulatory compliance, we strive to meet the needs of the individuals we support while maintaining a safe and effective environment for staff and service users.

This policy applies to all operations and personnel within Primus Plus Healthcare and ensures that our service delivery is aligned with the principles of good governance, risk management, and accountability. Our core values of person-centred care, respect, safety, and transparency guide all aspects of the organization's operations, from leadership and staff responsibilities to quality assurance practices.

3.1 Commitment to Regulatory Compliance

Primus Plus Healthcare is committed to meeting or exceeding all regulatory requirements and standards set by the Care Quality Commission (CQC) and other relevant bodies. We will ensure that:

- Compliance with CQC Regulations: We comply with CQC's regulatory standards, specifically focusing on Regulation 17 (Good Governance), Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment), Regulation 18 (Staffing), and Regulation 9 (Person-Centred Care).
- Relevant Legislation: We adhere to national frameworks including the Care Act 2014, The Health and Social Care Act 2008, and the Data Protection Act 2018.
- Risk Management: We implement comprehensive risk management practices to ensure that service users, staff, and operations are safeguarded from potential harm.

Our governance and quality assurance framework ensures that the organization operates in full compliance with these regulations, delivering high standards of care and maintaining transparency and accountability.

3.2 Person-Centred Care and Empowerment of Service Users

At the heart of our service delivery model is the commitment to person-centred care. This means that every aspect of care delivery is designed to meet the unique needs, preferences, and goals of each service user. We are committed to:

- Personalized Support Plans: Developing individualised care plans for each service user, in collaboration with the individual and their family or advocate, ensuring that the services we provide reflect their specific needs, preferences, and choices.
- Service User Autonomy: Empowering service users to have an active voice in the decision-making processes regarding their care. We will ensure that they are involved in their care planning, and their choices are respected.
- Promoting Independence: Supporting service users to achieve greater independence in their daily lives by providing the necessary assistance with accommodation, life skills, and community integration, while avoiding unnecessary restrictions.

We are dedicated to ensuring that every service user receives care and support that promotes their dignity, independence, and well-being, while respecting their personal choices and preferences.

3.3 Continuous Improvement and Quality Assurance

We are committed to a culture of continuous improvement where the quality of services is regularly reviewed and enhanced. The following strategies will ensure that we achieve and maintain the highest standards of care:

- Regular Audits and Assessments: We will conduct regular internal audits and performance reviews to assess service quality, compliance with standards, and areas for improvement. These audits will evaluate operational practices, care delivery, staff performance, and risk management procedures.
- Feedback Mechanisms: Service users, families, and staff will be actively encouraged to provide feedback on the services provided. We will implement regular surveys, focus groups, and interviews to gather insights on service user satisfaction and areas for improvement.
- Action Plans and Corrective Measures: Based on audit results and feedback, we will develop action plans to address areas for improvement. These action plans will be reviewed regularly to ensure that corrective actions are implemented effectively and lead to measurable improvements in care delivery.

By continuously evaluating our practices and making adjustments based on feedback, audits, and performance monitoring, Primus Plus Healthcare strives to maintain an environment of excellence in care.

3.4 Governance, Accountability, and Leadership

Strong and transparent governance is fundamental to the success of Primus Plus Healthcare. We ensure that:

- Clear Leadership and Responsibility: The leadership team, including the Board of Directors, Registered Manager, and Nominated Individual, is responsible for overseeing the implementation of this policy, ensuring compliance with regulatory requirements, and driving continuous improvement.
- Staff Accountability: Staff at all levels are held accountable for the delivery of care services and maintaining high standards of quality. This includes clear lines of responsibility, with regular performance reviews and supervision to ensure staff meet the required competencies.
- Organizational Transparency: Regular reporting and documentation of key activities, including audits, risk assessments, incidents, and feedback, will be provided to senior leadership, ensuring that all decisions and actions are transparent and documented in compliance with CQC Regulation 17 (Good Governance).

The leadership team will also ensure that appropriate resources are allocated to maintain high standards of care, and that staff receive the support and development they need to succeed in their roles.

3.5 Safeguarding and Risk Management

Primus Plus Healthcare is committed to safeguarding the well-being of all service users and ensuring a safe, supportive environment. We will:

- Safeguarding Protocols: Develop and implement safeguarding policies that protect service users from abuse, neglect, or exploitation, in line with CQC Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment).
- Risk Management Procedures: Conduct regular risk assessments to identify potential hazards related to service delivery, accommodation, and daily living activities. These risks will be mitigated through the development of safety protocols and staff training on risk management.
- Incident Reporting: Ensure that all incidents, accidents, or safeguarding concerns are promptly reported, investigated, and addressed according to the Health and Social Care Act 2008 and CQC guidelines. Corrective actions will be implemented where necessary to ensure that risks are minimized.

We are dedicated to maintaining a zero-tolerance policy towards abuse and neglect and ensuring that service users live in an environment that is safe, secure, and conducive to their well-being.

3.6 Data Protection and Confidentiality

In compliance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, Primus Plus Healthcare is committed to:

- Confidentiality: Protecting the confidentiality of service users' personal and medical information. All personal data will be handled with the utmost care and stored securely, with access granted only to authorized personnel.
- Data Security: Implementing robust data protection measures to safeguard service users' sensitive information. This includes encrypted storage, secure access controls, and regular audits to ensure compliance with data protection laws.
- Rights of Service Users: Ensuring that service users are informed about their rights regarding data protection, including the right to access, correct, or delete their personal data when appropriate.

4.0 OBJECTIVE

The primary objective of this Governance and Quality Assurance (QA) Policy and Procedure is to ensure that Primus Plus Healthcare delivers safe, effective, and person-centred supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions. The policy aims to create a framework that promotes continuous improvement, ensures regulatory compliance, and enhances the quality of life for all service users.

To achieve these overarching goals, the following specific objectives have been defined. These objectives are integral to ensuring that our services consistently meet the regulatory standards set by the Care Quality Commission (CQC), the Care Act 2014, the Health and Social Care Act 2008, and all other relevant national legislation. Each objective is supported by key outcomes and processes that will help drive quality, compliance, and service user satisfaction.

4.1 Ensure Full Compliance with Regulatory Requirements

Objective: Ensure that Primus Plus Healthcare is fully compliant with all relevant national standards and regulatory frameworks, particularly those outlined by the Care Quality Commission (CQC) and other legislative bodies.

- Key Outcomes:

- CQC Compliance: Maintain adherence to CQC Regulation 17 (Good Governance), Regulation 13 (Safeguarding Service Users from Abuse), Regulation 18 (Staffing), and Regulation 9 (Person-Centred Care), ensuring that all practices, policies, and procedures align with these regulations.
- Legislative Adherence: Ensure that all services comply with The Care Act 2014, Health and Social Care Act 2008, General Data Protection Regulation (GDPR), and other relevant national standards.
- Regular Audits: Implement regular audits to evaluate compliance with regulatory standards, including risk assessments, service user feedback, and operational procedures.
- Corrective Action Plans: In the event of non-compliance or identified deficiencies, corrective action plans will be developed and executed promptly to ensure that regulatory standards are met.

4.2 Promote Person-Centred Care and Service User Engagement

Objective: Ensure that all care and support services provided by Primus Plus Healthcare are person-centred, respecting the preferences, needs, and goals of each individual service user, and empowering them to have an active role in their care.

- Key Outcomes:
  - Individual Care Plans: Develop and implement individualized care plans for each service user that reflect their personal needs, aspirations, and preferences. These care plans will be developed in consultation with service users and their families, ensuring that their input is central to care decisions.
  - Service User Involvement: Encourage service users to actively participate in the development and review of their care plans, ensuring that their choices and dignity are respected.
  - Independence and Empowerment: Focus on promoting service users' independence by assisting them in acquiring life skills, facilitating social inclusion, and supporting their integration into the community.
  - Regular Feedback Mechanisms: Implement regular surveys, interviews, and feedback sessions to gather insights from service users regarding the quality of care and their satisfaction with the support they receive. Feedback will be acted upon to ensure that care continues to meet service users' evolving needs.

4.3 Establish a Robust Quality Assurance Framework

Objective: Implement a structured quality assurance system that enables the ongoing monitoring, evaluation, and improvement of service delivery, ensuring compliance with all regulatory standards and improving outcomes for service users.

- Key Outcomes:
  - Performance Monitoring: Develop and track key performance indicators (KPIs) to monitor service quality, including service user satisfaction, staff performance, and compliance with care plans.
  - Regular Audits: Conduct regular internal and external audits of care services to evaluate the effectiveness of care, staff performance, risk management practices, and regulatory compliance.

- Service Improvement Action Plans: Based on audit findings and service user feedback, create and implement action plans to address areas for improvement, ensuring that identified issues are resolved promptly.
- Review of Practices and Policies: Regularly review care delivery practices, policies, and procedures to ensure that they remain effective, up-to-date, and aligned with current best practices and regulatory requirements.

4.4 Foster Continuous Improvement in Service Delivery

Objective: Create a culture of continuous improvement that allows Primus Plus Healthcare to evolve and adapt in response to feedback, audits, and changes in regulations, ensuring the ongoing enhancement of care quality.

- Key Outcomes:
  - Quality Monitoring Systems: Establish systems for tracking and analysing key metrics such as care outcomes, service user feedback, and staff performance to identify areas for improvement.
  - Actionable Feedback: Ensure that feedback from service users, staff, and external stakeholders is systematically collected, analysed, and acted upon to drive improvements in service delivery.
  - Staff Involvement: Engage staff in the continuous improvement process by encouraging them to contribute ideas and participate in quality improvement initiatives, fostering a sense of ownership and accountability.
  - Innovation and Best Practice Adoption: Encourage the adoption of innovative practices and the incorporation of emerging best practices into service delivery to enhance care quality and efficiency.

4.5 Ensure Effective Risk Management and Safeguarding

Objective: Ensure the safety and well-being of service users, staff, and operations through the effective identification, assessment, and management of risks, while maintaining a strong focus on safeguarding.

- Key Outcomes:
  - Comprehensive Risk Assessments: Conduct regular, comprehensive risk assessments for service users, staff, and operational practices to identify and mitigate potential hazards and risks.
  - Safeguarding Protocols: Implement robust safeguarding procedures to protect service users from abuse, neglect, or exploitation, in line with CQC Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) and Safeguarding Vulnerable Groups Act 2006.
  - Incident Reporting System: Establish a transparent incident reporting system that allows for the prompt reporting, investigation, and resolution of incidents, accidents, and safeguarding concerns.
  - Corrective Action and Learning: Ensure that all incidents and near-misses are analysed to determine root causes, with corrective actions implemented to prevent recurrence. Lessons learned will be shared across the organization to improve safety practices.

4.6 Maintain Transparent Governance and Accountability

Objective: Establish clear governance structures and accountability mechanisms that ensure effective leadership, transparency, and decision-making in the management and delivery of services.

- Key Outcomes:
    - Clear Governance Structures: Define roles, responsibilities, and reporting lines within the organization to ensure accountability and transparency at all levels.
    - Regular Reporting: Implement regular reporting systems that provide senior leadership and regulatory bodies with updates on service performance, compliance, and quality assurance efforts.
    - Board and Leadership Oversight: Ensure that the Board of Directors and senior leadership have oversight of governance processes, compliance, and performance monitoring, ensuring that the service remains aligned with regulatory requirements.
    - Performance Reviews: Conduct regular performance reviews at all levels to ensure that individuals are meeting their responsibilities, and that leadership is accountable for delivering high-quality care.

4.7 Foster Staff Development and Competency

Objective: Ensure that all staff members have the skills, knowledge, and support needed to provide high-quality, safe, and effective care, while continuously developing their professional competencies.

- Key Outcomes:
    - Comprehensive Staff Training: Provide all staff with mandatory training in key areas such as safeguarding, risk management, infection control, person-centred care, and supporting individuals with learning disabilities and autism.
    - Continuous Professional Development (CPD): Support staff in pursuing CPD opportunities to enhance their skills and knowledge in line with best practices and emerging trends in care delivery.
    - Regular Performance Appraisals: Conduct annual performance appraisals to assess staff performance, identify areas for development, and ensure that staff meet the required competencies for their roles.
    - Leadership Development: Encourage the growth of future leaders within the organization through leadership training programs and mentorship opportunities.

4.8 Promote Financial Accountability and Ethical Resource Management

Objective: Ensure the ethical and efficient use of resources, with a focus on financial transparency, accountability, and sustainability in the delivery of services.

- Key Outcomes:
    - Financial Oversight: Implement robust financial management systems to ensure that funds are allocated and spent effectively to enhance service delivery and care quality.

- Transparent Budgeting and Reporting: Ensure that financial resources are allocated in a transparent manner, with regular financial audits to ensure compliance with financial regulations and efficient resource use.
- Ethical Resource Allocation: Ensure that all resources are used in a way that prioritizes the well-being of service users and staff, without compromising the quality of care.

4.9 Ensure Stakeholder Engagement and Collaboration

Objective: Foster strong relationships and collaboration with all stakeholders, including service users, families, staff, and regulatory bodies, to ensure that care services are continuously improved and meet the needs of all parties involved.

- Key Outcomes:
  - Service User and Family Engagement: Actively involve service users and their families in care planning, feedback, and quality improvement initiatives.
  - Staff Collaboration: Foster a collaborative work environment where staff at all levels are encouraged to contribute to quality improvement efforts and share ideas for enhancing service delivery.
  - Collaboration with External Stakeholders: Work closely with regulatory bodies, local authorities, and other external stakeholders to ensure that service delivery is aligned with national care standards and best practices.

5.0 Legislation and Compliance

Primus Plus Healthcare is committed to ensuring that all supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions comply with the relevant legislation, regulations, and standards set by national and local authorities. This section outlines the key legislative requirements that govern the provision of supported living services without personal care and how we ensure compliance with these laws.

Our approach to compliance is underpinned by a commitment to high-quality care, transparency, and accountability, ensuring that all services provided are safe, effective, caring, responsive, and well-led. Compliance with these legal and regulatory requirements is essential to delivering services that meet the needs of service users and safeguard their rights and well-being.

5.1 Care Quality Commission (CQC) Regulations

The Care Quality Commission (CQC) is the independent regulator for health and social care services in England. CQC monitors, inspects, and regulates services to ensure they meet the required standards of quality and safety. Primus Plus Healthcare is fully committed to meeting the CQC regulations that apply to supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions.

- Regulation 9 (Person-Centred Care):
  - Services must be designed around the individual needs, preferences, and goals of the service user.
  - We ensure that every service user has an individualized care and support plan, developed in collaboration with the service user and their family or advocate, ensuring their preferences are reflected in the services they receive.
- Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment):

    - We maintain rigorous safeguarding procedures to prevent abuse, neglect, and exploitation of service users.
    - Staff receive regular safeguarding training, and we follow robust procedures for reporting and investigating any allegations or incidents of abuse.
- Regulation 17 (Good Governance):
    - We ensure that Primus Plus Healthcare has effective governance systems in place, including clear lines of accountability, regular audits, and performance reviews, to monitor and improve the quality of care.
    - Leadership is responsible for ensuring compliance with regulatory standards and driving continuous improvements in service delivery.
- Regulation 18 (Staffing):
    - We ensure that staffing levels are appropriate for the safe and effective delivery of services. Staff are adequately trained and supported to carry out their roles in providing care to service users.
    - We maintain an ongoing commitment to staff development, offering mandatory training and continuous professional development (CPD) opportunities.
- Regulation 12 (Safe Care and Treatment):
    - All care and support services must be delivered in a safe manner, with systems in place to manage risks and ensure service users' health, safety, and welfare.
    - Primus Plus Healthcare conducts regular risk assessments and implements risk management strategies for both the environment and care activities.

5.2 The Care Act 2014

The Care Act 2014 provides the legal framework for adult social care in England and emphasizes the importance of promoting well-being, independence, and choice for individuals receiving care and support services.

- Section 1 (Promoting Well-Being):
    - The Care Act 2014 requires that care services promote the well-being of service users in the broadest sense, including their emotional and mental health, physical safety, and independence.
    - Primus Plus Healthcare aligns its services with this principle by focusing on the individual needs of each service user, ensuring that the support provided enables them to lead fulfilling and independent lives.
- Section 42 (Duty to Make Safeguarding Enquiries):
    - The Care Act places a duty on local authorities to safeguard individuals who may be at risk of abuse or neglect.
    - While Primus Plus Healthcare operates in partnership with local authorities to ensure the safety of service users, we also have our own internal safeguarding processes to identify, report, and address any safeguarding concerns in line with the Care Act requirements.

5.3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Health and Social Care Act 2008 and its associated regulations are central to the regulation of health and social care providers in England. These regulations govern the safe provision of services and the quality of care provided.

- Regulation 12 (Safe Care and Treatment):
    - Ensures that services are delivered safely, including the management of risks and the prevention of avoidable harm.
    - We ensure that all services are delivered in accordance with safe working practices, including risk assessments, safe medication practices (if applicable), and safe accommodation.
- Regulation 18 (Staffing):
    - Ensures that sufficient staffing levels are maintained to provide care that meets the needs of service users.
    - Primus Plus Healthcare ensures that we recruit, train, and retain staff with the necessary skills and experience to provide effective and compassionate support to service users.

5.4 General Data Protection Regulation (GDPR) and Data Protection Act 2018

Primus Plus Healthcare is committed to protecting the personal data of service users and staff in compliance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

- GDPR Compliance:
    - Primus Plus Healthcare will ensure that all personal data collected from service users and staff is processed lawfully, fairly, and transparently.
    - We will only collect and process data for specific, legitimate purposes related to the care and support of service users.
    - Service users have the right to access their personal data, request corrections, and, where appropriate, request the deletion of their data.
- Data Security:
    - Personal and sensitive data will be stored securely and protected against unauthorized access, ensuring confidentiality.
    - We will regularly review data protection practices and ensure that all staff are trained in data protection procedures to maintain compliance with GDPR.

5.5 Safeguarding Vulnerable Groups Act 2006

The Safeguarding Vulnerable Groups Act 2006 aims to prevent unsuitable individuals from working with vulnerable people by establishing the Disclosure and Barring Service (DBS).

- DBS Checks for Staff:
    - All staff members involved in the provision of supported living services are required to undergo enhanced DBS checks to ensure their suitability to work with vulnerable individuals.
    - Primus Plus Healthcare ensures that all staff are vetted appropriately before being employed and that DBS checks are updated regularly as part of ongoing safeguarding practices.

5.6 Equality Act 2010

The Equality Act 2010 ensures that service users and staff are treated fairly and equally, regardless of their age, disability, race, sex, religion, sexual orientation, or any other protected characteristic.

- Non-Discrimination:
    - Primus Plus Healthcare is committed to providing services that are inclusive and accessible to all service users, ensuring that we meet the individual needs of each person, regardless of their background or condition.
    - We provide training to all staff to ensure that they understand their responsibilities in promoting equality and preventing discrimination.
- Promoting Equal Opportunities for Service Users and Staff:
    - We ensure that service users are not discriminated against in accessing services, and that they are treated with respect and dignity at all times.
    - Staff recruitment, training, and development are conducted in a manner that promotes diversity, inclusion, and equality within the organization.

5.7 The Children Act 1989 (for Transitioning Youth)

While primarily focused on children, the Children Act 1989 provides provisions related to safeguarding and promoting the welfare of children, particularly in the transition from children's to adult services.

- Supporting the Transition from Children's Services:
    - For service users transitioning from children's services to adult care, Primus Plus Healthcare follows the guidelines provided by the Children Act to ensure a smooth and safe transition, addressing the specific needs of the individual and ensuring continuity of care.

5.8 Compliance Monitoring and Continuous Review

To ensure ongoing compliance with the aforementioned legislation and regulations, Primus Plus Healthcare has established a continuous monitoring process that includes:

- Internal Audits: Regular audits of service delivery, risk management practices, and staff compliance to assess adherence to all relevant regulations.
- Incident Reporting: A transparent reporting system for incidents, accidents, and safeguarding concerns, ensuring that any issues are addressed promptly and thoroughly.
- Feedback Mechanisms: Regular collection of feedback from service users, families, and staff to monitor satisfaction and identify areas for improvement in service delivery.

6.0 DEFINITIONS

The following definitions clarify key terms and concepts used in this Governance and Quality Assurance (QA) Policy. Understanding these terms is essential to ensure consistent and clear communication throughout the organization, particularly regarding compliance with regulatory standards set by the Care Quality Commission (CQC) and relevant UK legislation.

6.1 Governance

Definition: Governance refers to the systems, structures, and processes used to manage, oversee, and direct the operations of Primus Plus Healthcare, ensuring that services are delivered effectively, safely, and in compliance with all legal and regulatory requirements.
Key Components:

- Leadership accountability and responsibility for decision-making and quality.
- Transparent reporting and decision-making processes that ensure the company operates with integrity and in the best interest of service users.
- Continuous monitoring and evaluation of service quality, staff performance, and regulatory compliance.

6.2 Quality Assurance (QA)

Definition: Quality assurance refers to the systematic processes, activities, and standards put in place to ensure that services meet the required quality standards and continuously improve. It encompasses the monitoring, evaluation, and enhancement of service delivery, ensuring that care is effective, safe, and person-centred.

Key Components:

- Regular performance audits to monitor care quality.
- Evaluation of service outcomes and staff performance.
- Development and implementation of corrective action plans to address areas of improvement.

6.3 Person-Centred Care

Definition: Person-centred care is an approach that recognizes and respects the unique needs, preferences, and choices of each service user. It focuses on the individual as a whole and ensures that services are tailored to meet their specific requirements, enabling them to make informed decisions about their care.

Key Elements:

- Service users are at the centre of decision-making regarding their care and daily living activities.
- Care plans are individualized and updated regularly based on feedback from the service user and their family or advocate.
- Service users are empowered to take an active role in their care and live as independently as possible.

6.4 Supported Living Services

Definition: Supported living services refer to non-residential care and support services that help individuals with disabilities or mental health needs to live as independently as possible. These services include accommodation and assistance with daily activities but exclude personal care such as bathing, dressing, or administering medication.

Key Elements:

- Providing accommodation in community-based settings or independent living arrangements.
- Supporting individuals with day-to-day activities like budgeting, meal preparation, and social integration.

- Offering guidance and support in maintaining independence while ensuring safety and well-being.

6.5 Service Users

Definition: Service users are individuals who receive care and support through Primus Plus Healthcare's supported living services. This includes adults with learning disabilities, mental health needs, and autism spectrum conditions, who are provided with support to live independently in community-based environments.

Key Characteristics:

- Each service user has specific needs that are addressed through person-centred care and support.
- Service users are involved in decision-making processes about their care plans and daily activities.

6.6 CQC (Care Quality Commission)

Definition: The Care Quality Commission (CQC) is the independent regulator for health and social care services in England. CQC monitors, inspects, and regulates services to ensure they meet the required standards of quality and safety.

Relevance to Primus Plus Healthcare:

- CQC Regulation 17 (Good Governance): Requires services to have effective systems in place to monitor and improve the quality of care.
- CQC Regulation 18 (Staffing): Ensures that services maintain appropriate staffing levels and provide staff with the necessary training and support to deliver quality care.

6.7 Safeguarding

Definition: Safeguarding refers to the protection of vulnerable individuals from harm, abuse, neglect, or exploitation. In the context of supported living services, safeguarding measures ensure that service users are safe from all forms of abuse while receiving care and support. Key Components:

- Preventing abuse and neglect through the implementation of strict policies and procedures.
- Ensuring staff are trained to recognize and respond to safeguarding concerns.
- Reporting and investigating any incidents of abuse or neglect in a timely and thorough manner.

6.8 Risk Management

Definition: Risk management refers to the systematic identification, assessment, and mitigation of risks that may affect the safety and well-being of service users, staff, and the overall operation of supported living services.

Key Processes:

- Regular risk assessments for service users, staff, and operational processes.
- Development and implementation of risk mitigation strategies to minimize identified risks.
- Continuous review and adaptation of risk management protocols to ensure the ongoing safety of service users and staff.

6.9 Incident Reporting

Definition: Incident reporting is the process by which any event or occurrence that deviates from expected care practices (including accidents, near-misses, or complaints) is documented and investigated to identify the root cause and implement corrective actions.
Key Elements:

- A transparent system for reporting incidents, including accidents or potential safeguarding concerns.
- Investigation of incidents to determine their cause and prevent recurrence.
- Corrective actions to address issues identified during the investigation, including staff training or procedural changes.

6.10 Staffing

Definition: Staffing refers to the recruitment, training, supervision, and development of staff who provide care and support to service users. It ensures that staff have the appropriate qualifications, skills, and support to deliver care safely and effectively.
Key Components:

- Recruitment of qualified and competent staff to provide high-quality care.
- Ongoing training and development to ensure staff stay current with best practices and regulatory requirements.
- Regular performance reviews to monitor staff competence and identify training needs.

6.11 Incident Management

Definition: Incident management refers to the process of managing and responding to incidents that may occur during the provision of care. This includes identifying, documenting, investigating, and resolving incidents to prevent recurrence and improve service delivery.
Key Processes:

- Clear protocols for reporting incidents, including accidents, injuries, or safeguarding concerns.
- Investigation and analysis of incidents to identify root causes and systemic issues.
- Implementation of corrective actions to ensure that similar incidents do not occur in the future.

6.12 Data Protection and Confidentiality

Definition: Data protection and confidentiality refer to the safeguarding of personal and sensitive information related to service users and staff. This includes ensuring that personal data is stored securely and used only for the purposes of delivering care and support.
Key Principles:

- Compliance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018.
- Secure storage of personal data, with limited access to authorized personnel only.
- Service users' rights to access, correct, or delete their personal data.

6.13 Complaints and Feedback

Definition: Complaints and feedback refer to the processes through which service users, their families, and staff can raise concerns or provide suggestions for improving the quality of care and support services.

Key Elements:

- A clear process for service users and staff to voice complaints and provide feedback.
- Regular review of feedback and complaints to identify areas for improvement in service delivery.
- Prompt response and resolution of complaints to ensure service user satisfaction.

6.14 External Stakeholders

Definition: External stakeholders are organizations, regulatory bodies, and individuals outside Primus Plus Healthcare that have an interest in the services provided. This includes the Care Quality Commission (CQC), local authorities, NHS partners, and family members of service users.
Key Roles:

- CQC: Regulatory oversight, inspections, and guidance on best practices.
- Local Authorities: Commissioning and oversight of services, particularly in relation to safeguarding and welfare.
- Family and Advocates: Advocating for the needs and preferences of service users and ensuring that their voices are heard in decision-making.

6.15 Nominated Individual

Definition: The Nominated Individual is the person within Primus Plus Healthcare who is registered with CQC and is responsible for ensuring compliance with the regulations and standards of care. This individual acts as the main point of contact between the organization and regulatory bodies.

Key Responsibilities:

- Representing Primus Plus Healthcare during CQC inspections and ensuring that the organization meets regulatory requirements.
- Overseeing the implementation of governance and quality assurance practices to ensure continuous compliance.

6.16 Registered Manager

Definition: The Registered Manager is a senior-level role within Primus Plus Healthcare who is legally responsible for the day-to-day management and delivery of care services. They are responsible for ensuring that services are delivered in accordance with CQC standards.
Key Responsibilities:

- Managing and supervising the care team.
- Ensuring the quality of care is consistently monitored and improved.
- Reporting on compliance with regulatory standards to senior leadership.

7.0 GOVERNANCE STRUCTURE

The governance structure of Primus Plus Healthcare is designed to ensure effective oversight, leadership, and accountability in the delivery of supported living services for adults with learning disabilities, mental health needs, and autism spectrum conditions. This structure supports the organization's commitment to high-quality, person-centred care, compliance with regulatory standards, and continuous improvement.

The governance framework clearly defines the roles, responsibilities, and reporting relationships at all levels of the organization. The framework emphasizes transparency, accountability, and effective leadership in service delivery, ensuring that all staff are empowered to contribute to the organization's goals and uphold regulatory and operational standards.

7.1 Board of Directors / Executive Leadership

Role:
The Board of Directors is responsible for providing strategic leadership and oversight of Primus Plus Healthcare's operations. The Board ensures that the governance processes are in place to meet the required regulatory standards and that the organization remains compliant with CQC regulations and national legislation.

Key Responsibilities:

- Strategic Direction: Set the overall vision, mission, and strategic objectives for the organization, ensuring that these align with the core values of Primus Plus Healthcare and regulatory standards.
- Governance Oversight: Ensure that effective governance structures and processes are in place to monitor and improve the quality of care provided. The Board is responsible for ensuring the organization's compliance with CQC Regulation 17 (Good Governance) and Regulation 18 (Staffing).
- Compliance Monitoring: Regularly review compliance with legal, regulatory, and operational standards, ensuring that action is taken to address any identified risks or deficiencies.
- Financial Oversight: Oversee financial performance and ensure that financial resources are appropriately allocated to support high-quality care.

Reports to:

- The CEO and Registered Manager provide regular updates to the Board on performance, compliance, and service quality.

7.2 Chief Executive Officer (CEO)

Role:
The CEO is responsible for overseeing the day-to-day operations of Primus Plus Healthcare, ensuring that the strategic direction set by the Board of Directors is implemented effectively and that services are delivered in compliance with regulatory requirements.

Key Responsibilities:

- Operational Oversight: Lead the implementation of governance policies and procedures across all areas of service delivery, ensuring the organization meets regulatory standards.
- Leadership Accountability: Ensure that senior leadership and managers are effectively managing their respective areas of responsibility and that there is accountability for service quality and compliance.

- Service Quality: Ensure the continuous monitoring of care quality through regular audits, service reviews, and feedback mechanisms.
- Risk Management: Oversee risk management strategies, ensuring that potential risks are identified, assessed, and mitigated promptly.
- Resource Allocation: Ensure the efficient and effective use of resources, including staffing, budgets, and care materials, to deliver high-quality services.

Reports to:

- The Board of Directors receives regular reports from the CEO on operational performance, risks, and financial matters.

7.3 Director of Quality and Compliance

Role:
The Director of Quality and Compliance is responsible for overseeing the quality assurance framework and ensuring that Primus Plus Healthcare complies with CQC regulations, national standards, and internal policies. This role is pivotal in maintaining high standards of care and service delivery.

Key Responsibilities:

- Quality Assurance Framework: Lead the development, implementation, and monitoring of the quality assurance system, ensuring that care is delivered in accordance with best practices and regulatory standards, including CQC Regulation 17 (Good Governance) and Regulation 9 (Person-Centred Care).
- Auditing and Reporting: Conduct regular audits and performance reviews to assess service quality, identify areas for improvement, and develop corrective action plans. Monitor service user satisfaction and ensure that feedback is acted upon.
- Compliance Monitoring: Ensure the organization complies with all regulatory requirements, including those from CQC, the Care Act 2014, and other relevant legislation. This includes ensuring that staff are properly trained and that care practices align with regulatory standards.
- Staff Training and Development: Oversee the training and continuous professional development (CPD) of staff to ensure they meet regulatory and competency requirements.
- Risk Management: Work closely with the Risk Management Officer to address and mitigate any risks to service users or the organization’s operations.

Reports to:

- The CEO and Board of Directors receive regular reports from the Director of Quality and Compliance regarding compliance, audits, service quality, and any corrective actions taken.

7.4 Registered Manager

Role:
The Registered Manager is the senior person responsible for the day-to-day management of supported living services. They ensure that services are provided in line with the policies and procedures set by Primus Plus Healthcare and comply with all CQC regulations.

Key Responsibilities:

- Day-to-Day Management: Manage the delivery of supported living services, ensuring that care plans are implemented and monitored effectively to meet the needs of service users.
- Service Delivery Oversight: Supervise staff to ensure that the services delivered are safe, effective, and person-centred. Ensure that care practices are in line with the guidelines set by CQC and other relevant standards.
- Staff Supervision and Support: Oversee staff performance, providing guidance, support, and supervision to ensure that all team members meet the required standards.
- Safeguarding and Risk Management: Ensure that safeguarding protocols are followed and that incidents, accidents, or complaints are managed appropriately. Conduct regular risk assessments to ensure service user safety.
- Compliance and Reporting: Ensure that service delivery is in compliance with relevant CQC regulations (e.g., Regulation 13 - Safeguarding, Regulation 12 - Safe Care and Treatment). Prepare for and respond to CQC inspections and audits, ensuring all documentation and processes are in place.

Reports to:

- The Director of Quality and Compliance and CEO.

7.5 Nominated Individual

Role:
The Nominated Individual is the person registered with CQC who is legally responsible for ensuring that Primus Plus Healthcare complies with regulatory requirements and operates according to the highest standards of care.

Key Responsibilities:

- Regulatory Compliance: Ensure that Primus Plus Healthcare meets CQC regulations, including ensuring that the care provided is safe, effective, and well-led.
- Liaison with CQC: Serve as the primary point of contact between Primus Plus Healthcare and CQC, coordinating inspections and addressing any regulatory concerns.
- Policy Implementation: Ensure that governance policies and quality assurance processes are adhered to and maintained in compliance with regulatory standards.

Reports to:

- The CEO and Board of Directors.

7.6 Risk Management Officer

Role:
The Risk Management Officer is responsible for identifying, assessing, and mitigating risks related to service delivery, staffing, and safety. This role plays a crucial part in ensuring that service users are protected from harm and that the organization’s operations run smoothly.

Key Responsibilities:

- Risk Identification and Assessment: Conduct regular risk assessments across all service areas, identifying potential risks to service users, staff, and operations.
- Mitigation and Prevention: Develop and implement strategies to mitigate identified risks and prevent adverse incidents from occurring.

- Incident Management: Oversee the investigation and management of incidents, ensuring that corrective actions are implemented, and lessons learned are shared across the organization.
- Reporting: Report on risk management activities to the Director of Quality and Compliance and CEO, including any identified risks, incidents, and mitigation strategies.

Reports to:

- The Director of Quality and Compliance.

7.7 Operational Managers and Team Leaders

Role:
Operational Managers and Team Leaders oversee specific service areas, ensuring that care services are delivered according to care plans, policies, and regulatory standards.

Key Responsibilities:

- Staff Supervision: Supervise care staff, providing guidance and support to ensure quality care delivery.
- Service Delivery: Monitor day-to-day care provision and ensure that service users' needs are met in a safe, effective, and respectful manner.
- Feedback and Continuous Improvement: Collect and analyze feedback from service users, families, and staff to improve service delivery.
- Compliance: Ensure compliance with CQC regulations and organizational policies within their teams.

Reports to:

- The Registered Manager.

7.8 Frontline Care Staff

Role:
Frontline Care Staff deliver the daily care and support to service users, ensuring that their needs are met and their dignity and independence are respected.

Key Responsibilities:

- Care Delivery: Provide support with daily living activities, ensuring that services are delivered safely, effectively, and in a person-centred manner.
- Service User Interaction: Foster positive relationships with service users, providing emotional support, social engagement, and assistance with life skills.
- Reporting and Documentation: Maintain accurate records of care activities and report any concerns or incidents to team leaders or managers.

Reports to:

- Care Managers and Registered Manager.

7.9 External Stakeholders and Regulatory Bodies

Role:
External stakeholders and regulatory bodies, such as CQC, local authorities, and NHS partners, provide oversight and feedback on service delivery. They play an essential role in ensuring that Primus Plus Healthcare operates in compliance with national care standards.

Key Responsibilities:

- Regulatory Inspections: Conduct inspections and audits of Primus Plus Healthcare to ensure compliance with CQC regulations.
- Feedback and Recommendations: Provide feedback and recommendations on care practices, service delivery, and operational improvements.

Reports to:

- Board of Directors and CEO regarding regulatory matters.

8. QUALITY ASSURANCE FRAMEWORK

The Quality Assurance Framework (QAF) for Primus Plus Healthcare ensures that we consistently deliver high-quality supported living services to adults with learning disabilities, mental health needs, and autism spectrum conditions. The framework is designed to evaluate, monitor, and improve the quality of care and services provided in accordance with the highest standards, while ensuring compliance with Care Quality Commission (CQC) regulations and national care standards.

The QAF promotes transparency, accountability, and continuous improvement, while ensuring that service users receive person-centred care that supports their independence, well-being, and dignity. This section outlines the key components and processes of the quality assurance system used to monitor care delivery, identify areas for improvement, and drive ongoing service enhancement.

8.1 Monitoring and Evaluation

To ensure the highest standards of care, Primus Plus Healthcare has implemented a comprehensive monitoring and evaluation system that includes routine audits, service user feedback, and performance assessments. This system helps identify strengths and areas for improvement, ensuring that quality care is consistently delivered.

Key Components:

- **Routine Audits:**
    - Care Delivery Audits: Regular audits will be conducted to assess whether care services meet regulatory standards, including CQC Regulations 9 (Person-Centred Care) and Regulation 12 (Safe Care and Treatment). Audits will focus on reviewing care plans, medication administration (if applicable), health and safety measures, and the general quality of life for service users.
    - Operational Audits: These audits evaluate organizational practices such as staff performance, resource allocation, and adherence to operational policies. Operational audits ensure that day-to-day activities are being conducted efficiently, safely, and in line with established procedures.
    - Compliance Audits: Regular audits will evaluate compliance with CQC regulations, including staffing levels (Regulation 18), safeguarding measures (Regulation 13), and overall governance (Regulation 17).
- **Service User Feedback:**
    - Surveys and Interviews: Primus Plus Healthcare will regularly collect feedback from service users and their families through surveys, interviews, and focus

groups. This feedback will help assess service user satisfaction and identify areas for improvement in care and support.

- Service User Involvement: Service users will be encouraged to actively participate in their care planning and the review process. Their preferences and goals will be incorporated into care plans, ensuring that the services provided are aligned with their needs.

- **Performance Reviews:**
  - Staff Performance: Staff performance will be monitored through regular appraisals, peer reviews, and supervision. The performance reviews will assess staff competencies, including their ability to deliver person-centred care, manage risks, and maintain compliance with policies and regulations.
  - Service Delivery Monitoring: Regular reviews will evaluate the effectiveness of care delivery, identifying areas where improvements can be made or where additional support is needed.

8.2 Quality Control Mechanisms

Quality control mechanisms are essential to ensuring that services remain safe, effective, and responsive to service users' needs. These mechanisms involve setting clear standards, measuring performance, and taking action to correct any deficiencies.

Key Components:

- **Key Performance Indicators (KPIs):**
  - Service User Satisfaction: KPIs will be developed to track service user satisfaction, including feedback on care quality, staff interactions, and overall service delivery. Regular reviews of these indicators will guide improvements and inform staff development.
  - Staff Training and Development: KPIs related to staff training completion rates, competency assessments, and participation in continuous professional development (CPD) will be monitored to ensure that staff have the necessary skills and knowledge to provide high-quality care.
  - Incident Reporting and Resolution: KPIs will track incident reporting, including accidents, near misses, and safeguarding concerns. These indicators will help ensure that incidents are addressed promptly and that corrective actions are taken.

- **Corrective Action Plans (CAPs):**
  - When audits or performance reviews identify areas of concern, Primus Plus Healthcare will implement corrective action plans to address these issues. CAPs will specify:
    - The issue identified and its root cause.
    - Specific actions to be taken to resolve the issue.
    - The timeline for implementation of corrective actions.
    - Assigned responsibility for implementing the corrective actions.

- Regular follow-up audits and reviews will assess whether corrective actions have been implemented effectively and whether they have led to improvements in service delivery.

- **Service Improvement Initiatives:**
  - Continuous improvement will be promoted by involving staff in identifying innovative solutions to improve service quality. Staff will be encouraged to share ideas for better practices and new ways to meet service user needs.
  - Feedback from service users and families will be incorporated into service improvement initiatives, ensuring that care is responsive to their evolving needs and preferences.

8.3 Risk Management and Safeguarding

Effective risk management is a cornerstone of ensuring the safety and well-being of service users and staff. Primus Plus Healthcare is committed to identifying, managing, and mitigating risks across all service areas.

Key Components:

- **Risk Identification and Assessment:**
  - Regular Risk Assessments: Comprehensive risk assessments will be carried out for service users to identify potential risks related to their care needs and daily living activities. These risk assessments will address issues such as falls prevention, medication safety (if applicable), mobility, and environmental hazards.
  - Organizational Risk Management: Risk assessments will also be conducted at the organizational level to identify risks related to staffing, operational procedures, and compliance with regulatory standards.

- **Safeguarding Practices:**
  - Safeguarding Policies: We will maintain and enforce safeguarding policies to protect service users from abuse, neglect, and exploitation. These policies will align with CQC Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) and Safeguarding Vulnerable Groups Act 2006.
  - Staff Training: All staff will receive regular training on safeguarding practices, including recognizing signs of abuse, reporting concerns, and responding appropriately to safeguarding incidents.

- **Incident Reporting and Management:**
  - Transparent Reporting System: Primus Plus Healthcare will implement a transparent system for reporting incidents, including accidents, near-misses, and any concerns related to safeguarding. This system will ensure that incidents are addressed promptly and that lessons are learned to prevent future occurrences.
  - Corrective Actions: Once incidents are reported and investigated, corrective actions will be developed and tracked through CAPs to ensure that the issues are resolved and service delivery is improved.

8.4 External Audits and Reviews

External audits and reviews provide an objective assessment of Primus Plus Healthcare's compliance with regulatory standards and quality assurance practices. These reviews are

critical for identifying areas of improvement and ensuring that care services meet the highest standards.

Key Components:

- **CQC Inspections:**
    - Primus Plus Healthcare will undergo regular inspections by the Care Quality Commission (CQC) to ensure that we meet regulatory standards for supported living services. These inspections will assess compliance with the five key domains of CQC's Key Lines of Enquiry (KLOEs): Safe, Effective, Caring, Responsive, and Well-led.
    - Action Plans Following Inspections: After each inspection, we will develop action plans to address any areas of non-compliance or areas identified for improvement. These plans will be closely monitored to ensure they are implemented effectively.
- **Independent Audits:**
    - Independent third-party audits may be conducted to evaluate service quality, risk management practices, and compliance with legal and regulatory requirements. These audits will help ensure objectivity and transparency in the assessment of service delivery.

8.5 Service User and Family Involvement

Service users and their families are central to the quality assurance process. Their feedback and involvement are essential for ensuring that care is tailored to their needs and preferences.

Key Components:

- **Regular Feedback Collection:**
    - Feedback from service users and their families will be regularly collected through surveys, interviews, and care reviews. This feedback will help us understand the service user experience and identify areas for improvement.
    - We will act on this feedback by making adjustments to care plans, staff training, and service delivery based on the insights provided.
- **Family and Carer Involvement:**
    - Primus Plus Healthcare will encourage families and carers to actively participate in care planning and service reviews. Their involvement will ensure that care services align with the needs and preferences of service users.

8.6 Staff Training and Development

Staff competence is vital to maintaining high-quality care. Primus Plus Healthcare is committed to ongoing training and development to ensure that all staff are equipped with the knowledge and skills required to provide safe, effective, and person-centred care.

Key Components:

- **Induction and Mandatory Training:**
    - New staff will undergo a comprehensive induction program that includes mandatory training in safeguarding, health and safety, person-centred care, and other critical areas.

- **Continuous Professional Development (CPD):**
    - Staff will have access to ongoing CPD opportunities to develop their skills and knowledge in areas such as disability support, mental health care, and autism spectrum conditions.
- **Competency Assessments:**
    - Regular competency assessments will be conducted to ensure that staff are meeting the required standards of care and performance.

9.0 SERVICE USER SAFETY AND PERSON-CENTRED CARE

At Primus Plus Healthcare, we are deeply committed to ensuring the safety, well-being, and dignity of all service users receiving supported living services. Service user safety and person-centred care are fundamental principles that underpin our service delivery model. This section outlines how we safeguard service users, deliver care that respects their individuality, and continuously improve the safety of our services in compliance with CQC regulations and best practices.

Our goal is to create an environment where service users feel secure, valued, and empowered to live independently, while receiving the support they need to thrive. By adopting a person-centred care approach, we ensure that care is tailored to meet the unique needs and preferences of each individual, while also maintaining the highest standards of safety and well-being.

9.1 Service User Safety

Service user safety is the primary consideration in all aspects of **Primus Plus Healthcare's** service delivery. We are dedicated to creating and maintaining a safe environment in which service users can receive the support they need without fear of harm. This commitment includes:

- **Preventing Abuse and Neglect:**

  Primus Plus Healthcare has a zero-tolerance policy for any form of abuse, neglect, or exploitation. We are committed to protecting service users from harm and ensuring that all staff are trained to recognize and respond to potential safeguarding concerns. Our safeguarding procedures are in line with CQC Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) and the Safeguarding Vulnerable Groups Act 2006.
    - All staff undergo mandatory safeguarding training during their induction and receive regular refresher courses to stay updated with current best practices.
    - Clear procedures are in place to report, investigate, and resolve any incidents of abuse or neglect. Service users and their families are encouraged to report any concerns without fear of retaliation.

- **Risk Assessment and Management:**

  We implement a comprehensive risk management framework to identify, assess, and manage risks associated with care delivery. Primus Plus Healthcare conducts detailed risk assessments for each service user, considering factors such as mobility, mental health, potential risks from the environment, and any medical conditions that may affect their safety.

  - Regular risk assessments are conducted and reviewed to ensure service users are supported in the safest manner possible, with mitigation strategies in place for any identified risks.
  - Where risks are identified, we implement risk mitigation strategies, which may include adjustments to care plans, environmental changes, or additional training for staff.

- **Health and Safety Compliance:**

  We ensure that all accommodation and care settings meet high standards of safety, cleanliness, and accessibility. This includes adherence to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, ensuring that service users are provided with a safe environment in which they can live independently while receiving the support they need.

  - Regular checks on accommodation, equipment, and staff competencies ensure that Primus Plus Healthcare maintains compliance with CQC Regulation 12 (Safe Care and Treatment).
  - Health and safety protocols are followed to protect service users from environmental hazards, ensuring that staff are trained to identify and mitigate risks in the living environment.

9.2 Person-Centred Care

Person-centred care is at the core of our service philosophy. We believe that care should always be individualized, responsive, and tailored to the unique needs, preferences, and aspirations of each service user. This approach ensures that service users are not only safe but also empowered and respected in every aspect of their care.

- Individualized Care and Support Plans:

  Each service user receives a personalized care plan that outlines their specific needs, preferences, and goals. These care plans are developed collaboratively with the service user, their family (if applicable), and relevant healthcare professionals to ensure that services are delivered in a way that respects their values and priorities.

  - The care plan will detail the specific support needed for daily activities, community involvement, and life skills development, focusing on promoting the individual's independence.
  - Service users are encouraged to be actively involved in their care planning, ensuring their voice is heard, and their preferences are central to the care they receive.

- **Promoting Autonomy and Independence:**

  Primus Plus Healthcare is committed to supporting service users in maintaining or developing their independence. We work collaboratively with service users to identify

their strengths and preferences, providing the necessary support to enable them to live as independently as possible.

- Services provided focus on promoting independent living skills, such as budgeting, meal preparation, and decision-making, while ensuring that support is available when needed.
- Service users are encouraged to participate in community activities and engage in social interactions, promoting social inclusion and a sense of belonging.

- **Involving Service Users in Decision-Making:**

  We recognize that service users have the right to make decisions about their lives and care. Primus Plus Healthcare encourages service users to be actively involved in the decision-making process, ensuring that they have control over their care and living arrangements.

  - We ensure that service users are given the information they need to make informed choices about their care, including explaining their options and the potential impact of those decisions.
  - Care reviews are held regularly, providing service users with the opportunity to revisit and revise their care plans based on changes in needs, preferences, or circumstances.

9.3 Safeguarding and Protection of Service Users

The protection of vulnerable individuals is a priority for Primus Plus Healthcare. We follow strict safeguarding policies to ensure service users are protected from any form of abuse or exploitation, in accordance with CQC Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment).

- Safeguarding Procedures:
  - Primus Plus Healthcare has implemented safeguarding protocols to prevent abuse, neglect, and exploitation of service users. These procedures are regularly reviewed and updated to align with changes in legislation and best practices.
  - Service users are encouraged to report concerns about their care or treatment, and staff are trained to act on such concerns quickly and effectively.

- **Staff Training on Safeguarding:**

  All staff members receive mandatory safeguarding training as part of their induction process, with ongoing refresher courses to ensure that they remain informed about best practices in safeguarding vulnerable individuals.

- **Incident Reporting and Investigation:**
  - Primus Plus Healthcare operates a clear system for reporting and investigating any incidents, including safeguarding concerns. All incidents are logged, investigated, and acted upon in accordance with regulatory requirements, ensuring that lessons are learned and corrective actions are taken to prevent future incidents.
  - Service users, their families, and staff members are encouraged to report any concerns or incidents through a confidential and accessible reporting mechanism.

9.4 Promoting Service User Well-Being

We are committed to promoting the overall well-being of service users, ensuring that they are supported in a way that enhances their physical, emotional, and social health.

- Mental and Physical Health Support:

  Primus Plus Healthcare works with healthcare professionals to ensure that service users have access to necessary medical care and support. This may include regular health checks, mental health support, and referrals to specialists when required.

- Encouraging Social Engagement:

  We provide opportunities for service users to engage in social activities and community participation, helping them build meaningful relationships and a sense of purpose in life.

- Developing Life Skills:

  We support service users in developing the skills they need to live independently, including life skills such as budgeting, communication, personal hygiene (if applicable), and social interaction.

9.5 Feedback and Complaints Systems

Service user feedback is an essential element of maintaining and improving the quality of care provided. We encourage service users to share their experiences and concerns to help us understand their needs and improve services.

- **Feedback Mechanisms:**
  - Surveys and Interviews: Regular surveys and interviews will be conducted to gather feedback on care quality, staff performance, and overall service satisfaction.
  - Care Reviews: Service users will have the opportunity to participate in regular care reviews to ensure that their care plans are meeting their needs.
- **Complaints Procedure:**
  - We have a clear and transparent complaints procedure that ensures all complaints are addressed promptly and effectively. Service users and their families are informed about how to raise concerns or complaints about the care they receive.
  - Complaints are taken seriously and investigated thoroughly, with feedback provided to service users on the actions taken in response to their concerns.

10.0 STAFF TRAINING AND DEVELOPMENT

At Primus Plus Healthcare, we recognize that the quality of care and support we provide to our service users is directly linked to the knowledge, skills, and competencies of our staff. We are committed to ensuring that all employees receive the necessary training and development to deliver safe, effective, and person-centred care, in compliance with regulatory standards set by the Care Quality Commission (CQC) and national legislation.

Our Staff Training and Development policy is designed to support staff in gaining the knowledge, skills, and experience necessary to meet the needs of individuals receiving

supported living services. The policy emphasizes continuous professional development (CPD) and ensures that staff are equipped to deliver care that meets the highest standards of safety, effectiveness, and person-centred care.

This section outlines the training and development strategies, requirements, and processes that Primus Plus Healthcare implements to support its staff and ensure that the care provided is of the highest quality.

10.1 Induction Training for New Staff

Objective: To provide new staff with the foundational knowledge and skills necessary to deliver high-quality, safe, and effective care to service users.

- Key Components:
    - **Induction Program:** All new staff members will undergo a comprehensive induction program designed to introduce them to the organization's policies, procedures, and the specific needs of the service users. The induction will focus on the following key areas:
        - Introduction to Primus Plus Healthcare's mission, values, and care philosophy.
        - Overview of the CQC regulations and standards, including Regulation 9 (Person-Centred Care) and Regulation 18 (Staffing).
        - Safeguarding and protection of vulnerable individuals (CQC Regulation 13).
        - Health and safety practices, including fire safety, infection control, and manual handling.
        - Introduction to the Care Act 2014 and Safeguarding Vulnerable Groups Act 2006.
        - Policies related to service user rights, confidentiality, and data protection (GDPR).
- Outcome:
  By the end of the induction, new staff will have a clear understanding of their roles, responsibilities, and how to deliver high-quality, person-centred care in line with the regulations and policies of Primus Plus Healthcare.

10.2 Mandatory Training

Objective: To ensure that all staff members are adequately trained in the essential skills and competencies required to deliver safe, effective, and person-centred care.

- Key Components:
    - **Safeguarding and Protection:** All staff must complete training on safeguarding vulnerable adults, recognizing abuse, and reporting procedures. This aligns with CQC Regulation 13 and The Care Act 2014.
    - **Health and Safety:** Mandatory training in key areas of health and safety, including:
        - Infection control, personal protective equipment (PPE) use, and hygiene standards.

        - Safe medication administration (if applicable), including understanding how to administer medication safely.
        - Moving and handling (manual handling), ensuring that staff understand and apply safe practices in supporting service users with mobility.
    - **Mental Health and Disability Awareness:** Training on understanding and supporting individuals with mental health needs, learning disabilities, and autism spectrum conditions, ensuring that staff can deliver person-centred care tailored to these specific needs.
    - **First Aid and CPR:** All frontline staff must be trained in basic first aid and CPR to ensure they can respond to medical emergencies effectively.
    - **Data Protection and Confidentiality:** Training on GDPR and the Data Protection Act 2018 to ensure that personal information about service users is handled confidentially and securely.
- Outcome:
  Staff will acquire the core skills and knowledge necessary to deliver care that is safe, effective, and compliant with legal and regulatory standards.

10.3 Continuous Professional Development (CPD)

Objective: To promote ongoing learning and development for all staff members, ensuring they continue to improve their skills and stay up-to-date with best practices in the care sector.

- Key Components:
    - **CPD Opportunities:** All staff will have access to CPD programs, including:
        - Specialized training in areas relevant to the supported living sector (e.g., autism, learning disabilities, mental health, challenging behaviour).
        - Leadership and management training for staff interested in developing their careers within the organization.
        - Access to external training and qualifications, including National Vocational Qualifications (NVQs) in Health and Social Care.
        - Participation in workshops, seminars, and conferences on emerging trends and practices in supported living and care.
    - **Supervision and Appraisals:** Regular supervision and performance appraisals will be conducted to monitor staff progress, identify development needs, and set goals for future growth.
    - **Peer Reviews and Reflective Practice:** Staff will be encouraged to participate in peer reviews and reflective practice to improve their care delivery skills. This promotes a learning culture and encourages staff to continuously evaluate and improve their own practice.
- Outcome:
  By offering CPD opportunities and regular supervision, Primus Plus Healthcare ensures that staff are continually developing professionally and are equipped to meet the evolving needs of service users.

10.4 Specialized Training for Specific Service User Needs

Objective: To ensure that staff are equipped to meet the complex and specific needs of service users, particularly those with learning disabilities, mental health needs, and autism spectrum conditions.

- Key Components:
    - **Autism Spectrum Conditions Training:** All staff will receive training on understanding autism, supporting individuals on the spectrum, and addressing the sensory, communication, and behavioural challenges that may arise.
    - **Mental Health Training:** Training will be provided on understanding mental health conditions, including strategies for supporting individuals with anxiety, depression, and other mental health challenges.
    - **Learning Disabilities Training:** Specialized training will be offered on working with individuals with learning disabilities, including communication techniques, behavior management, and promoting independence.
    - **Challenging Behaviour Management:** Staff will be trained in managing challenging behaviours in a positive, non-confrontational manner, using strategies that focus on de-escalation and maintaining service user dignity.
- Outcome:
  This training will ensure that staff have the expertise required to support individuals with a range of complex needs, while maintaining a person-centred approach and ensuring the safety and well-being of service users.

10.5 Leadership and Management Development

Objective: To ensure that Primus Plus Healthcare has a strong leadership team capable of driving quality improvement, fostering a culture of excellence, and managing operational processes effectively.

- Key Components:
    - **Leadership Training:** Provide leadership development programs for senior staff to ensure they are equipped with the necessary skills in team management, conflict resolution, and performance monitoring.
    - **Management Competencies:** Training will focus on developing managerial skills such as budgeting, staff management, compliance oversight, and decision-making. This will help ensure that managers can lead their teams effectively and maintain high standards of care.
    - **Succession Planning:** Identify and nurture potential leaders within the organization, providing mentorship and career development opportunities to ensure a pipeline of qualified managers.
- Outcome:
  By investing in leadership and management training, Primus Plus Healthcare ensures that managers have the skills necessary to support staff, drive improvements, and maintain compliance with regulatory requirements.

10.6 Training Evaluation and Monitoring

Objective: To ensure that the training provided is effective and relevant, and that staff are competent in delivering high-quality care.

- Key Components:
    - **Training Feedback:** After each training session, staff will be asked to provide feedback on the content, delivery, and relevance of the training. This feedback will be used to improve future training programs.
    - **Competency Checks:** Following training sessions, staff will be assessed to ensure they have understood the key concepts and can apply the training in practice. This may include written tests, practical assessments, or observation.
    - **Ongoing Monitoring:** Regular monitoring of staff performance through supervision, peer reviews, and appraisals to assess how well the training has been applied in practice.
- Outcome:
  This evaluation ensures that the training program remains effective, and that staff are continuously improving their skills to meet the needs of service users and the organization.

10.7 Training Record Keeping

Objective: To maintain accurate and up-to-date records of all staff training to ensure compliance with CQC Regulation 18 (Staffing) and to monitor staff competencies.

- Key Components:
    - **Training Records:** Detailed records will be kept for all staff, documenting the training they have completed, including dates, training providers, and completion status.
    - **Review of Training Needs:** Staff training records will be reviewed during performance appraisals to identify any gaps in knowledge or skills and ensure that staff receive the necessary training to fulfil their roles effectively.
- Outcome:
  By maintaining detailed training records, Primus Plus Healthcare ensures that all staff members are compliant with CQC regulations and have the skills necessary to deliver safe, effective care.

11.0 INCIDENT REPORTING AND CONTINUOUS IMPROVEMENT

Primus Plus Healthcare is committed to providing a safe and supportive environment for both service users and staff. A critical part of maintaining this environment is the effective reporting, management, and resolution of incidents, as well as the commitment to continuous improvement. This section outlines the processes for incident reporting and how the organization ensures that incidents are used as opportunities for learning and service improvement.

We recognize that the identification and management of incidents, accidents, and near-misses are essential to maintaining high standards of safety, quality care, and service delivery. By fostering a transparent and open culture for reporting incidents, Primus Plus Healthcare ensures that corrective actions are implemented swiftly, and lessons learned are integrated into care practices, ultimately leading to better outcomes for service users.

11.1 Incident Reporting

Objective: To ensure that all incidents, accidents, near-misses, and any concerns related to the care or safety of service users are reported, documented, and addressed in a timely and effective manner.

Key Components:

- **Clear Reporting Channels:**
    - All incidents, regardless of their severity, must be reported through an established reporting system. This system should be accessible and straightforward for all staff members.
    - Service users and families will be informed about how to report incidents or concerns, ensuring transparency and accessibility.
- **Types of Incidents to Report:**
    - Accidents: Any unintentional event that results in injury, harm, or potential harm to service users, staff, or visitors.
    - Near-Misses: Incidents where harm or injury was narrowly avoided but could have occurred if circumstances were different.
    - Safeguarding Concerns: Any incident that may involve abuse, neglect, exploitation, or mistreatment of a service user.
    - Health and Safety Issues: Hazards in the environment, including unsafe practices or conditions that could lead to accidents or injuries.
    - Medication Errors (if applicable): Mistakes in the administration, handling, or storage of medications.
- **Incident Reporting Process:**
    - All incidents must be logged into a centralized incident reporting system immediately after they occur. This system will document details such as the time, date, description of the incident, individuals involved, and any immediate actions taken.
    - Incident reports will be reviewed by the Registered Manager or Quality and Compliance Director to assess the severity and necessary follow-up actions.
    - Where applicable, immediate corrective actions should be taken to prevent further harm to the service user or others involved.
- **Timeliness and Accountability:**
    - All incidents must be reported within a specified time frame (e.g., within 24 hours of the incident).
    - The individual reporting the incident must ensure that all details are accurate and complete to facilitate a proper investigation and response.

11.2 Incident Investigation

Objective: To ensure that all incidents are thoroughly investigated to identify the root causes and prevent future occurrences, fostering a culture of learning and improvement.

Key Components:

- **Investigation Process:**
    - Once an incident is reported, a detailed investigation must be carried out by the Registered Manager, the Risk Management Officer, or designated senior staff.
    - The investigation will consider the following:
        - The cause(s) of the incident (e.g., environmental, procedural, human error).
        - Whether proper policies and procedures were followed, or if they need revision.
        - Whether any external factors contributed to the incident (e.g., staff training, equipment failure, external pressures).
        - Whether the incident could have been prevented and what could be done differently.
- **Root Cause Analysis (RCA):**
    - A Root Cause Analysis (RCA) will be performed for more serious incidents. This method helps to identify underlying factors contributing to an incident, rather than just focusing on the immediate causes. The RCA process will include:
        - Reviewing incident reports and service user records.
        - Interviewing staff and service users (if applicable) to gain insights into the event.
        - Reviewing safety protocols and assessing if any system failures contributed to the incident.
- **Corrective and Preventative Actions:**
    - After the investigation, corrective and preventative actions will be outlined to address the root cause(s) and prevent recurrence. These actions may include:
        - Updating or revising policies and procedures.
        - Additional staff training or refresher courses.
        - Changes in the living environment (e.g., removing hazards or introducing new safety measures).
        - Implementing new risk management strategies.
- **Documentation of Findings:**
    - All incident investigations will be documented in writing, including the findings, corrective actions, and any changes to operational procedures.
    - Incident investigation reports will be stored securely and made available for internal audits, CQC inspections, and other regulatory bodies if required.

11.3 Continuous Improvement Based on Incident Learnings

Objective: To create a culture of continuous improvement where incidents serve as opportunities for learning and enhancement of service delivery.

Key Components:

- **Learning from Incidents:**
    - Every incident, regardless of its severity, is viewed as an opportunity to learn and improve. Lessons learned from incidents will be integrated into the organization's operational practices and care protocols.
    - Feedback from service users, families, and staff members involved in incidents will be collected and used to identify any systemic issues or areas for improvement.
- **Quality Improvement Initiatives:**
    - Based on incident findings, Primus Plus Healthcare will implement quality improvement initiatives to address any deficiencies or gaps in care delivery or risk management practices. These initiatives may include:
        - Updating care delivery models or techniques to improve service user outcomes.
        - Introducing new tools or technologies to improve the safety of service users and staff.
        - Enhancing communication protocols between service users, staff, and families to ensure that concerns are addressed promptly.
- **Staff Engagement in Continuous Improvement:**
    - Primus Plus Healthcare encourages staff to actively participate in the continuous improvement process. Staff will be involved in regular team meetings, where incidents and improvements are discussed, and new practices are implemented.
    - Feedback from staff regarding incident management and service delivery is crucial to identifying practical solutions and enhancing care practices.
- **Integration into Training and Supervision:**
    - The findings from incident investigations and improvement initiatives will be integrated into staff training and supervision sessions. This ensures that staff are updated on any changes to protocols and are equipped with the skills necessary to avoid similar incidents in the future.
    - Supervision sessions will allow managers to assess how well corrective actions have been implemented and if further support is needed for staff to improve their practice.

11.4 Incident Reporting and Management Audits

Objective: To ensure that the incident reporting process is monitored, effective, and continuously improved.

Key Components:

- **Internal Audits of Incident Reporting Systems:**
    - Primus Plus Healthcare will conduct regular internal audits of the incident reporting system to ensure that incidents are being reported accurately, investigated thoroughly, and acted upon appropriately.
    - These audits will include reviewing the incident logs, investigating the implementation of corrective actions, and assessing whether incidents have been resolved satisfactorily.

- **Audit Findings and Corrective Actions:**
    - Any deficiencies in the incident reporting or investigation processes identified during audits will be addressed immediately. This may involve providing additional training for staff, revising policies, or improving communication channels for reporting incidents.
- **CQC Compliance and Reporting:**
    - All incident reports, investigations, and actions taken will be documented and made available for CQC inspections, ensuring full compliance with CQC Regulation 17 (Good Governance) and other relevant standards.
    - CQC's key lines of enquiry (KLOEs), such as safe care, effective care, and well-led services, will be used as a basis for evaluating incident management practices during inspections.

11.5 Feedback from Service Users and Families

Objective: To ensure that service users and families are involved in the incident reporting and resolution process, fostering a collaborative approach to care and improvement.

Key Components:

- **Service User and Family Feedback:**

  Service users and their families will be encouraged to provide feedback on how incidents were handled and the corrective actions taken. This will be done through:
    - Surveys: Post-incident surveys will allow service users and their families to provide feedback on the incident management process and the response from Primus Plus Healthcare.
    - Care Reviews: Service users and their families will have opportunities to discuss incidents during regular care reviews, ensuring that they feel heard and involved in the care process.
- **Improvement Based on Feedback:**

  Feedback from service users and families will be used to improve the incident reporting and resolution processes. This collaborative approach ensures that the perspectives of those receiving care are considered when making improvements

11.0 STAKEHOLDER ENGAGEMENT AND FEEDBACK

At Primus Plus Healthcare, we recognize the importance of engaging all stakeholders in the care and service delivery process. Stakeholders include not only service users but also their families, care staff, external partners, regulatory bodies such as the Care Quality Commission (CQC), and other relevant healthcare professionals. Engaging stakeholders ensures that services are responsive, that service users' voices are heard, and that continuous improvements are made to meet their needs.

This section outlines how Primus Plus Healthcare actively engages stakeholders, collects their feedback, and uses this information to enhance service delivery and care quality, ensuring compliance with CQC regulations and national care standards.

11.1 Importance of Stakeholder Engagement

Engaging stakeholders in the delivery of care is vital to maintaining a high standard of service. For Primus Plus Healthcare, stakeholder engagement means:

- Listening to the service users' voices, ensuring they are involved in decisions about their care, and respecting their preferences, needs, and rights.
- Involving families and carers to ensure that their perspectives and concerns are incorporated into care plans and decisions about service delivery.
- Collaborating with external healthcare professionals and regulatory bodies to ensure that our services remain aligned with the latest care practices and regulatory expectations.
- Incorporating feedback into our quality assurance framework to continuously improve the services we provide.

11.2 Engaging Service Users in Care and Decision-Making

Primus Plus Healthcare is committed to placing service users at the centre of their care. Our approach is to empower service users by actively involving them in all decisions related to their care, supporting their autonomy, and fostering a sense of dignity and control.

Key Components:

- **Person-Centred Care Planning:**
    - Service users are involved in the development and ongoing review of their care plans. These care plans reflect their personal needs, preferences, and goals, and are reviewed regularly to ensure that they remain relevant and effective.
    - We ensure that service users are informed about their care options and are encouraged to make decisions that align with their values and aspirations.
- **Active Participation:**
    - Service users are encouraged to participate in their care reviews, where they can voice their opinions and concerns. This includes input on their daily living activities, community involvement, and the level of support they require.
    - Primus Plus Healthcare facilitates open communication channels, allowing service users to express their preferences and provide ongoing feedback on their care experiences.
- **Respect for Service Users' Rights:**
    - We uphold the rights of service users, ensuring that they are treated with respect and dignity, and that their personal choices are prioritized in their care and living arrangements.
- **Informed Choice and Consent:**
    - Service users are provided with all necessary information to make informed decisions regarding their care. We actively promote choice in care services, whether it be about the type of support they receive or their involvement in community and social activities.

11.3 Feedback from Service Users and Families

Feedback from service users and their families is essential for maintaining high-quality care and ensuring that services meet the needs and expectations of those who rely on them.

Key Components:

- **Regular Feedback Collection:**
    - Primus Plus Healthcare implements structured feedback mechanisms to gather insights from service users and their families. This includes:
        - Surveys: We regularly distribute service user and family surveys to assess satisfaction with the care provided, staff performance, and the overall quality of services.
        - Interviews and Focus Groups: Service users and their families are invited to participate in interviews or focus groups, providing deeper insights into their experiences and areas for improvement.
        - Care Reviews: Service users and families are involved in regular care reviews, where feedback is collected, and care plans are adjusted as necessary.
- **Complaint Handling and Resolution:**
    - We have a clear and accessible complaints procedure that encourages service users and families to report concerns or dissatisfaction regarding any aspect of care delivery. Complaints are taken seriously, investigated promptly, and resolved in a manner that respects the service user's rights.
    - Feedback from complaints is used as part of our continuous improvement processes to address systemic issues and prevent recurrence.
- **Acting on Feedback:**
    - Primus Plus Healthcare ensures that feedback from service users and families is acted upon. When concerns or suggestions are raised, we take the necessary steps to improve services and ensure that the changes are communicated to the stakeholders involved.
    - Action Plans: Any actions resulting from feedback are documented in action plans, which outline the steps to be taken, who is responsible for the actions, and timelines for resolution. These action plans are tracked for completion and effectiveness.

11.4 Engaging Staff in the Feedback Process

Staff are integral to the success of Primus Plus Healthcare, and their feedback is essential in understanding the challenges and opportunities for improvement in service delivery.

Key Components:

- **Staff Feedback Mechanisms:**
    - We encourage an open-door policy where staff can freely express their concerns, suggestions, and feedback. This is facilitated through:
        - Staff Surveys: Regular surveys are conducted to assess staff satisfaction, morale, and suggestions for improving service delivery.

        - Team Meetings: Regular team meetings are held to allow staff to discuss challenges, share feedback, and propose ideas for service improvement.
        - Supervision and Appraisals: Staff members receive regular supervision and performance appraisals, where feedback is exchanged and discussed.

- **Incorporating Staff Feedback into Service Improvement:**
    - Feedback from staff is incorporated into service improvement initiatives. This includes revising policies, procedures, and training programs based on staff input to ensure that care delivery is continuously improved.
    - Primus Plus Healthcare supports a culture where staff are recognized for their contributions to improving care, ensuring they feel valued and engaged in the organization's goals.

11.5 Collaboration with External Stakeholders

Collaboration with external stakeholders, including regulatory bodies, healthcare providers, and community organizations, ensures that Primus Plus Healthcare maintains the highest standards of care and is aligned with the latest healthcare trends, regulations, and best practices.

Key Components:

- **CQC Inspections and Feedback:**
    - Primus Plus Healthcare welcomes feedback from the Care Quality Commission (CQC) following inspections and assessments. We view these inspections as opportunities for improvement and take action on any recommendations made by CQC to enhance the quality of care and compliance with regulations.
    - Regulatory Compliance: Feedback from CQC and other regulatory bodies is incorporated into the organization's quality assurance framework, ensuring that Primus Plus Healthcare remains compliant with CQC Regulation 17 (Good Governance) and other relevant standards.
- **Collaborating with Healthcare Professionals:**
    - We work closely with healthcare professionals, including social workers, therapists, and medical practitioners, to ensure that service users receive comprehensive, integrated care. This collaborative approach ensures that service users' physical, mental, and emotional needs are met holistically.
- **Community Engagement:**
    - Primus Plus Healthcare encourages service users to engage with the community and participate in social, cultural, and recreational activities. Feedback from community organizations and local partners is also considered to ensure that our services contribute positively to service users' social inclusion and quality of life.

11.6 Transparency and Reporting of Feedback

Transparency in the feedback process is critical to fostering trust between Primus Plus Healthcare, service users, their families, and staff. We ensure that all stakeholders are kept informed of the actions taken in response to feedback.

Key Components:

- **Communicating Feedback Outcomes:**
    - Service users and families will be informed of how their feedback has influenced changes in care delivery or organizational practices. This will be communicated through regular care reviews, newsletters, and meetings.
    - Primus Plus Healthcare maintains open lines of communication with all stakeholders, ensuring that feedback is addressed promptly and that any improvements are communicated clearly to those involved.
- **Public Accountability:**
    - Primus Plus Healthcare is committed to being transparent about its performance and service outcomes. We will share feedback, outcomes from service reviews, and details of any action plans with service users and relevant external stakeholders, ensuring public accountability for the quality of care provided.

12.0 EQUALITY, DIVERSITY, AND INCLUSION

At Primus Plus Healthcare, we are committed to promoting equality, diversity, and inclusion in all aspects of the services we provide. We recognize that every individual, regardless of their background, culture, or personal characteristics, has the right to receive respectful, personalized care that meets their unique needs. Our approach ensures that we not only meet regulatory standards but also uphold the values of fairness, respect, and dignity for all service users and staff.

Equality, Diversity, and Inclusion (EDI) are central to our mission to provide high-quality supported living services to adults with learning disabilities, mental health needs, and autism spectrum conditions. This section outlines how Primus Plus Healthcare promotes these values in our care delivery, staff training, and organizational culture, ensuring that all service users and staff are treated with fairness and respect.

12.1 Policy Statement on Equality, Diversity, and Inclusion

Primus Plus Healthcare is dedicated to creating an inclusive environment where service users, their families, and staff members feel valued and respected. We are committed to providing care that is responsive to the diverse needs of those we support, ensuring that our services are accessible and equitable for all.

- **Promoting Dignity and Respect:**

  We ensure that every service user is treated with dignity and respect, regardless of their age, gender, disability, race, religion, sexual orientation, or other protected characteristic under the Equality Act 2010.

- **Celebrating Diversity:**

  Primus Plus Healthcare actively promotes an environment where diversity is celebrated. We recognize the value that diverse perspectives bring to our services and foster an inclusive culture where everyone feels valued and heard.

- **Commitment to Non-Discrimination:**

  We have a zero-tolerance policy towards discrimination in any form. Discriminatory behaviour or language is not acceptable within the organization, and we take all necessary steps to address and prevent such occurrences.

12.2 Legal and Regulatory Compliance

Primus Plus Healthcare ensures full compliance with the relevant legislation and regulations that support equality, diversity, and inclusion, particularly those that apply to the provision of care services. These include:

- **The Equality Act 2010:**
    - This Act prohibits discrimination on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Primus Plus Healthcare is committed to ensuring that no service user or staff member experiences discrimination on any of these grounds.
    - We provide training to all staff on Equality, Diversity, and Inclusion (EDI) principles to ensure that everyone is treated fairly and that barriers to access or participation are eliminated.
- **Care Quality Commission (CQC) Regulations:**
    - CQC Regulation 9 (Person-Centred Care): This regulation ensures that care is tailored to the individual, respecting their preferences and needs. We provide personalized care that acknowledges the cultural, religious, and personal needs of service users.
    - CQC Regulation 10 (Dignity and Respect): This regulation mandates that service users are treated with dignity and respect. We ensure that our services are delivered in a way that upholds the rights and dignity of all individuals.
- **Human Rights Act 1998:**
    - The Human Rights Act ensures that every individual has the right to be treated with dignity and respect. We are committed to protecting the human rights of service users and staff, ensuring that care and services are delivered with respect for each person's autonomy, privacy, and personal beliefs.

12.3 Equality, Diversity, and Inclusion in Service Delivery

At Primus Plus Healthcare, we ensure that all care services are accessible, equitable, and tailored to the individual needs of service users. This is achieved by:

- **Personalized Care Planning:**
    - Every service user receives a care plan that is tailored to their specific needs, preferences, and goals, considering their cultural background, beliefs, and values. This ensures that care is not only individualized but also respects the diversity of the service users.
    - Service users' cultural, religious, and personal preferences are taken into account when planning their care, including dietary requirements, communication preferences, and social or spiritual practices.
- **Inclusive Care Practices:**
    - We ensure that all service users have equal access to services, regardless of their background. This includes providing reasonable adjustments for individuals with specific needs (e.g., mobility, language, sensory impairments) to ensure that they can fully participate in care and community life.

- **Facilitating Social Inclusion:**
    - We support service users in participating in community activities and social events. We actively encourage them to be part of the wider community, fostering inclusion and reducing social isolation.
    - Service users are encouraged to form meaningful relationships and engage in activities that support their independence, helping them to lead fulfilling lives.
- **Access to Services:**
    - We ensure that services are accessible to all, including those with physical or learning disabilities, or individuals with different cultural backgrounds. This may include providing additional support or adjustments in communication (e.g., interpreters or alternative formats) to ensure that all service users can access and understand their care.

12.4 Equality, Diversity, and Inclusion in Employment Practices

We are committed to ensuring that all staff, regardless of their background, have equal opportunities for recruitment, training, and career development. Our employment practices are guided by the principles of equality, diversity, and inclusion, ensuring that every individual feels valued and has the opportunity to progress.

Key Components:

- **Equal Opportunities in Recruitment:**

  We ensure that our recruitment process is fair and transparent, offering equal opportunities to all applicants regardless of race, gender, age, disability, religion, or other protected characteristics under the Equality Act 2010.
    - Job advertisements are written to be inclusive and avoid any discriminatory language, highlighting our commitment to diversity and inclusion.
- **Diversity Training for Staff:**

  All employees are provided with mandatory EDI training, which covers topics such as:
    - Unconscious bias and how it can affect decision-making in care delivery and staff management.
    - The importance of cultural competence in supporting service users from diverse backgrounds.
    - Legal requirements and best practices in promoting equality and preventing discrimination in service delivery.
- **Support for Staff with Diverse Needs:**

  We provide reasonable adjustments for staff who may need additional support due to disability, language barriers, or other personal circumstances. This includes adjusting work hours, providing assistive technologies, or offering alternative communication methods as needed.
- **Promotion of a Diverse Workforce:**

  We actively seek to build a diverse workforce that reflects the diversity of the communities we serve. This includes encouraging applicants from different backgrounds and experiences to apply, ensuring that our services are enriched by a variety of perspectives.

12.5 Monitoring and Reporting on Equality, Diversity, and Inclusion

We continually monitor and review our practices to ensure that we are meeting the needs of diverse service users and staff, and that we are fostering an inclusive culture within Primus Plus Healthcare.

Key Components:

- **Equality Audits:**
    - Primus Plus Healthcare conducts regular equality audits to assess how well we are meeting the diversity and inclusion needs of both service users and staff. These audits help us identify areas for improvement and ensure that no one is excluded from receiving care or having equal opportunities in employment.
- **Feedback and Action Plans:**
    - Service users, families, and staff will be invited to provide feedback on how effectively we are meeting equality, diversity, and inclusion standards. We use this feedback to develop action plans for improving our practices.
    - Any concerns or complaints related to equality and diversity are taken seriously and investigated promptly. Corrective actions are taken, and outcomes are communicated to all relevant parties.
- **Annual Review of EDI Practices:**
    - Primus Plus Healthcare conducts an annual review of its Equality, Diversity, and Inclusion practices to ensure they are effective, meet the needs of service users and staff, and align with national standards and regulations.
    - We ensure that our staff are kept informed of any changes to policies or practices related to EDI.

12.6 Addressing Complaints Related to Discrimination

We have a clear complaints procedure in place for addressing any concerns related to discrimination or exclusion. This procedure is designed to be accessible and ensures that complaints are taken seriously and dealt with promptly.

Key Components:

- **Complaints about Discrimination:**

  Complaints related to discrimination are investigated in a thorough, confidential, and timely manner. All complaints are treated with the utmost seriousness, and appropriate actions are taken to address any wrongdoing.

- **Resolution and Follow-up:**

  Once a complaint is resolved, we ensure that the individual raising the complaint is informed of the outcome and any actions taken. We also use this feedback to improve our practices and prevent similar incidents from occurring in the future.

13.0 DOCUMENTATION AND REPORTING

Accurate documentation and effective reporting are essential components of maintaining high-quality care and ensuring compliance with regulatory standards. At Primus Plus Healthcare, we recognize the importance of clear, timely, and well-organized documentation and reporting

to support service user care, safeguard rights, maintain regulatory compliance, and drive continuous improvement in service delivery.

This section outlines the processes and systems that Primus Plus Healthcare employs to ensure the integrity, accuracy, and accessibility of all documentation related to service users, staff, and the organization's operations. We are committed to upholding best practices in documentation, maintaining confidentiality, and ensuring that reporting is conducted in line with CQC standards and national legislative requirements.

13.1 Importance of Documentation in Care

Primus Plus Healthcare ensures that all aspects of service delivery are well-documented to maintain high standards of care, protect service user rights, and ensure accountability. The proper documentation of care and services is crucial for:

- Service User Care Plans: Accurate care plans reflect each service user's unique needs, preferences, and goals, ensuring that care is tailored and person-centred.
- Legal Compliance: Documentation is a key requirement for meeting the CQC regulations and other legal standards, including those outlined in the Care Act 2014, Health and Social Care Act 2008, and Data Protection Act 2018.
- Quality Assurance and Audits: Proper documentation supports audits, inspections, and performance reviews, enabling Primus Plus Healthcare to monitor compliance and improve service delivery.
- Communication Between Stakeholders: Well-maintained records ensure clear communication between staff, families, external professionals, and regulatory bodies, facilitating a collaborative approach to service delivery.

13.2 Types of Documentation Maintained

Primus Plus Healthcare ensures that all necessary documentation related to service user care, staff management, and organizational activities is accurately recorded, securely stored, and regularly reviewed.

- **Service User Records:**
    - Care Plans: Detailed, individualized care plans that outline the specific needs, preferences, and goals of each service user. These plans are regularly reviewed and updated based on service user feedback and changes in their care requirements.
    - Health and Safety Assessments: Comprehensive risk assessments that identify and manage potential risks associated with the service user's care, environment, and activities.
    - Incident and Accident Reports: Detailed records of any incidents, accidents, or near-misses involving service users. These reports include the nature of the incident, immediate actions taken, and follow-up actions.
    - Medication Records (if applicable): Documentation related to any medications administered, including dosage, frequency, and any reactions or changes in the service user's health.
    - Safeguarding Records: Records of any safeguarding concerns or allegations, investigations, and outcomes. These documents ensure that any potential harm is addressed according to safeguarding protocols.

- **Staff Records:**
    - Staff Training and Development: Comprehensive records of staff training, including completion dates, training topics, and competencies gained. These records ensure that all staff have received the mandatory training required to provide safe and effective care.
    - Supervision and Appraisal Records: Documentation of staff supervision and performance appraisals, which include assessments of job performance, development goals, and areas for improvement.
    - Recruitment and Employment Records: Detailed records of staff recruitment processes, including job applications, interview notes, background checks (e.g., DBS), and contracts of employment.
    - Health and Safety Compliance: Documentation ensuring that staff members comply with health and safety protocols, including personal protective equipment (PPE) use, manual handling training, and first aid certifications.
- **Organizational Records:**
    - Quality Assurance Audits: Records of regular internal audits and quality assurance assessments that evaluate compliance with CQC regulations, service user satisfaction, and organizational performance.
    - Risk Management Logs: Documentation related to risk assessments and the management of risks, including preventive measures and any incidents related to health, safety, or safeguarding.
    - Incident and Complaint Logs: Records of complaints raised by service users, staff, or external parties, along with the investigation process and resolutions.
    - Health and Safety Compliance: Records of audits and checks performed to ensure that all facilities, equipment, and care practices meet health and safety regulations.

13.3 Ensuring the Accuracy and Integrity of Documentation

Primus Plus Healthcare places a strong emphasis on ensuring that all documentation is accurate, complete, and up-to-date. This is essential for maintaining service user safety, regulatory compliance, and continuous improvement in care delivery.

- **Accuracy of Documentation:**
    - All records will be completed accurately, with clear, concise, and factual information. This ensures that there is no ambiguity in the care provided, and any actions taken are well-documented.
    - Care staff and managers are trained to ensure that all entries are objective, with no personal opinions, and that all information is recorded as it happens (e.g., real-time documentation).
- **Timeliness of Documentation:**
    - Documentation will be completed promptly after the service is provided. This is especially important for incident reporting, where timely documentation ensures that necessary actions are taken quickly to prevent further harm or risk.

- Service user care plans, health assessments, and risk management documents will be updated regularly to reflect any changes in care needs, health status, or personal preferences.

- **Review and Monitoring of Documentation:**
  - Primus Plus Healthcare has established regular monitoring and review processes for documentation, ensuring that all records are checked for completeness, accuracy, and relevance. This includes random audits, supervisory checks, and review during care planning sessions.
  - Managers and supervisors will regularly review documentation to ensure that care plans are being followed, and that the quality of care is in line with organizational standards and regulatory requirements.

13.4 Storage and Security of Documentation

Primus Plus Healthcare is committed to safeguarding the confidentiality and security of all service user and staff records. This is essential for maintaining trust, complying with GDPR and CQC requirements, and ensuring that sensitive information is only accessible to authorized individuals.

- **Physical Storage:**
  - Service user records and staff records will be stored in secure, locked locations, such as filing cabinets or locked rooms, to ensure that sensitive information is protected from unauthorized access.
- **Electronic Storage:**
  - Primus Plus Healthcare utilizes secure electronic systems for storing digital records, with encryption and password protection to ensure that access is restricted to authorized personnel only.
  - GDPR Compliance: All personal data, including service user and staff information, will be processed and stored in compliance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. This ensures that personal information is only accessed by those with legitimate reasons and is not kept for longer than necessary.
- **Data Access and Confidentiality:**
  - Access to service user and staff records will be granted only to those who need it for care delivery, regulatory reporting, or operational purposes. All staff will be trained on confidentiality and data protection policies.
  - Service users will be informed about their rights concerning their personal data, including the right to access their records and request corrections if necessary.

13.5 Reporting to Regulatory Bodies and Stakeholders

Primus Plus Healthcare ensures that required documentation and reports are submitted to relevant regulatory bodies and stakeholders in a timely and accurate manner.

- **CQC Inspections and Reporting:**
  - Primus Plus Healthcare will provide necessary documentation and reports to the Care Quality Commission (CQC) during inspections, demonstrating compliance with CQC regulations and the organization's operational practices.

- Documentation provided will include incident reports, care plans, staff training records, risk assessments, and any other documents requested by CQC.

- **Local Authorities and Other Stakeholders:**
  - Primus Plus Healthcare will maintain transparent communication with local authorities, health care providers, and other relevant organizations involved in the care of service users. Reports and documentation will be shared as needed to ensure integrated care and compliance with local and national policies.
  - Feedback from service users and families will be documented and shared with external stakeholders as part of the continuous improvement process.

13.6 Continuous Review and Improvement of Documentation Practices

Primus Plus Healthcare is committed to continually reviewing and improving documentation practices to ensure compliance, enhance care delivery, and maintain regulatory standards.

- **Review of Documentation Procedures:**
  - Regular audits will be conducted to evaluate the effectiveness and compliance of documentation procedures. These audits will assess whether records are being completed accurately, whether they are up-to-date, and whether they meet the required legal and regulatory standards.
  - Findings from audits will inform action plans for improving documentation processes, which may involve additional staff training, improvements in data storage systems, or policy revisions.
- **Feedback for Improvement:**
  - Staff and service users will be encouraged to provide feedback on the documentation process, identifying areas where improvements can be made to enhance efficiency and accuracy.
  - Primus Plus Healthcare will incorporate this feedback into the review process, ensuring that the documentation system evolves to meet the changing needs of the organization and regulatory requirements.

1. INCIDENT REPORT FORM

Primus Plus Healthcare – Incident Report Form

Incident Number:	_____
Date of Incident:	_____
Time of Incident:	_____
Location:	_____
Staff Member Reporting:	_____
Service User(s) Involved:	_____
Description of Incident:	(Please provide a detailed account of what occurred)
_____	
Immediate Actions Taken:	(Describe the actions taken immediately following the incident)
_____	
Persons Involved in the Incident:	(List all individuals involved or affected)
_____	
Potential Risks Identified:	(What risks were identified as a result of the incident?)
_____	
Follow-up Actions Required:	(Any further actions to be taken to prevent future incidents)
_____	
Investigation Outcome (if applicable):	(Brief summary of investigation and outcomes)
_____	
Staff Member Signature:	_____
Date:	_____

2. SERVICE USER CARE PLAN TEMPLATE

Primus Plus Healthcare – Service User Care Plan

Service User Name:	_____
Date of Plan:	_____
Reviewed by:	_____
Next Review Date:	_____
Care Area	**Details**
Personal Information	(Date of birth, emergency contacts, medical history, etc.)
Cultural, Religious, and Personal Preferences	(Dietary preferences, communication needs, cultural practices)
Care Needs	(Daily support needs, mobility assistance, medication requirements, etc.)
Goals and Aspirations	(Short-term and long-term goals for independence and well-being)
Preferred Support and Activities	(Specific preferences for daily activities and personal care)
Risk Assessments	(Details of identified risks, mitigation strategies)
Support Plan	(How support will be provided, including frequency, type of assistance)

3. STAFF TRAINING RECORD FORM

Primus Plus Healthcare – Staff Training Record

Employee Name:	_____
Position:	_____
Start Date:	_____
Training Completed:	(Please list all training sessions completed by the staff member)
Date of Training:	_____
Trainer/Instructor Name:	_____
Next Training Session Due:	_____
Competency Assessment Completed (Y/N):	_____
Certification Received (Y/N):	_____

Training Area	Completion Date	Comments
Safeguarding	_____	_____
Health and Safety	_____	_____
Person-Centred Care	_____	_____
Infection Control	_____	_____
Manual Handling	_____	_____
Mental Health Awareness	_____	_____
Other (Specify)	_____	_____

4. Feedback Form for Service Users

Primus Plus Healthcare – Service User Feedback Form

Service User Name: _____

Date of Feedback: _____

Caregiver/Staff Member Name: _____

Please rate the following:

Question	Excellent	Good	Average	Needs Improvement	Not Applicable
How satisfied are you with your overall care?	☐	☐	☐	☐	☐
How well do you feel your personal preferences are respected?	☐	☐	☐	☐	☐
How safe do you feel in your living environment?	☐	☐	☐	☐	☐
How satisfied are you with the staff's communication?	☐	☐	☐	☐	☐
Are your healthcare and support needs being met?	☐	☐	☐	☐	☐
Do you feel included in decisions about your care?	☐	☐	☐	☐	☐
Are there any areas where you think improvement is needed?	☐	☐	☐	☐	☐

Comments or Suggestions:

5. RISK ASSESSMENT FORM

Primus Plus Healthcare – Risk Assessment Form

Service User Name:	
Assessment Date:	
Assessed by (Name/Title):	

Risk Area	**Risk Identified**	**Likelihood (1-5)**	**Severity (1-5)**	**Mitigation/Control Measures**	**Review Date**
Mobility	(e.g., fall risk, mobility issues)			(e.g., mobility aids, staff assistance)	
Medication	(e.g., medication errors, allergies)			(e.g., clear instructions, reminders)	
Social Isolation	(e.g., lack of engagement, loneliness)			(e.g., scheduled social activities)	
Environmental Hazards	(e.g., unsafe home environment)			(e.g., regular home inspections, safety measures)	
Psychological/Social	(e.g., mental health concerns)			(e.g., mental health support, therapy sessions)	

6. INCIDENT INVESTIGATION AND ACTION PLAN

Primus Plus Healthcare – Incident Investigation and Action Plan

Incident Number:	_____
Date of Incident:	_____
Staff Involved:	_____
Service User(s) Involved:	_____
Type of Incident:	(e.g., fall, medication error, safeguarding concern)
Investigation Summary:	(Provide a detailed account of the investigation process)
Root Cause Identified:	(Explain the primary cause of the incident)
Immediate Actions Taken:	(List actions taken immediately to address the incident)
Corrective Actions to Prevent Recurrence:	(Detailed corrective actions to address the root cause)
Responsible Person(s):	_____
Action Plan Deadline:	_____

Follow-Up and Review:

- **Review Date: _____**
- **Outcome of Action Plan:** (Was the corrective action successful? Any further adjustments required?)

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