



QUALITY SELF-ASSESSMENT PROGRAMME

2 QUALITY SYSTEMS MANAGEMENT

2.4 CONTINUOUS QUALITY IMPROVEMENT

CARE HOMES - PEOPLE WITH LEARNING DISABILITIES

Elements addressed:

Page 2-4/2

Version 4.0 © GMP Systems, Year 2008

OUTCOMES TO BE ACHIEVED:

The Home has established essential arrangements for assessing systems & activities, obtaining feedback from Service Users & staff, and reviewing data collected for action that will lead to continuous improvement in the quality of the Care Service.

- Self-Assessment / Internal Quality Audits
- Inspections by External Bodies
- Complaints, Comments, Compliments & Recommendations
- Service Satisfaction Surveys - *Service Users*
- Service Satisfaction Surveys - *Relatives / Carers / Advocates*
- Service Satisfaction Surveys - *Visitors*
- Staff Input & Involvement
- Service Users' Meetings
- Staff Meetings & Management Review
- Actions for Improvement

#	Performance Indicator / Standard	SCORE	Evidence
18	The complaints procedure forms an integral part of the Staff Induction Training process.		
19	The complaints procedure provides for an acknowledgment to be made within 24 hours, and a final response to the complainee within 7 days.		
20	The complaints procedure identifies those instances where compensation may be paid.		
21	Records are kept of all complaints received, both written and those made verbally. All complaints are reviewed for trends at the Quality Management Review Meetings.		
22	Where action is deemed to be necessary as a result of a complaint, records show the action taken, the responsibilities for carrying it out, and that the action has been effective.		
23	Complaints are always closed off with a final communication with the complainee. The procedure provides for apologies to be made where a complaint is upheld.		
24	Records are kept, through questionnaire, suggestion box, returnable comment slips etc, of complaints AND compliments relating to the quality of Care Services provided by the Home.		
25	Compliments outweigh complaints.		
26	Staff actively seek service users' recommendations, opinions and views through a Satisfaction Survey system using questionnaires.		
27	Questionnaires are given out to service users / advocates on a regular basis during residency, and also following discharge from the Home.		
28	The use of questionnaires is documented in a Procedure, and all completed questionnaires are reviewed at Quality Management Review Meetings.		
29	The methods used for collecting recommendations and views from service users take into account cultural and language differences.		
30	Interpreters and / or other communication devices are used where required.		
31	Records are kept when it has not been possible to obtain feedback from a service user due to physical or mental impairment, or where he / she has declined to participate.		
32	There is documented evidence of changes made in direct response to consideration of these user recommendations.		
33	There are similar feedback programmes for seeking the views of relatives, advocates and other visitors to the Home with respect to their perception of the Care Services offered.		
34	This programme extends to seeking the views of specialist visitors such as GPs, CPNs and other professionals respect to their perception of the Care Services offered by the Home.		

