

QUALITY MANAGEMENT GOVERNANCE POLICY

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1. Governance Arrangements

Frailty Care Ltd has an overarching governance framework which supports the delivery of the quality strategy and good quality care. This outlines the structures and procedures in place and ensures that:

- There is a clear staffing structure and that staff are aware of their own roles and responsibilities
- Company specific policies and procedures are implemented and are available to all staff
- A comprehensive understanding of the performance of Frailty Care Ltd clinical and internal audits are undertaken to monitor quality and to make improvements
- We have a planned programme of continuous clinical audits
- There are effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

2. Assessing and monitoring the quality of our service

Frailty Care Ltd uses the information collected from clinical and internal audits, as well the performance management framework within our provider contracts with commissioners to monitor outcomes for patients.

3. Identifying and assessing risks to the health, safety and welfare of people who use our service

Overall responsibility for identifying and assessing risks is held by the Director of Frailty Care Ltd, also the Registered Manager and Nominated Individual. Specific areas of risk management come within the remit of the named leads for Safeguarding, Health and safety, Infection Control, and Clinical Governance. We have policies and procedures in place to manage specific types of risk, for example Safe Recruitment, MHRA Safety Alerts, Medicines Management and Prescribing, Medical Emergency; The CEO has day to day responsibility for ensuring the associated policies and procedures are put into practice.

Frailty Care Ltd undertakes the following measures to ensure risks to patients are assessed and well managed:

- Frailty Care Ltd manages risks to patient and staff safety. Regular safety inspections are undertaken and actions taken as a result
- Staff will receive up to date fire training including the operation of fire extinguishers and are clear about their responsibilities in the event of a fire
- All electrical equipment is checked to ensure the equipment is safe to use and clinical equipment is checked to ensure it is working properly
- Frailty Care Ltd also has a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health
- We will monitor demand for different elements of our services to inform our capacity planning, including staffing requirements, clinic provision, operating hours
- Longer appointments are available for people with a learning disability and/or mental incapacity

4. Access to services

- Patients may be referred, privately, by a GP, self-referral or another NHS or non-NHS organisation. Frailty Care Ltd only accepts private patients.
- Patients register themselves on the patient portal and choose an appointment day and time with the consultant of their choice according to clinical need.
- Patients can also telephone the service to arrange an appointment.
- Initial assessment appointments and follow up appointments are face-to-face, carried out in the patient's own home (care home, nursing home, or retirement village).
- Patients will be assessed, investigations completed and/or treated by the clinician.
- All clinical and administrative interaction with the patient is recorded onto the patients computerised, clinical record.
- Communications will be forwarded to the patient and to their registered practice.
- Patients will be safety-netted along the pathway.

5. Listening and learning from concerns and complaints

Frailty Care Ltd has an effective system in place for handling complaints and concerns.

- Our complaints policy and procedures are in line with recognised guidance. (CEDR and Ombudsman)
- We have a designated responsible person who handles all complaints. All complaints are reviewed by the Registered Manager who undertakes analysis of complaints investigations and themes of complaints and reviews these with other members of the team where relevant and appropriate
- Information is available to help patients understand the complaints system. For example, in our leaflets on our website.
- Lessons are learnt from concerns and complaints and action taken to improve the quality of care

6. Obtaining and acting on feedback from staff and service users

Frailty Care Ltd encourages and values feedback from patients, the public and staff. We proactively seek patients' feedback and engage patients in the delivery of the service.

- We proactively encourage and gather feedback from patients through feedback forms sent to all patient following consultation or treatment, surveys, complaints and comments received. All complaints (formal and informal) and compliments are discussed at our Board meetings to identify root causes, determine responses, and consider learning and action we need to take.
- Frailty Care Ltd also gathers feedback from staff through staff meetings, appraisals and discussion
- All staff members have personal development plans and individual objectives are agreed.
- We aim to ensure our team feel involved and engaged to improve how Frailty Care Ltd services are run.

7. The maintenance and safe storage of records about service users and staff

All patient information is considered to be confidential, and we comply fully with the Data Protection Act.

- All employees have access to this information in relation to their role and have signed a confidentiality agreement
- Information may be shared, in confidence, with other NHS organisations in the interests of patient care. Confidential patient data will be shared within the health care team at Frailty Care Ltd and with other health care professionals to whom a patient is referred. Those individuals have a professional and contractual duty of confidentiality
- Confidential and identifiable information relating to patients will not be disclosed to other individuals without their explicit consent, unless it is a matter of life and death or there is a serious risk to the health and safety of the patients, or it is overwhelmingly in the public interest to do so. In these circumstances the minimum identifiable information that is essential to serve a legal purpose may be revealed to another individual who has a legal requirement to access the data for the given purpose

- That individual will also have a professional and/or contractual duty of confidentiality. Data will otherwise be anonymised if possible before disclosure if this would serve the purpose for which the data is required
- Frailty Care Ltd is committed to security of patients and staff records
- Frailty Care Ltd will take steps to ensure that individual patient and staff information is not deliberately or accidentally released or (by default) made available or accessible to a third party without the patients consent, unless otherwise legally compliant. This will include training on Confidentiality issues, DPA principles, working security procedures, and the application of Best Practice in the workplace
- Frailty Care Ltd will undertake prudence in the use of, and testing of, arrangements for the backup and recovery of data in the event of an adverse event
- Frailty Care Ltd will maintain a system of “Significant Event Reporting” through a no blame culture to capture and address incidents which threaten compliance
- DPA issues will form part of Frailty Care Ltd general procedures for the management of risk. Specific instructions will be documented within the confidentiality and security instructions and will be promoted to all staff
- All staff receive information governance awareness training