

OA Reablement service	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
✓	✓	✓	✓	✓	✓	✓	✓

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INTERNAL AUDITS

POLICY

To ensure all units are complying with the CQC Fundamental Standards, KLOE (Key Lines of Enquires) and the internal quality requirements for Cumbria Care.

PROCEDURE

Purpose of internal audits by the Quality and Performance Team

- To reassure the organisation that the Health and Social Care Act, CQC Regulations and Cumbria Care's policies and procedures are being followed.
- To identify areas where improvements are needed to ensure compliance.
- To highlight and share best practice to ensure the best possible service is being delivered.
- To help achieve the Fundamental Standards (5 KLOE) from all future Care Quality Commission Inspections.

Methodology / Procedure

1. The Quality and Performance Team will conduct audits over the financial year; a schedule will be developed in advance. Audits are announced. The auditor will give adequate notice and dates agreed.
2. The audits will be prioritised according to a risk score of each unit; this will be calculated using relevant information about the unit from a variety of sources. The risk score will also determine the frequency of visits. This will be determined by SMT.
3. The auditor will spend as long as necessary to gather all of the required information in order to produce a comprehensive, fair report of the unit. During that time, staff should assist with any information required.
4. It is expected that the internal audit process will typically involve:
 - Discussions with manager / supervisors.
 - Discussions with frontline staff members.
 - Discussions with service users.
 - Sampling to check documentation is being completed correctly.
 - Observation of frontline staff undertaking their duties.
 - Inconsistencies with management information
 - Patterns of not addressing previous CQC actions plans or internal audit issues

Date	20/09/10	06/07/11	14/10/14	03/11/15	28/02/17	16/10/17	Issue date 01/07/04 P&P
Amendment	6	7	8	9	10	11	

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5. At the end of the visit, the auditor will feedback any key findings from the audit with either the supervisor or the manager. This allows an opportunity to clarify any key points before the auditor leaves the building.
6. The audit report is compiled, with recommendations or requirements summarised at the end of the audit report. The auditor is given 10 working days to write and issue the report from the day of the audit visit. The auditor must initial and date the approved report and then send a copy of the report via email to the manager / supervisor.
7. The manager or supervisor gets 10 working days to read through the report and complete the action plan; how, when and by whom the requirements or recommendations will be fully completed. Deadlines for completion are set by the manager to a realistic timescale. Comments must be added in the box provided at the bottom of the action plan, then signed and dated. When the manager is happy that the action plan is correct, the report must be dated in the “manager approved” section at the beginning of the document. The file must be saved.
8. The manager/supervisor then needs to return the completed report to the auditor who will then record the receipt of the report and forward to the Operations manager.
9. The operations manager must review the action plan within 10 working days of the report being received to ensure it is complete and accurate. When the action plan has been reviewed, the operations manager must add their comments in the box provided at the bottom of the action plan and sign and date it. The operations manager must then date the report the beginning of the document in the ‘operations manager approved’ box. The operations manager must then send the report back to the auditor.

All reports go to SMT. The auditor will email a copy of the report to SMT.

10. Once discussed at SMT, someone in attendance at SMT will notify the auditors that the report has been approved. The audit team will then add the SMT date to the front page of the report and remove any draft watermarks. A final copy of the report will be uploaded to SharePoint and then manager/operations manager will be notified.

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11. The operations manager and the QA team will monitor the action plan and ensure full completion within 6 months of the final report as far as possible.

Criteria

All reports are given visibility and discussed at ESMT with the operations teams.

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