

<b>AUDIT</b>		
<b>VERSION No</b>	<b>3</b>	
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## 1. Policy Statement

This organisation has in place a range of Policies and Procedures which are annually reviewed and updated. These provide the core operational standards set by the business, and reflect the regulatory requirements set by the Care Quality Commission (CQC) in the New Fundamental Standards Regulations 2014, The audit processes set out below ensure that day to day service delivery provision meets the required standards and provides a tool which can identify any shortfalls in the assessment and monitoring of the quality of our service provision.

## 2. The Policy

The Audit sets out how a robust self-aware improvement system for the business which introduces a critical analysis framework of continuous improvement and learning will engage staff, residents and multi-agency partners in the process. It will link into the provision of service which will ensure audit findings are actioned and implemented on a regular basis.

### a) Audit Roles:

- i. **A = Annually:** Only the registered manager undertakes an audit of the service function annually. The Facilities Manager also has a duty to undertake audits of the home's environment (such as that the premises are at low or no risk of fire, or health and safety hazards), and various equipment such as scales and other equipment calibration; he also must undertake various audits at 6M, Q, M and W intervals.
- ii. **6M = Six Monthly:** the Manager or the deputy manager for example undertake 6 monthly audit of care plans and the deputy audit of medicines records
- iii. **Q – Quarterly:** the deputy manager undertakes an audit of records such as food and fluid intake
- iv. **M = Monthly:** RGN in charge (and on night shift) undertakes an audit for example of medicines records
- v. **W = Weekly:** RGN in charge (on night shift) undertakes for example an audit of medicines records
- vi. **D = Daily:** RGN in charge (on night shift) undertakes for example a short audit of medicines records
- vii. **R = Randomly:** the manager or deputy manager may undertake for example a random audit of any records  
(the above list is not complete)

### b) Process

- i. *The audit function in this home is a planned and systematic process of evaluating and validating the monitoring mechanisms set out in the company policies and procedures. It ensures that the monitoring role within the business is in place, timely, fit for purpose, proportionate to the service and enables the implementation of any actions required from the cycle of improvement. Therefore, although two different functions, they are inextricably linked and one often follows the other.*

*“Monitor” means to check, observe, identified tasks or performance.*

*“Audit” means to evaluate, examine, critically analyse, conformance to set standards by reviewing the objective evidence from statements, records, files and any formal monitoring systems in place.*

- ii. In Health and Social Care the standards are those set by the Care Quality Commission in the Health and Social Care Act (Regulated Activities) Regulations 2014. These

Standards apply to all Registered Providers of Health and Social Care.

- iii. All providers need to evidence (more specifically keep records of audit) their compliance. Audits are a way of identifying, within a range of indicators, whether the business is meeting its regulatory requirements.
- iv. It also provides a mechanism for good practice to be shared whilst dealing with any practice which does not meet the expected standard of regulatory requirements.
- v. *Audit Structure: For ease of use the audit is set up to follow the Regulations from the Care Quality Commission and other relevant regulations such as Health and Safety. Different Regulations require different frequency of audit. This home has a colour coded 'Monitoring and Audit Schedule' (with frequency), with the initials of staff responsible / designated for each audit.*
- vi. Our audit reflects the activity of the home is proportionate to our service delivery.
- vii. Each and every audit record must be completed, signed and dated by the designated audit holder within the frequency timescales. Where this is not possible, a written record should be available detailing why the timescale lapsed.

### **3. Data Interrogation**

- a) The audit itself is the start of the process but to complete the cycle from the data of the audit the record must be scrutinised, findings reported and actions implemented to remedy any identified non-conformance with the standards.
- b) The registered manager has the responsibility for the scrutinising of all such data, including the written report and lead the implementation of any action planning and delivery.
- c) The audit forms a part of the Quality Assurance process undertaken by the manager annually, together with various other data collected.

### **4. Staff Training**

All staff involved in the audit functions have received guidance in the function and purpose of the audit conformance.

**Related Policies**  
*Good Governance*  
*Quality Assurance*