


COMPLIANCE PRINCIPLES

VERSION No	2	
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1. Policy Statement

This organisation is aware of the governance requirements that are in Regulation 17 New Fundamental Standard Regulations that are basis required by the company in order to gain, maintain and improve the required regulatory conformance. The company is aware of the importance of its staff and their contribution in terms of their own conduct, regardless of their role. In order to meet the regulatory requirements and the compliance framework, staff understands the context of compliance, its legislative and regulatory framework and their role and contribution to that framework

2. Compliance Statement

As an organisation we are committed to fulfilling its obligations to provide safe and effective care in accordance with the Health & Social Care Act 2008, the Fundamental Standards 2014 and the 5 key domains, 'Key Lines of Enquiry' (KLOEs) of: is the service Safe, Effective, Caring, Responsive and Well-led?

a) IS THE SERVICE SAFE?

We will ensure our service is Safe by ensuring our systems and processes are continually monitored and evaluated to promote a culture of continuous improvement. Our management team will follow safer recruitment principles to ensure we employ the very best people who possess the skills, experience and competence necessary to deliver safe and person-centred care. People will be kept safe because staff will be trained to the highest standards and will be managed and supported to deliver safe care through robust safeguarding and whistle blowing procedures. We will provide a safe and comfortable environment for people to live, supported by stringent health and safety and environmental management.

b) IS THE SERVICE EFFECTIVE?

We will ensure our service is Effective because people will be in control of their care and support. We are a listening organisation, so care and support plans will be tailored to the needs and aspirations of each individual by working to realistic and attainable outcomes. We will continuously check that outcomes are being met through our quality monitoring systems and will use the evidence gathered to ensure our service is fit for purpose and meeting people's needs.

c) IS THE SERVICE CARING?

Our staff are selected and trained to the highest standards to ensure they possess all the personal and professional qualities needed to deliver a service that is Caring. To ensure these standards are maintained our staff are encouraged to embark on a career based on the principles of continuous professional development and sharing best practice. We will provide an environment where staff and customers feel cared for and where this is not the case swift corrective action is taken.

d) IS THE SERVICE RESPONSIVE?

Our infrastructure is well established and through robust management systems, care-planning tools, professional well-trained staff and effective operating procedures the service is Responsive to peoples changing needs. We constantly engage, observe and listen to ensure that the service constantly evolves with the people that use it. We ensure that our customers have a platform to raise any issues with us without fear of recrimination or bias and will always act swiftly to rectify any problems.

e) IS THE SERVICE WELL-LED?

Our management team is committed to maintaining the highest level of governance. We will always operate in an open and transparent manner and will ensure we support our managers and staff to deliver the very best standards of care possible. We will never compromise on quality and encourage a culture of learning and self-improvement to ensure that our service is outstanding and our organisation is Well-Led

3. The Policy

a) This policy sets out for all staff the procedures that are in place to ensure compliance with all required legislation, regulations and good practice. This policy needs to be read in conjunction with other relevant policies.

b) **Regulation of Adult Health and Social Care**

- + For staff at all levels within the organisation it is important to understand the regulations that are worked to on a day-to-day basis and that those regulations underpin the daily good practice. It is the daily practice and interaction with residents that evidences compliance with such regulations. Government legislation and the regulatory framework is the structure upon which all service delivery is benchmarked.
- + Set out below is a non-exhaustive list of the main relevant regulators, demonstrating the complex and varied types of regulation currently in force.
- + **Please note:** Local Authority or NHS contracts which are in place for residents each have a Service Specification, which should be viewed as a regulatory framework for the business to meet, and be monitored as to performance in meeting those contractual obligations.

i. Health and Safety Executive (HSE)

- ⚠ National regulator for health and safety in the workplace. Works in partnership with co-regulators in local authorities to inspect, investigate and when necessary take enforcement action.
- ⚠ On 1st April 2015, a Memorandum of Understanding (MoU) was introduced. The MoU reflects the changes in enforcement powers granted to the CQC by the Regulated Activities Regulations 2014. It replaces the 2012 liaison agreement between CQC and the HSE that applied to Healthcare only.
- ⚠ The purpose of the MoU is to help ensure that there is effective, co-ordinated comprehensive regulation for patients, service users, workers and members of the public. The MoU outlines the respective responsibilities of CQC, HSE and LA when dealing with health and safety incidents in the health and adult care sectors. The MoU is one of the measures taken by government to cover the “regulatory gap” identified by the Francis report into failings at Mid Staffordshire NHS Foundation Trust.
- ⚠ HSE homepage: www.hse.gov.uk

ii. Care Quality Commission (CQC), our regulator:

- ⚠ *National regulator of health and social care. Includes care provided by the NHS, local authorities, independent providers and voluntary or charitable organisations in registered settings. They register and license care services and*

inspects and take enforcement action where necessary.

⚠️ *CQC homepage: www.cqc.org.uk*

iii. Monitor

⚠️ National regulator for the health sector. Protects and promotes the interests of people who use health services. Licenses providers of health, regulates prices, enables integrated care and supports service continuity.

⚠️ Monitor homepage: www.monitor-nhsft.gov.uk

iv. Medicines and Health Care Product Regulatory Agency (MHRA)

⚠️ Government agency responsible for ensuring that medicines and medical devices work and are acceptably safe. It is an executive agency in the Department of Health. It regulates medicines, medical devices and equipment within the NHS or used in healthcare settings. It looks after blood and blood products. It issues Medical Devices alerts.

⚠️ MHRA homepage: <http://www.mhra.gov.uk>

v. National Institute for Health and Care Excellence (NICE)

⚠️ NICE is responsible for social care guidelines and quality standards in identifying good practice.

⚠️ As an organisation we reflect these guidelines and statements in many of our policies, to improve the quality of health and care services that we deliver and to support the following national aims of NICE to;

✓ Support the provision of care that has been shown to work and to be cost-effective

✓ Ensure a more consistent approach to social care provision across the country

✓ Support the development of joined-up working between agencies and professionals

✓ Help the social care sector demonstrate its importance as a key partner in the provision of care

✓ Raise the profile of social care

⚠️ <https://www.nice.org.uk/guidance/published?type=sc>

vi. Fire and Rescue Authority

⚠️ Is the organisation that also has inspectors who audit various services and buildings if they are compliant with the Regulatory Reform (Fire Safety) Order 2005 and Fire and Rescue Services Act 2004

⚠️ Inspectors have powers to enter premises for the purposes of undertaking routine fire safety inspections. They can also close (prohibit) or restrict the use of unsafe buildings, issue other legal notices which enforce compliance with current fire safety legislation. Failure to comply with a notice is an ordinarily a criminal offence.

⚠️ Most routine inspections result in minor failings being found and this is normally dealt with by a report which asks for the deficiencies to be addressed within a certain timescale. More serious cases however may warrant that immediate action is taken to reduce the risk to building occupants. In some cases the buildings may be closed or the use of the building restricted because of a deemed risk to public and building occupant's safety.

⚠️ Inspectors also have powers investigate the commission of an offence, and where a person or organisation is suspected of committing an offence which has specifically put persons at imminent risk of injury or death those persons or organisations are usually prosecuted.

vii. Quality Monitoring and Audits

In order to foster an ethos of continuous improvement in this organisation's compliance plan, monitoring and auditing take place regularly; this organisation monitors performance and audits conformance. Both monitoring and auditing are set within the compliance regulatory framework and provide evidence to inspectors and other

regulators or quality assessors, of our ability to meet compliance.

viii. Professional Bodies

- ⚠ These are the regulatory bodies whose aim is to ensure that proper standards are maintained by health and social care professionals in their day-to-day work, and to act when they are not. In order to practice in the UK, professionals are required to register with the relevant body such as NMC. All bodies fulfil similar functions for different professions across the UK.
- ⚠ This organisation has robust recruitment and selection policies and procedures that comply with Regulation 21 of the *Health and Social Care Act 2008*; as part of this the organisation ensures that, where appropriate to the post, a check of the registers takes place and that all staff are up to date with the requirements of such registers, e.g. the Nursing and Midwifery Council (NMC) for the registration of nurses. The recruitment of non-care staff also follows the required robust procedures.
- ⚠ This organisation also recognises its responsibility under compliance to inform the regulator when the person running the provision, or a health and social care worker, is no longer fit for work for the purpose of carrying out or working in a regulated activity. This includes, where necessary, reporting to the DBS referral.

ix. Codes of Conduct

- ⚠ The Code of Conduct issued by Skills for Health and Skills for Care, for health and social care workers. This organisation promotes this Code of Conduct at recruitment and throughout the career of the staff member.
- ⚠ Relevant links: <http://www.skillsforcare.org.uk/www.skillsforhealth.org.uk>

x. Health and Care Professions Council (HCPC)

- ⚠ The HCPC regulates health care professionals. This organisation, as part of its safeguarding procedures, checks any private health care professional it contracts against their register, and encourages its service users to do so if employing them independently
- ⚠ HCPC homepage: www.hcpc.org.uk.

4. Training Statement

All staff are made aware of this policy during induction and are updated if the policy is reviewed and amended. Any regulatory framework training changes are implemented with immediate effect. All staff are given the relevant Codes of Conduct as they are issued and discussed during staff meetings.

Related Policies
All Organisation Policies