

MANAGING QUALITY IN CARE ENVIRONMENT

1.0 INTRODUCTION

Quality of care is a process of fixing and improving service that meet high standards, and responsive to deliver appropriate services to users, that enable participation in the society and inclusion of users, so that choice is informed, and desired outcome. Hence, Quality is an increasingly high-profile activity in health and social care, and an important part of service delivery, because of raised series of issues of poor performance in health and social care.

While legislations were developed to monitor the continuous activities in health and social care, the impact of external standards agency on healthcare is also of equal importance because their activities and efforts are geared towards assisting care organizations to perform better and optimally. In order to provide quality care and implement proper measures put in place to promote the safety of service users, care providers must comply with legislations such as the European Social Charter on the right to the protection of health by the Council of Europe and the *Health 21 – health for all* the World Health Assembly. Additionally, these care providers must meet the standards of the Care Quality Commission which aims to protect the rights of vulnerable people dwelling in care homes (CQC, 2019). This report will analyze the impact of legislations and policies on measuring and monitoring quality of care in health and social care setting.

LO1: ASSESS THE IMPACT LEGISLATION AND POLICY HAS ON MEASURING AND MONITORING QUALITY OF PRACTICE IN HEALTH AND SOCIAL CARE.

P1: COMPARE HOW DIFFERENT LEGISLATIVE AND STATUTORY REQUIREMENTS ARE TAKEN INTO ACCOUNT IN MEASURING AND MONITORING QUALITY IN HEALTH AND SOCIAL CARE USING DIFFERENT THEORIES AND APPROACHES.

In the United Kingdom, several differing legislations are used to check the activities carried out in health and social care settings. A statutory requirement on the other hand is a government approval upon which a healthcare setting is allowed to carry out health service for the service users.

Examples of these statutory requirements include the Care Quality Commission, National Minimum Standards, National Institute for Health and Care Excellence. They are obligatory legal requirements, which are also regarded as acts of parliament or order given by the local authorities to check or measure health and social care activities. These requirements ultimately measure the quality of health and social care.

While statutory requirements are acts of parliament or orders, legislations are laws developed by local, state or national legislative. Additionally, the conformation of these legislations to the constitution are subject to the discretion and power of the court of law (Britannica, 2020). A key legislation in healthcare practice is the Equality Act 2010 which ensures that service users enjoy equality in treatment in the healthcare organization, irrespective of their age, sex, race or religion. A lack of implementation of this Act in a healthcare organization predisposes service users to discrimination. Thus, the need for the implementation of policies at organization level to support these legislations. For example, a full implementation of the whistleblowing policy will facilitate a quick check by local authorities on the quality being provided by an organization.

The Care Quality Commission (CQC), an organization that monitors and measures the quality of service provided and regulates the health and social care in the United Kingdom, guarantees safety, compassion and high-quality service for service users. The CQC is both a registered care provider and as a rating service in the UK. The provision of quality service facilitates an elevated status for an organization and affords the organization high ratings from the CQC. In health and social care, quality is described as providing the service features that the customers need, this, in turn, makes the service users satisfied (Graham, 2019). The Care Act 2014 is another legislation that measures and monitors the quality of health and social care in the UK. It is a common legislation in healthcare practice and ensures that adequate services that will prevent the need for care and support by the people are provided by the local authorities. The legislation ensures that service users enjoy the best services. It was easier for Hazel Residential Care Home to get a high rating from the CQC because of the quality service they produce and how they satisfy their service users. Additionally, the circle theory of circle is theory that reveals the involvement of employees in health and social care in providing quality service for service users. The theory states that employees have a role to play in solving an organization's problem. This ultimately implies the need for employees to be treated rightly, as important people, and should receive rewards for

excellent performances. This undoubtedly will prompt hard work in them. Functional quality will reveal how service is being delivered to the service users and how they feel about it. This means each service user will be consulted about the treatment they receive. This gives the organization a chance to know the kind of service they render and where to improve.

M1: CRITICALLY DISCUSS HOW PROCESSES FOR MEASURING, MONITORING AND IMPROVING QUALITY OF PRACTICE HAVE AN IMPACT ON WAYS OF WORKING IN A CARE SETTING

The processes involved in measuring and monitoring quality of care practice include reviewing, inspection and execution. These processes are important in the activities of external agencies such as the CQC which reviews and inspects care organizations, weighing the performance of the organization. Usually, monitoring is imposed externally by health service funders for in order to achieve and instill accountability (performance management). In measuring and monitoring the quality of the care organization, the CQC utilizes some important questions. These questions form a structure around which the CQC operates in monitoring and providing guidance to care organizations towards what matters most to the care service users.

The safety of service users in the care organization forms a critical basis for CQC monitoring. This invariably prints out the importance of the health and safety of service users. The care organization must ensure that the care environment is suitable and hygienic for the patient. Another question that characterizes the monitoring process of the CQC reads “are the employees caring?” Service users visit care organizations to receive quality care, and these care services can be improved through training for the staff of care organizations. Staffs in health and social care should exhibit excellent customer relation, which ultimately makes the service users comfortable and feel respected. Additional criteria used by the CQC in measuring and monitoring care is the responsiveness of care organizations’ staff to people’s needs. In Oasis Care Home, the staff are not well-trained, warranting a poor response and service delivery to service users. Very often, service users feel neglected and leave a bad report concerning the organization. For a care organization to have improved service, they need to focus on their employees, by training them. It

is known that the employees are the ones closest to the patients, hence, the need for an excellent customer relation by the employees. These skills can be acquired through training.

DI: CRITICALLY ASSESS THE IMPACT OF A CURRENT SET OF EXTERNAL QUALITY STANDARDS ON SYSTEMS AND WORKING PRACTICE IN A CARE SETTING, OVER A PERIOD OF TIME.

Quality standards are documents that point out organizations' rules and regulations in order to protect service users and assure that service providers will comply with those laws and regulations. These standards ensure high quality services are in place. The Care Quality Commission (CQC), and The National Institute for Health and Care Excellence (NICE) standards, or Codes of practice, are external quality standards that are operational in a care center in London. The CQC standards are meant to rate the level of compliance with the standards by its registered care provider. The process involves the use of quality control and quality assurance activities to achieve and promote best possible care. This involves teams using professional quality approach that focuses on inputs. This standard thus is geared towards creating a zero defects team. In this care center, services were checked against performance, while documents, audits, and feedback were assessed and monitored using statistical quality control (Baguma and Uchejeso, 2020). However, it was observed that the CQC standards were not met due to short fallings of the staff through non-compliance, and other short fallings including lack of training, center governance, medicine administration, and staffing standards.

On the other hand, the NICE quality standards are specific statements that provide evidence-based guidelines prepared to improve and shape high quality adult social care both locally and nationally. The guidelines are meant to provide support for care provision, and this has proven to work as indicators of high quality and cost-effective measures in delivering the care that is tailored to users and fit for purpose. Although the NICE guidelines are not binding, they are still critical indicators of priority areas which constitute criteria for quality maintenance in medicines, and treatment. This includes measuring and monitoring quality standards by CQC. However, the CQC report in this London care center shows that the care services were not delivered in line with evidence-based

guidelines, which ultimately means that the NICE quality standards were not effective in the center.

LO2: DISCUSS THE IMPACT THAT IMPROVING QUALITY HAS ON DIFFERENT INDIVIDUALS IN A CARE SETTING

P2 DISCUSS THE IMPORTANCE OF PROMOTING DIVERSITY, DIFFERENCE AND INCLUSIVE PRACTICES IN A CARE SETTING

In healthcare, diversity is defined in the context of care management's capability to recognize and respect the various cultures, genders, political and religious beliefs of patients. Diversity embraces and promotes the differences between people and treating people's values, beliefs, cultures and lifestyles with respect. Diversity acknowledges the different needs and wants of individual. Thus, to ensure patient satisfaction in a care home, inclusion and diversity must be a priority as it guarantees fair treatment for each service user.

Typically, attitude of different professionals varies with the diversities in healthcare, and this requires that healthcare professionals diversify – providing the best possible care for all patients alike (St George's University, 2018). Diversity can be promoted in care organizations, particularly Oasis care home, through consistent training about legislations such as the Equality Act 2010 which gives everyone in the United Kingdom equal right of treatment no matter their predicament, sex, race of beliefs and this law cuts across all sectors. When equality and diversity are promoted, it ensures everyone has access to equal opportunities. This will entail that the professionals are put through diverse cultures and should work collaboratively with other service providers and with service users of different backgrounds. An important consideration that must be considered with respect to differences in healthcare treatment is the socioeconomic characteristics of service users (Kutalek, 2012). When these considerations are in place, provision of care for different patients will go itch-free. In cases of language barriers, provision must be made to adopt the use of an interpreter to ensure intact communication with those who have different cultural backgrounds.

In Oasis care home, promoting diversity in the care setting by providing health education materials to the staff to inform the staff of different cultural backgrounds, and provision should also be made to implement culturally specific healthcare settings (Anderson et al., 2013). If Oasis care home can put into place these factors, then the staff would be complimented for good behavior. This will also encourage patronage of the care home by patients of different cultures. Additionally, it will facilitate the development of more skills by the professionals when providing service as they will become familiar with different cultures.

Discrimination towards patients in a care home should always be outrightly prevented as this will jeopardize the possibility of diversity in such home. Discrimination will mean the biased response to people based on typical characteristics including race, gender, age or sexual orientation (American Psychology Association, 2019). Discrimination ultimately robs service users of fair treatment. This can have unpleasant consequences on their health. Inclusion on the other hand also aims to avert discrimination and give room for diversity. Inclusion is expressed in the context of attitudes and behaviors of care givers that ensures service users feel safe and involved in the care setting. This can prevent them from feeling devalued. The employees of care organizations should also be considered in talking about inclusive practice as it helps to avert non-compliance with legislations such as the Equality Act by those employees. The Mental Capacity Act is an example of legislation that embraces the importance of inclusion in healthcare settings. The Mental Capacity Act of 2005 backs individuals who have limited decision-making ability to make decisions for themselves (Johnston and Liddle, 2007). This encourages person-centered care because it encourages the involvement of service users in their own care except, they have been assessed and reported to lack the capacity to make their own decision. This further highlights the importance of person-centered approach for Oasis care home so that patients can enjoy leveled care and exercise their decision-making power. This agrees with the Equality Act 2010, which serves to protect those receiving care from being treated unfairly (SCIE, 2020) on the baes of characteristics such as their age, disability or race.

The priority of care practitioners is to ensure that service users are protected from abuse which can be neglect or poor standards of nutrition. Legislations such as the Social Care Act 2008 and the Care Act 2014 can protect service users from harm. The Care Act 2014 aims to improve the wellbeing and independence of service users. The act dictates the duties of local authorities in relation to assessing people's needs and their eligibility for publicly funded care and support (SCIE, 2016). Fundamental to the Care Act 2014 is safeguarding, which describes protection for vulnerable adults (Department of Health and Social Care, 2017). It ensures that everyone in Oasis care home is protected from harm.

Regulation 13 of the Health and Social Care Act 2008 stated the need for extra effort in protecting service users from harm and to observe where abuse is coming from. It is also mentioned by the CQC that any form of abuse on service users is defined when such service users denied sufficient time to receive care and when the service being rendered is not in line with the service users' plan of care. In addition to the duties of the CQC, they can also assist in safeguarding through regulatory actions put in place to correct shortfalls and to maintain the improvement of the quality of service (Mithram Samuel, 2014). Safeguarding has a vital role in protect service users from harm, bullying, and harassment. Policies and procedures should also be implemented to put in place preventive approach in safeguarding (Child Protection Company, 2009). One means of safeguarding include whistleblowing, which entails reporting a concern about a risk, wrongdoing or illegality in a work environment (Nursing Times, 2016). Oasis Care home can respond to safeguarding issues by taking immediate steps to prevent the harm for the concerned service users. The implementation of policies and procedures such as whistleblowing and other safeguarding procedures which reflect the Care Act statutory guidance (SCIE, 2017) can be a vital step for Oasis Care Home towards supporting service users with additional protection.

A stakeholder is an individual, a group, or an organization, who may affect, be affected by, or perceive itself to be affected by a decision, activity, or outcome of a project (Project Management Institute, 2013). Two types of stakeholders exist: internal and external. External Stakeholders are usually regulatory bodies. An example is the Care Quality Commission. Internal stakeholders on the other hand are staff members and family members of service users. There is always the need for the perspectives of stakeholders to be considered in cases. Additionally, managers need to develop a good relationship with stakeholders in order to facilitate project designs and proper policies implementation (Friedman and Miles, 2006). Patient, physicians, employees, government, pharmaceutical companies, etc. constitute the major stakeholders in health and social care. The needs of the service users can be met by communicating with them in areas they want to be improved. Providing person-centered care to ensure that they are safeguarded.

Physicians require funding in order to adequately assist the service user to reduce the rising cost of care. There is also an increase in the number of individuals who provide healthcare services. Therefore, the government and the organization ought to reward them for their services through wages. Training should also be provided for employees by the organization to help improve their skills to successfully fulfil their duty of care to service users and to always comply with legislations. Free provision of protective equipment for employees is also non-negotiable as they are entitled to them. The protective equipment will enable them to protect themselves as well as service users from harm. In Hazel Residential Care, mentoring programs will assist the workers to be effective in their unit and provide quality service to all age groups with specific health needs. The oasis care home could not get a good rating from CQC because of their performance and the quality of their service. To improve their service will entail focusing on the employees and training them to provide quality service.

Patients and relatives of service users are also important stakeholders in health and social care and should be involved with the care planning process. They should have access to health information, in compliance with the General Data Protection Regulations. For instance, when sharing information to third parties, consent should be sought from the service users or relatives. The employees are usually willing to communicate appropriately to educate family members on an individual's condition and improve their quality of care. In Oasis care home, there is adequate

monitoring and supervision to ensure that there are enough service providers to meet the diverse needs of each service user. Furthermore, additional facilities should be made available, despite the costs to meet the needs of patients.

Collaborations between stakeholders should also be encouraged. The impact of meeting the needs of the stakeholders is that they would be willing to provide the best when providing care treatment. The service users would also be ready to take responsibility for their health. Employees would also be willing to provide a person-centred approach and safeguard service users from harm.

D2

Patient's engagement is important for the patient to find the best care for their circumstances and preference. Both patients and clinicians should be involved in care. The clinicians provide information, treatment, and intervention to the patient as well as the family. This involvement enables them to know different treatment as well as preference. (Epstein et al., 2010; Fowler et al., 2011) mentioned that importance of clinicians providing patient-centered care in fostering the involvement of all structures. Patient-centered care is multifaceted and requires input from clinicians, patients, the family and the care team. This would improve the quality of service in healthcare.

In Oasis care home, the involvement of the community in care activities can provide support to the elderly people in need of care. In the Oasis care home, the staff should provide adequate information to the patient and the relatives so that the service users can be invested in their care. This will also contribute to the improvement of a broader health care system. Collaboration of the staff, patients, relatives and the community are highly needed to afford the patients, the care system and community tangible benefits.

Additionally, treatment information should be shared with patients to allow them to have a say in their treatment (Fagerlin et al., 2010). Patient and family involvement in decision making is associated with primary care settings in that it would reduce pain, it would reduce discomfort and there is evidence of improved patient self-presentation and a sense of belonging and wellbeing.

LO3

P4

Quality Improvement (QI) as described by the Health Resources and Services Administration (HRSA), is a set of systems and actions that ensure constant improvement in the health outcomes of a targeted audience in a care setting (HRSA, 2011). The process of quality improvement runs concurrently with the routine activities of any healthcare facility, and because the health care sector is always making improvements to the standard and system of operation, it is important for health care facilities to keep up with the ever-changing care world.

Through Quality Improvement (QI) in health care, professional and trainees are guaranteed ample opportunity for skill development. This is as a result of the constant collaboration within the care facility to improve care delivery, using real time measurement (BMJ, 2019). In the Oasis care home, one major area of improvement that needs to be worked on is the area of early sepsis detection process. Usually, the detection and diagnosis of this infection occurs late, often after much damage has been done to the patient. However, in most cases, we can rectify the problem, ultimately avoiding high rate of mortality.

Debra (2018) described sepsis as a life-threatening infection that usually occurs when body's immune chemicals released into the bloodstream becomes overwhelming, thereby causing inflammation. The elderly and children are known high-risk individuals to the occurrence of sepsis. Thus, the more reason to handle it more seriously at the care home because of our involvement in care for the elderly and children. As a reliable care facility that strives to give the best care to our services users, I believe there are ways to considerably reduce the occurrence of advanced sepsis cases in our facility, and these ways, for instance paying closer attention to the details in vital signs reading, can be deliberated upon.

P5

Sepsis is a dangerous infection, and diagnosing it is crucial to the survival of patients. Additionally, it is quite difficult to quickly diagnose because it has no special symptom related to it to make it easily discoverable (Health Catalyst, 2019). These facts, thus, calls for improvement in our care services. Typically, the cause of this high mortality health risk is linked to exposure to infections within the care facility. As a result, immediate response is ultimately needed in this circumstance.

Importantly, methods including planning, doing, studying and acting (PDSA) remain vital to quality improvement. This is so because own healthcare setting needs to have a strategic plan, carry out the plan, study the outcome and keep acting in the same sequence if a positive outcome is observed. Of note, older people are usually at risk because they are at a stage where there are one or two morbidities in the body which has prolonged their hospital stays and weakened their immune system, leaving their body susceptible to the smallest infection. Also, the occurrence of antibiotic resistance due to excessive use of antibiotics while on hospital admissions leaves them highly vulnerable to infection.

Oasis care home is in the business of improving the quality of life, and this we will do to protect the interests of our service users. The range of infections that could cause sepsis is far too enormous to pin it down to a particular one, making it a very serious health crisis that could arise from any exposure.

M3

By adequately combating this health challenge, it will afford us the ability to treat infections before they deteriorate. Importantly, this will be a welcome development for both the service user and provider because loss of life will ultimately be prevented. In order to plan the phase of identifying a symptom that will be beneficial to the attending practitioner to decipher the next cause of action instead of waiting for the patient to become an emergency, our healthcare center will utilize data collected from past experiences.

Care staff will be trained on the vital signals linked to the risk of developing sepsis in order to alert the health professional that is available for quick response. Service users will also be regularly sensitized to identify health emergency symptoms even when they are at home to protect the lives of their loved one. Doing this will empower them to be first responders of care before the main help gets to them.

D3

Evaluation helps to ensure that our plans as a care facility will be effective and efficient. Evaluation is the point where we get to understand if time has not been wasted on a plan (NHS, 2005). From all observations, the need to involve all stakeholders in this process is envisaged. Inadequate knowledge of health conditions by the service users could easily lead to deterioration of those conditions, when they could call for help before it is too late. Family members are also included because they are the closest to the service users in case of emergency.

A more professionalism among the care staff will be demonstrated when they understand the symptoms that are being presented before them. As an action-oriented care home, we have come to understand that when we share our observations it brings everyone to the same page of working to achieve the same goal. The regulatory bodies operate to protect lives, so do we and we will exercise all options at our disposal to ensure service users receive care that embraces the opinion and participation of all stakeholders to make the improvement a collective achievement.

We also noticed that great achievements as an organization cannot be achieved without every other stakeholder contributing their part to the improvement. Irrespective of the size of such contribution, it will add to the overall health outcome of our service beneficiaries. We will go as far as educating service user what reactions they may have to their medications in order to avoid cases of giving a false alarm.

LO4

P6

In a bid to improve, monitor and manage areas of action that require adequate optimization to meet up with expectation, Quality Improvement (QI) becomes a necessary tool (Abby, 2021). Involvement of all stakeholders, including the hospital leadership, care staffs and all relevant parties, involved in healthcare is very crucial to the development of a QI plan in a care facility. As established in this document, individual contribution has a lasting impact on the improvement of the quality of care in the care facility. At Oasis care home, quality improvement will help us to improve our patient outcomes. Additionally, it will help to improve staff efficiency. To achieve this, we need to have a proper understanding of the basic requirements of improvement, how to

Quality Target	How to Achieve QI	Correlation with Organization Mission	Duration	Meeting expectation
Safety Improvement	Request safety requirement guide from the CQC	This aligns with the care facilities mission of creating safer environment for service users in the next one year.	4 – 5 Months	Accidents relating to safety should have reduced by ~70% in the first 3-4 months. On average, we currently experience about 10 safety accidents in a single month.
Effectiveness in Service Provision	Employees will be trained on time management as well as other areas of activity focus.	It reduces service user waiting time.	1 Month	Service user waiting should reduce by at least 50%, and their needs met within the shortest possible time.
Patient-centered care	Service user will be involved at every stage of their care plan	It shows care facility's dedication and commitment to patients and not to monetary gains.	3 – 6 Months	When service users give feedbacks through the feedback system, and the feedbacks reflect that service users feel their opinion matter in their own care.

achieve it and the tools to determine the presence of improvement in the system (Kimberly, Sandy and Amy 2014).

P7

Typically, the process of implementing any level of change is encountered with difficulties. Hence, the need for strategic planning when working towards improving quality in a healthcare context (Mary, Sarah and Graham, 2020). This therefore highlights the importance of involving everyone within the care facility in the improvement process. Doing this will help to create an atmosphere with the right drive for quality improvement. While improving quality is a change process that

requires that involvement of all stakeholders within the care setting, some factors still exist that act as barriers, including lack of funding, leadership dedication, resistance to change and inadequate skills.

Towards achieving quality improvement, as previously established, there is the need to train employees, and lack of funding for the intended quality improvement will be a major barrier. This is so because money will be required to successfully conduct this training for the staff. Additionally, money is required to purchase sophisticated healthcare equipment that will help to increase productivity in the center. While the issue of funds is a major barrier, the inadequate skills of employee might also be another hindrance to the change because they have only been working with the level of professional exposure they have, which makes it necessary to conduct trainings before setting up the quality improvement framework.

Competence in leadership is a major requirement in healthcare if quality improvement is to be achieved (Rashid, 2007). The leader must create an environment that will motivate and inspire everyone throughout the process of quality improvement. The leader is expected to be committed, as only this will help such to see the project through such as planning training before it is needed and looking into all other areas of hindrances before embarking on improving quality.

It is very common to experience resistance to change from individuals where change is expected. In care settings, employees have become accustomed to and comfortable with the present culture of the organization. If change is to be accepted in situations like this, the leader should be able to convince staff with the reasons for the intended improvement and its envisaged benefits to everyone (Mary, Sarah and Graham, 2020). One way this can be achieved is by getting feedbacks from service users who feel they have been negatively impacted by our service. This should help to revitalize the commitment of the staff to the change process.

M4

In order to ensure quality improvement in healthcare, the standard Plan-Do-Study-Act (PDSA) cycle for quality improvement will be a guide for us. Improving our safety measures will be a priority for us. Then we will work towards improving effectiveness of service and prioritizing person-centered care. In training staff, the recommended guidelines by the CQC will be employed

new employees will also be taken through this new standard of training to ensure continuous improvement in standard of quality in the center.

Evaluation tasks will be conducted in the center upon completion of staff training. A questionnaire-themed evaluation will be done for the trained staff, in which they will be required to fill a questionnaire at the end of each week. Such questionnaires will be designed to help care staff evaluate their actions for the week judging against the new standard of operation. Negative scores will see the staff get directions on measures that should be taken to act better onwards in their care duty. This evaluation will be incentivized, allowing high performing staff to be rewarded at the end of each month. Doing this will encourage other staff that needs to be brought to speed with the quality improvement process.

Service user feedback system will also be developed. These feedbacks will help to make necessary adjustments where needed. If all expected outcomes of these initiatives are realized, a system of repeating the cycle to continue to improve care delivery will be initiated as soon as possible. We will also be tuned to accepting and incorporating further quality improvement strategies introduced into healthcare.

M5

While this plan is not yet a full-fledge system in terms of automation, it will only ensure that we improve from what we used to have. It will also help to eliminate the simple care complaint received through the feedback system. Some of the new areas of adaptation is patience with service user understanding of care, this will ensure both the care provider and service user are working one the same outcome to achieve good health, and this will be reflected in the area of person-centered care delivery. We also need to get used to the aspect of documentation of outcomes, as this is one vital way to measure our improvement. Staff still find it difficult to remember to document every action in the process of care. However, steps are being taken change this using reminder such as wall message prompters which read “Have you done Your ABC of quality care today?”. We believe that this simple measure can effectively help staff to remain conscious of quality improvement. Another important realization is that to successfully implement and sustain this quality improvement project, we need to increase staff capacity, as this will help us to avoid

wearing out current staff. Additionally, continuous support training will be required in order to get staff acquainted with new electronic recording system that will reduce service users' waiting time.

D4

Now, we do not have a leadership group at the centre that set the tone and design the scope of operations for each year as well as the expected positive outcome. The importance of such group is enormous and as such necessitates creation of such group. To do this, the service of leaders of each unit will be required. We will select leaders of each unit and together form the organization leadership group. Using the unit leaders will ensure that the needs of these units are better communicated at the higher level.

The team we have now will deliver good outcomes, but in order to ensure the continuity of excellent service, we need to employ more staffs, which the current financial status of the care facility cannot afford. We will revisit this aspect in the next 4-5 months in order to implement another set of initiatives for recruitment which will ultimately our productivity.

Finally, in complying with recommended safety expectations, even when our safety expectations are being met, we will still ensure to make it a culture to stay within the confines of these recommended expectations for care facilities, and work towards achieving excellence, not just to be above average in safety.

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