



New Provider Quality Assurance Checklist

Oct 2025

This is a checklist to review provider policies and procedures and to check the appropriate regulative status in place.

Name of Provider:

Provider Address:

Care Provision Type:

Organisational Structure:

CQC Regulatory Status:

Last Inspection

Current Rating

Policies Devon CCG would expect to see:

Safeguarding

Medication Administration

Clinical Governance Structure

IPC (Covid)

Information Governance

Mental Capacity Act Assessment

DOL Assessment

Whistle Blowing

Data Protection / Information Governance

Equality & Diversity

Health and Safety Policy

Recruitment Policy

Complaints and Duty of Candour

Food Hygiene

Business Continuity

Lone Working Policy

Control and Restraint Policy (if applicable)

What Devon CCG would look for:

How often the above documents are updated?

Is the information up to date and includes everything we would expect from that policy?

Policies are provided in accessible format for users of the service

How can staff access these policies and how can you evidence that they have read them?

Policies are developed with all stakeholders, including staff and service users where possible

Training:

Mandatory Training-what is included?

What is included in induction training? What does this training look like and how is it delivered?

How is training sourced-who is it delivered by and how does the Trainer keep up to date with current practice-what are their qualifications?

Are we assured of the standard of training?

How is training recorded (e.g. electronic training matrix?) Do alerts automatically get sent when training due? How is this monitored?

Who signs off competencies for specific training requirements? Do they have relevant experience/registration?

Third party delegation?

All necessary training according to service specification is in place and of the required standard?

Incident Reporting:

What system do they use (electronic/paper)

Safeguarding incidents-how are these reported and acted upon, does this correlate with safeguarding policy?

What process is followed once an incident is logged?

How are trends identified?

How is learning shared?

Out of hours support-what does this look like and how are staff supported outside of office hours?

How often is the incident reporting process reviewed?

How are these fed back to family/client and commissioner?

Training of staff on this system

Care Plans/Records:

What format (electronic or paper)

Who completes them?

How are they shared with the team?

How often are they updated?

Evidence shared with family/client?

How do families access records?

Risk Assessments

What system do they use?

Who completes them/signs them off?

How often are they reviewed?

Accessibility of these

Family/Client involvement

Audits/ KPIs:

What is included in the Audit Schedule?

- Supervision
- PADRS
- Training compliance
- Incidents
- Complaints
- Monthly hours fulfilled on existing packages
- Medication Audit

How are results of Audits shared and acted upon?

Evidence that the Audit Cycle is completed

What are their KPIs?

How are they measured?

Are we assured that Audits/KPIs are sufficient according to their Service Spec?

Staff Retention and Recruitment:

What is their percentage of leavers over the last 6 months?

Vacancies

Breakdown of banding and experience of current staff

Any concerns regarding trends of high turnover of staff and can this be accounted for?

What is their recruitment process?

Do they have a safer recruitment policy and how is this followed-DBS, references?

Do they have a minimum standard with regards to qualifications of their potential carers?

Sickness absence-percentage, how it is managed?

What do they provide to support staff well-being?

PDRs/Supervision:

Are PDRs up to date?

What is their process for ensuring this?

Do they have a supervision policy?

How are themes identified and acted upon through supervision?

How do they support staff working in client's homes e.g., regular contact with team leaders etc?

How do they gain staff feedback (e.g., regular staff surveys)?

Do they hold regular team meetings in which they can feedback key information?

Do the staff team have a nominated 'Freedom to Speak' guardian?

Contingency Planning:

Process in place for staff not able to attend a shift

How is cover arranged and what process is followed?

What is the on call for this-who to contact?

How is it communicated to family/client?

Arrangement with relevant funding bodies in place?

Rota management system

Information Governance:

Do they have a policy for this?

Communication with professionals and clients/families-how is this secure? NHS email address?

Data security protection tool kit

Do they have a nominated Caldicott Guardian?

Arrangement with relevant funding bodies in place

How do staff record care remotely if using electronic system-do they have devices they can use that are purely for work purposes?

Ensuring internet security whilst working remotely

Do they have a policy on use of personal mobile phones?

Complaints and Compliments:

Do they have a policy/what is the process?

Does this include duty of candour?

Do they share any recent complaints and how they have been dealt with?

How are compliments captured and shared?

Competencies:

Ask them to send examples of competencies e.g. Ventilation/Trachy Care, medication administration, GT feeds

Joint Working with Other Agencies:

Evidence of how joint working implemented

Evidence that processes are in place to facilitate joint working

Relationships of access to local community services

GP oversight

Feedback from Service Users:

How is this captured?

How is this acted upon?

How is this shared?

Quality Assurer Name:

Job Title:

Date: