



QUALITY POLICY

1. Introduction

- 1.1 SLM is committed to providing a quality service to anyone seeking help and support from our services. SLM intends that quality will be embedded within all its activities.
- 1.2 We view quality not as just another goal but as a basic strategy for sustainability and future development. We will ensure that our quality policy remains consistent with our strategic objectives, that it is appropriate to the needs and planned development of the organisation and that it relates to the requirements and expectations of service users. We work to the standards set by *Mind*, the National Association for Mental Health *Quality Management in Mind*.
- 1.3 Our quality objective is to strive to make continuous improvement a part of everyday operation through helping each other, team participation and above all, by remembering that we are here because of our service users. We aim to ensure that our policies and procedures reflect what we actually do.
- 1.4 This policy will be reviewed annually to determine whether quality objectives have been met and to demonstrate continuous improvement. We will seek feedback from all our stakeholders and if we fail at any time, we will determine what went wrong and ensure it doesn't happen again.

2. Quality Elements

- 2.1 We will address quality through the following areas of policy making and decision taking:
 - Governance: maintaining the number, experience and skills of our trustees and officers who form the Board of Trustees; ensuring the Committee's Working Rules are relevant and up to date; taking account of and responding to changes in the legal and statutory context.
 - Maintaining a strategic view of service development and finance, planning ahead, via the monitoring and review process.
 - Making sure those policies and procedures which have a bearing on quality are relevant and up to date, in particular, those dealing with: Health and Safety, Confidentiality and Data Protection, Service Users, Complaints and Grievance, Volunteers, Trustees, Employment and Equality and Diversity.
 - Ensuring that service users, staff and volunteers and other interested parties are represented in decision making for planning and service development. Service user views and feedback are especially important.
 - Monitoring Service Use and service use outcomes. Immediately addressing any issues arising with implications for service quality.
 - The recruitment, appraisal and training of staff and volunteers.

3. Responsibilities

- 3.1 Currently the Trustees act as the company's Quality Group. Within this group there is one Trustee who takes the lead on Quality Management. The Trustees meet monthly and a standing agenda item is an update on quality/MQM.
- 3.2 The Chief Officer has the day-to-day responsibility for maintaining quality standards and for reporting any issues which arise.
- 3.3 All staff and volunteers are expected to work together to ensure that activities are controlled and delivered in a manner compatible with achieving required service levels and obligations and with achieving a consistent approach to quality assurance.

4. Service User & Volunteer Feedback & Involvement

- 4.1 The Company aims to ensure that interested parties at all levels of the organisation are represented in decision - making processes.
- 4.2 Service user views, suggestions and feedback are central to the quality review, improvement and development process. Service user meetings are held at the drop-in social and support sessions where staff and volunteers are available for discussion or reporting any concerns or suggestions. Comments in writing are also welcome.
- 4.3 Volunteer meetings are held at Kendal as a vehicle for feedback and discussion.
- 4.4 A log is kept of all comments, suggestions and complaints.
- 4.5 We welcome comments and assessments from external bodies such as stakeholders and funders, and where possible, will implement any suggested changes that will improve the quality of our service delivery.

This policy is intended as a statement of intent and does not constitute a binding contractual or personal agreement. But it will be monitored and revised in the light of service user, staff or volunteer experience or comments and any operational changes and legislative or other external considerations. Interpretation and any matters not specifically covered by the policy will be decided by the Chief Officer and / or Trustees.

Policy approved by Board of Trustees: 9th September 2010

Revision(s) approved: September 2011, 14th August 2014

Review Date: September 2015

If at any time it seems appropriate to review the policy sooner than the review date, such as through a change in the law, then this should be done without delay.