QUALITY MANAGEMENT, ASSURANCE AND CONTINUOUS IMPROVEMENT POLICY

2026 APPROVED VERSION

A proportionate quality management system for staffing, unregulated home support and future CQC readiness

QMS STATUS	CURRENT SCOPE	NEXT REVIEW
Documented internal system	Staffing and unregulated support	20 Jun 2027

Legal entity	Heartbeat Healthcare Ltd
Company number	16072594
Registered office	2 Battle Place, Reading, England, RG30 1AJ
Website	https://heartbeat-healthcare.com/
Document reference	HBH-QMS-001
Version	1.0
Approval date	20 June 2026
Document status	Approved policy for organisational use, assurance and future regulatory readiness
Our quality commitment	We will deliver reliable, safe, respectful and responsive services through clear standards, competent people, accurate records, active oversight and continual improvement. We will be honest about our present scope, learn from evidence and never allow growth to outpace safe governance.

Approved by Shadreck Chawira, Director | 20 June 2026

1 Document control and approval

Document title	Quality Management, Assurance and Continuous Improvement Policy
Document reference	HBH-QMS-001
Policy owner	Shadreck Chawira, Director
Approved by	Board of Directors / Director
Version	1.0
Effective date	20 June 2026
Next scheduled review	20 June 2027
Review frequency	Annual, or sooner following material change, serious incident, audit concern, contract requirement, legal change or CQC registration milestone
Applies to	Directors, employees, temporary workers, agency workers, contractors, consultants and volunteers working for or on behalf of Heartbeat Healthcare Ltd
Current regulatory status	Heartbeat Healthcare Ltd is not currently registered with the Care Quality Commission and must not carry on a regulated activity unless and until registration is granted for that activity.
Certification status	Heartbeat Healthcare Ltd does not currently hold ISO 9001 or another externally certified quality management accreditation.
Controlled master	The approved electronic master is the controlled copy. Printed or locally saved copies are uncontrolled unless specifically issued and recorded.

1.1 Version history

Version	Date	Author / owner	Summary of change	Approval
1.0	20 June 2026	Shadreck Chawira, Director	First comprehensive issue. Establishes the internal quality management system, audit programme, assurance framework and CQC readiness controls.	Approved

1.2 Related policies, plans and records

- Equality, Diversity and Human Rights Policy
- Environmental Policy and Carbon Reduction Plan
- Safeguarding Adults and Children procedures
- Recruitment, selection and pre-employment checking procedures
- Training, supervision and appraisal arrangements
- Complaints, compliments and concerns procedure
- Whistleblowing and freedom to speak up arrangements
- Incident, accident and near-miss reporting procedure
- Health and Safety, Lone Working and Business Continuity arrangements
- Data Protection, Confidentiality and Records Management arrangements
- Service scope, assessment, support planning and review documents
- Quality audit schedule, risk register, action plan and management review minutes

Approved by

Shadreck Chawira

Director, Heartbeat Healthcare Ltd

Date: 20 June 2026

Signature

2 Director's quality statement

Heartbeat Healthcare Ltd is committed to providing healthcare staffing and unregulated home support services that are dependable, person-centred, safe within their agreed scope, responsive and professionally managed. Quality is not treated as a separate administrative exercise. It is built into how we accept work, recruit and deploy people, plan support, communicate, record, supervise, audit and learn.

We are a small and developing company. Our quality arrangements are therefore designed to be thorough without being unnecessarily complex. We use clear responsibilities, proportionate checks, reliable evidence and prompt corrective action. We do not claim certification that we do not hold and we do not claim to provide regulated personal care while we are not registered with the Care Quality Commission.

Our internal quality management system is informed by recognised quality management principles, including customer focus, leadership, engagement of people, process control, evidence-based decision-making, relationship management and continual improvement. It is also designed to support a future application for CQC registration. The use of CQC regulations and quality statements in this policy is a readiness benchmark and does not imply that Heartbeat Healthcare Ltd is currently registered or inspected by CQC.

All directors, managers, staff and workers share responsibility for quality. People using our services, families, candidates, workers, clients and professionals will be encouraged to tell us what works well and what needs to change. We will respond openly, protect people who raise concerns and use learning to strengthen practice.

Non-negotiable quality boundary	No employee or worker may provide a regulated activity, including personal care, on behalf of Heartbeat Healthcare Ltd unless and until the company has the required CQC registration and the activity is within the approved scope. Any enquiry or change of need that may cross this boundary must be escalated before support is accepted or continued.

3 Executive summary

This policy establishes the Quality Management System, referred to as the QMS, used by Heartbeat Healthcare Ltd. The QMS brings together leadership, policies, processes, records, competence checks, audits, feedback, risk management and improvement action so that the company can demonstrate how quality is planned, delivered, checked and improved.

3.1 What the QMS is designed to achieve

- Provide services that remain within the company's lawful and agreed scope.
- Recruit, vet, match, support and monitor workers consistently.
- Protect the safety, dignity, rights and choices of people receiving support.
- Meet client, contractual, legal and professional requirements.
- Identify risk, poor practice, missed standards and emerging trends early.
- Use complaints, incidents, feedback, audits and outcomes as sources of learning.
- Maintain accurate, secure and retrievable evidence of decisions and performance.

- Prepare the organisation for sustainable growth and future CQC registration.
- Demonstrate to commissioners, clients and other stakeholders that quality is actively managed even though the company does not currently hold ISO 9001 certification.

3.2 Our quality cycle

PLAN	DELIVER	CHECK	IMPROVE
Understand requirements, assess risk, define standards and allocate responsibility.	Use competent people, approved procedures and controlled records.	Monitor outcomes, audit practice, seek feedback and review data.	Correct problems, share learning, verify effectiveness and update the system.

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4 About Heartbeat Healthcare Ltd and current service context

4.1 The organisation

Heartbeat Healthcare Ltd is a UK healthcare staffing and support organisation. Its activities include recruitment, temporary staffing, permanent placements, compliance management and agreed forms of unregulated home or community support. The company works with candidates, workers, people receiving support, families, healthcare and social care organisations, and other partners.

The organisation is small and its governance arrangements may be delivered by a limited number of senior people. Combining roles does not remove accountability. Where one person undertakes more than one function, decisions, checks and approvals must remain clear and conflicts must be managed.

4.2 Current regulatory position

Heartbeat Healthcare Ltd is not currently registered with the Care Quality Commission. It therefore provides only services that are outside the scope of CQC-regulated activities when operating in its own right. Healthcare professionals may be supplied to registered client organisations, but the company must still meet its own responsibilities for recruitment, compliance, matching, conduct and response to concerns.

Current unregulated home support may include companionship, social support, shopping, light household support, help with correspondence, community access and other agreed assistance that does not amount to regulated personal care or another regulated activity. The exact task list must be documented and reviewed.

4.3 Future CQC registration

The company intends to work towards CQC registration. Before any regulated service begins, the directors will confirm registration, scope, location, leadership appointments, policies, staffing, insurance, systems, training and operational readiness. This policy will be reviewed and updated before commencement of regulated activity.

Quality depends on accurate scope	A well-run service does not accept work merely because a person or client requests it. We first confirm whether the request is lawful, within our competence, properly resourced and consistent with our current regulatory status.

5 Purpose, scope and objectives

5.1 Purpose

The purpose of this policy is to define the arrangements by which Heartbeat Healthcare Ltd plans, controls, assures and improves the quality of its services and business processes. It provides a single framework for quality management, quality control, quality assurance and continuous improvement.

5.2 Scope

This policy applies to all activities controlled by Heartbeat Healthcare Ltd, including recruitment and candidate compliance, staffing placements, unregulated home support, office and remote working, scheduling, communications, data management, procurement, complaints, incidents, workforce development and governance. It applies to all people working for or representing the company.

5.3 Objectives

- Define clear, measurable and proportionate quality standards.
- Ensure services are designed around assessed need, agreed outcomes and lawful scope.
- Prevent avoidable harm, service failure, noncompliance and poor experience.
- Ensure workers are safe, suitable, competent and properly matched before deployment.
- Monitor service reliability, outcomes, experience, risk and workforce performance.
- Respond promptly to concerns and maintain evidence of action taken.
- Use quality data to prioritise resources and support informed decisions.
- Develop a culture where people can speak up without fear of unfair treatment.
- Prepare for future CQC registration without misrepresenting current status.
- Continually improve the effectiveness of the QMS.

6 Definitions

Term	Meaning

Term	Meaning
Assurance	Evidence-based confidence that standards, controls and responsibilities are working as intended.
Audit	A planned, documented and objective examination of evidence against defined criteria.
Corrective action	Action taken to remove the cause of a detected problem or nonconformity and reduce recurrence.
Continuous improvement	Ongoing activity that strengthens services, systems, outcomes or experience over time.
Key performance indicator	A defined measure used to understand whether an important objective or standard is being achieved.
Nonconformity	A failure to meet a legal, contractual, policy, procedural or internally defined requirement.
People we support	People receiving unregulated support directly from Heartbeat Healthcare Ltd. The term does not imply provision of a regulated activity.
Quality	The degree to which a service, process or outcome meets stated and implied needs, requirements and expectations.
Quality assurance	Planned activities that provide confidence that quality requirements are being met, including audits, reviews and independent checks.
Quality control	Operational checks used to confirm that a specific task, record or service output meets the required standard before or during delivery.
Quality Management System	The connected policies, processes, roles, records, controls and review arrangements used to direct and manage quality.
Regulated activity	An activity prescribed in law that requires CQC registration when carried on in England, subject to the detailed legal definitions and exemptions.
Root cause analysis	A structured method of identifying why a problem happened, not only what happened.
SMART action	An action that is specific, measurable, achievable, relevant and time-bound.
Worker	Any employee, agency worker, temporary worker, contractor or professional supplied or engaged by Heartbeat Healthcare Ltd.

7 Quality commitments and principles

Principle	How it is applied
Person and client focus	We understand requirements, agree outcomes, communicate clearly and consider experience as well as technical compliance.
Safety and lawful scope	We will not accept or continue work that is unsafe, unlawful, outside our competence or outside our current regulatory status.
Leadership and accountability	Directors and managers set standards, allocate resources, review evidence and remain accountable for action.
Competent and supported people	Workers are selected, checked, trained, matched, supervised and supported in proportion to their role and risk.
Process approach	Quality is controlled through defined, connected processes rather than relying on individual goodwill or memory.
Risk-based thinking	The depth and frequency of controls reflect the likelihood and consequence of failure.
Evidence-based decisions	We use records, trends, outcomes, feedback and professional judgement rather than assumption.
Openness and fairness	We encourage concerns, investigate objectively, communicate honestly and avoid a blame culture.
Equity and human rights	We assess whether different groups can access, experience and benefit from services fairly.
Partnership	We work constructively with people, families, workers, clients, professionals and suppliers.

Principle	How it is applied
Continual improvement	We correct problems, verify whether action worked and embed learning into practice.
Proportionality	Our system is detailed enough to control risk and demonstrate quality, but remains practical for a small organisation.

8 Legal, regulatory and standards framework

Heartbeat Healthcare Ltd will identify and comply with requirements applicable to each service, placement and contract. The following framework informs this policy. Some care regulations apply only when a regulated activity is carried on by a registered provider. Where they do not currently apply directly, they are used as a future-readiness and good-practice benchmark.

Requirement or reference	Application
Companies Act 2006 and general company governance	Supports directors' responsibility for proper governance, decision-making and records.
Equality Act 2010	Requires fair treatment, prevention of discrimination and reasonable adjustments in employment and service provision.
Human Rights Act 1998	Informs dignity, privacy, autonomy, family life, freedom from degrading treatment and proportionate decision-making.
Care Act 2014 and statutory guidance	Informs wellbeing, prevention, safeguarding, involvement, personalisation and partnership.
Health and Safety at Work etc. Act 1974 and associated regulations	Requires effective management of health and safety risks to workers and others.
UK GDPR and Data Protection Act 2018	Require lawful, accurate, secure and proportionate handling of personal information.
Public Interest Disclosure Act 1998	Provides protection for qualifying whistleblowing disclosures.
Employment legislation and safer recruitment requirements	Inform fair recruitment, right-to-work checks, working arrangements and workforce records.
Professional regulator requirements	Apply where nurses, allied health professionals or other registered professionals are recruited or supplied.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Particularly Regulation 17 on good governance, used as a future CQC readiness benchmark. It requires effective systems to assess, monitor and improve quality and safety, manage risk and maintain accurate records.
CQC assessment framework and quality statements	Used to structure self-assessment across Safe, Effective, Caring, Responsive and Well-led themes. This does not imply current CQC registration.
Accessible Information Standard, where applicable	Informs identification, recording, flagging, sharing, meeting and reviewing communication needs.
ISO 9001:2015 quality management principles	Used as a non-certified reference for process control and improvement. Heartbeat Healthcare Ltd does not claim ISO 9001 certification or equivalence.
Client contracts, service specifications and local site requirements	Set additional standards for worker compliance, service delivery, reporting and escalation.

9 Structure of our Quality Management System

9.1 QMS status

Heartbeat Healthcare Ltd does not currently hold ISO 9001 certification. Our QMS is an internally designed and controlled system. It may be independently reviewed in future and may be developed towards formal certification if this becomes proportionate to the organisation's size, contracts and strategic direction.

9.2 Core components

QMS component	Evidence and controls

QMS component	Evidence and controls
Leadership and governance	Policy approval, defined responsibilities, quality meetings, risk oversight and management review.
Service and process standards	Documented requirements for enquiry, assessment, recruitment, deployment, support, records and escalation.
Competence and workforce controls	Checks, training, matching, supervision, appraisal, spot checks and performance management.
Risk and safety management	Risk assessments, safeguarding, incidents, lone working, business continuity and service scope controls.
Information and evidence	Controlled documents, accurate records, registers, dashboards, audit trails and secure retention.
Listening and involvement	Feedback, complaints, compliments, exit feedback, worker views and co-production.
Monitoring and assurance	Quality calls, file audits, record reviews, spot checks, KPI monitoring and internal audits.
Improvement	Root cause analysis, corrective action, learning, policy updates, training and verification of effectiveness.

9.3 Process ownership

Each significant process will have an identified owner who is responsible for maintaining the process, ensuring staff understand it, reviewing performance and escalating weaknesses. Process ownership may be allocated to a director, manager or competent delegated lead. Delegation does not remove director accountability.

9.4 Risk-based application

Controls will be proportionate to risk. A new worker file, a high-risk client setting, a safeguarding concern or a potential regulatory boundary breach requires more detailed assurance than a low-risk routine administration task. Where there is uncertainty, the safer level of control will be used until the risk is understood.

10 Governance, accountability and assurance

Role	Key responsibilities
Board of Directors / Director	Approves policy and objectives; ensures resources; reviews significant risks and incidents; challenges performance; approves major corrective action and public quality claims.
Director responsible for quality	Owns the QMS; chairs governance review; ensures audits occur; reviews dashboards and action plans; leads CQC readiness and external assurance.
Quality or compliance lead, where delegated	Maintains registers, audit schedule, document control, evidence files, feedback analysis and improvement tracking; reports overdue or high-risk actions.
Managers and coordinators	Implement processes; monitor daily quality; ensure staff deployment and support; respond to concerns; complete reviews and maintain records.
Recruitment and compliance staff	Complete and verify pre-employment and professional checks; maintain expiry controls; prevent deployment where critical evidence is missing or expired.
Schedulers and on-call staff	Plan reliable coverage; monitor attendance; respond to lateness, cancellation and missed service; record escalation and contingency action.
Workers and staff	Follow policies and client instructions; work within competence and scope; maintain accurate records; report risk, errors, changes and concerns promptly.
People supported, families and representatives	Contribute to assessment, review, feedback and improvement. Their views are considered alongside safety, consent and confidentiality.
Client organisations and professionals	Provide requirements and local information; communicate performance or safety concerns; cooperate with reviews and investigations.
Suppliers and contractors	Meet agreed standards; provide evidence; report issues; cooperate with audit where contractually required.

10.1 Three lines of assurance

Assurance level	Purpose
First line: operational control	Workers and coordinators complete checks, follow procedures, record delivery and correct straightforward issues immediately.
Second line: management assurance	Managers review records, compliance, spot checks, complaints, incidents, feedback, KPIs and action plans.
Third line: director or independent assurance	The Director reviews system effectiveness, high-risk issues and trends. Independent review is used where specialist expertise, objectivity or contractual assurance is needed.

10.2 Quality meetings

- Operational quality review at least monthly while services are active.
- Formal governance and performance review at least quarterly.
- Annual management review of the full QMS, or sooner following major change or serious concern.
- Urgent escalation outside the meeting cycle where there is immediate or significant risk.

11 Quality planning, objectives and key performance indicators

11.1 Annual quality objectives

Quality objectives will be approved annually and recorded in the Quality Improvement Plan. They will reflect service maturity, risks, feedback, contractual requirements and available baseline data. Targets will be challenging but realistic for a small company.

Objective	2026 to 2027 target	Owner
QMS implementation	All core policies, registers, audit schedules and quality records established and controlled by 30 September 2026.	Director / Quality Lead
Regulatory boundary	Zero delivery of regulated activity by Heartbeat Healthcare Ltd before CQC registration. All potential boundary concerns reviewed before service starts or changes.	Director
Worker compliance	100% of workers cleared against mandatory identity, right-to-work, role, reference, training and professional checks before deployment.	Compliance Lead
Audit delivery	At least 90% of scheduled audits completed by due date, with all high-risk audits completed.	Quality Lead
Improvement actions	At least 90% of improvement actions completed by target date, with no overdue critical action.	Action owners
Feedback baseline	Establish a documented satisfaction and experience baseline by 31 March 2027 and achieve at least 90% positive responses where response volume is sufficient for meaningful interpretation.	Management
Incidents and complaints	100% of significant concerns receive prompt management review, risk assessment and documented action.	Managers
CQC readiness	Complete a formal gap analysis and readiness plan by 31 March 2027 if the registration programme is active.	Director

11.2 Quality dashboard

The dashboard will be proportionate to activity and will distinguish between staffing and direct support services. Measures will be reported with context, not used in isolation. A small denominator, a new service or a change in recording method will be explained.

- Worker files cleared before deployment and expiring compliance items.
- Training, supervision, appraisal and spot-check completion.
- Shift or visit fill rate, late arrivals, cancellations, missed visits and continuity.

- Support plan and risk review completion for direct support services.
- Incidents, safeguarding concerns, complaints, compliments and themes.
- People, worker and client satisfaction and response rates.
- Audit findings, repeat findings and action-plan closure.
- Staff turnover, sickness, retention and vacancy risks.
- Information governance, health and safety and business continuity concerns.
- Regulatory boundary checks and CQC readiness progress.

12 Service enquiry, assessment, acceptance and commencement

12.1 Quality at the point of enquiry

Quality begins before a service or placement is accepted. We gather enough information to understand the request, risks, expected outcomes, required competence, location, timing, funding or contractual arrangements, communication needs and regulatory implications.

12.2 Acceptance criteria

- The requested work is lawful and within Heartbeat Healthcare Ltd's current scope.
- The needs and expectations are sufficiently understood to plan safely.
- Suitable and competent workers are available or can be recruited within a safe timeframe.
- Roles, responsibilities, reporting lines and escalation routes are clear.
- Required equipment, information, access and environmental arrangements are available.
- Risks can be reduced to an acceptable level and contingency arrangements are proportionate.
- Contractual and financial arrangements do not compromise quality or safety.
- The person or client has received accurate information and has not been misled about CQC registration or service capability.

12.3 Declining or pausing work

We will decline, pause or refer work where requirements exceed our competence, staffing, insurance, regulatory status or capacity. A commercial opportunity will not override safety or legality. Decisions and reasons will be recorded and communicated respectfully.

12.4 Commencement controls

Before commencement, the responsible manager will confirm the agreed service or assignment, worker match, start date, contact arrangements, emergency and escalation information, records to be used and any client-specific induction. For direct support, the person's support plan and risk information must be available to the worker before the first unsupervised visit.

13 Person-centred support, outcomes and review

For unregulated home and community support, our quality standard is that the person remains central to planning, delivery and review. Support will focus on independence, wellbeing, choice, dignity, relationships and meaningful outcomes while remaining within the agreed unregulated scope.

13.1 Assessment and support planning

- Record what matters to the person, their preferred routines and intended outcomes.
- Identify communication, cultural, religious, equality and accessibility needs.
- Document the exact tasks Heartbeat Healthcare Ltd will and will not provide.
- Identify risks, strengths, informal support and contingency arrangements.
- Record consent and who may be involved in decisions or information sharing.
- Use language that is respectful, specific and understandable to the person.
- Avoid assumptions based on diagnosis, age, disability, background or family views.

13.2 Review

Support arrangements will be reviewed at agreed intervals and whenever needs, risks, preferences, capacity, environment, staffing or outcomes change. A change that may involve personal care, clinical intervention or another regulated activity must trigger immediate regulatory boundary review before tasks change.

13.3 Outcome monitoring

We will monitor whether support is achieving the agreed purpose, not merely whether a visit occurred. Evidence may include the person's account, observation, progress towards goals, reliability, participation, independence, wellbeing and feedback from authorised representatives or professionals.

14 Workforce quality assurance

14.1 Recruitment and selection

Recruitment will be fair, role-specific and evidence-based. Job descriptions and person specifications will identify essential competence, conduct, qualifications, registration and availability. Selection decisions will be recorded against the role criteria.

14.2 Pre-employment and pre-deployment checks

Control	Quality requirement
Identity and right to work	Verified using lawful and current evidence before work begins.
Employment history and references	Gaps explored and references obtained in line with role risk and client requirements.
DBS and barred-list checks	Completed at the appropriate level where the role is eligible and requires them.
Qualifications and training	Original or independently verifiable evidence checked for relevance and currency.
Professional registration	Checked directly with the relevant regulator where applicable, including restrictions or conditions.
Health and capability	Assessed proportionately to the role, with reasonable adjustments considered.
Competence	Tested through interview, scenario questions, practical assessment, skills evidence or client-specific checks as appropriate.
Conduct and suitability	Declarations, references, disciplinary information and safeguarding concerns considered lawfully and fairly.
Client requirements	Additional compliance evidence completed before placement where contractually required.
Final clearance	A designated authorised person confirms that mandatory evidence is complete before deployment.
No clearance, no deployment	A worker will not be deployed where a mandatory check is missing, unsatisfactory, expired or unresolved. Commercial urgency is not a reason to bypass compliance.

14.3 Induction, training and competence

Workers receive induction appropriate to the company, role and assignment. Mandatory learning is monitored through a training matrix. Training alone is not treated as proof of competence. Managers will use supervision, observation, feedback, records, practical checks and performance information to confirm that learning is applied.

14.4 Supervision, appraisal and spot checks

- New workers receive additional contact and review during their early assignments.
- Field workers receive formal supervision in line with risk and the supervision policy, ordinarily at least quarterly during active direct support work.
- Office staff and managers receive regular one-to-one supervision and at least annual appraisal.

- Direct support workers receive announced or unannounced spot checks at least twice each year where practicable, and more often where risk or performance requires it.
- Feedback from people, clients and colleagues informs supervision and development.
- Performance concerns are managed fairly, promptly and with clear expectations.

14.5 Matching and deployment

Workers are matched to assignments by competence, registration, experience, communication, availability, location, preferences and client requirements. A worker must not accept duties beyond competence or agreed scope. Where an assignment changes, the match and required controls will be reviewed.

14.6 Temporary staffing and client governance

When we supply a worker to another organisation, the client is responsible for local induction, assignment, supervision, site protocols and clinical governance within its service. Heartbeat Healthcare Ltd remains responsible for accurate worker information, compliance, appropriate matching, communication and action on concerns within our control. Responsibilities will be made clear in contracts and assignment information.

15 Scheduling, continuity and reliability

Reliability is a core quality measure. Schedules and placements will be planned with sufficient travel time, worker availability, skills, breaks, working-time considerations and contingency cover. Systems will reduce double booking and make changes visible to authorised staff.

15.1 Late, cancelled or missed service

- Workers must report anticipated lateness or inability to attend immediately.
- The coordinator assesses risk, contacts the person or client, arranges safe cover where possible and records action.
- A missed direct support visit is treated as a potential safety incident and escalated according to risk.
- Repeated lateness, cancellations or gaps are analysed for causes such as travel, rostering, availability, communication or unrealistic commitments.
- People and clients receive honest updates and, where appropriate, an apology and explanation.
- Contingency plans prioritise essential safety and wellbeing needs.

15.2 Continuity

For direct support, we aim to limit the number of different workers while maintaining safe coverage and respecting compatibility and choice. Continuity performance will be monitored as the service grows. Where continuity cannot be maintained, the reason and mitigation will be explained.

16 Information, records and document control

16.1 Record quality

- Records are accurate, factual, contemporaneous, complete and attributable.
- Corrections preserve the original entry and the audit trail.
- Language is respectful, relevant and free from unsupported judgement.
- Information required for safety, continuity and decision-making is easy to find.
- Access is limited to authorised people with a legitimate need.
- Records are retained and disposed of according to the retention schedule and applicable law.

16.2 Controlled documents

Policies, procedures, forms and templates will have a title, reference, version, owner, approval, effective date and review date. The controlled master will be stored securely. Obsolete versions will be removed from active use, archived where required and clearly marked.

16.3 Data quality checks

Audits will examine completeness, timeliness, consistency, duplication, unsupported statements, missing signatures, overdue reviews and compliance with confidentiality requirements. Repeated recording weaknesses will trigger system or training review, not only correction of individual files.

17 Risk management, safeguarding and regulatory boundary control

Quality and risk management are connected. Risks identified through assessment, daily delivery, staffing, incidents, complaints, audits or external information will be recorded, rated, controlled and reviewed. Significant risks will be escalated to the Director.

17.1 Safeguarding

Any concern that a child or adult may be experiencing abuse, neglect, exploitation, discrimination or avoidable harm must be acted on immediately in accordance with safeguarding procedures. Quality reviews will examine whether concerns were recognised, reported, referred, documented and learned from.

17.2 Regulatory boundary controls

Control point	Required assurance
Enquiry screening	Every direct support enquiry is checked for personal care, clinical treatment, medication administration or other regulated tasks.
Written task schedule	The support plan states tasks included, excluded and requiring escalation.
Worker instruction	Workers are trained to recognise and refuse tasks outside the agreed scope while protecting immediate safety.
Change-of-need review	New needs or deterioration trigger manager review before the task list changes.
Audit	Regulatory boundary compliance is included in record audits, spot checks and management review.
Referral	Where regulated support is required, the person is signposted or referred to an appropriately registered provider, subject to consent and urgency.
Registration transition	No regulated activity begins until CQC registration, insurance, staffing and operational systems are confirmed in writing.

18 Incidents, accidents, near misses and openness

All incidents, accidents, errors and near misses will be reported promptly and handled according to risk. Immediate safety, medical attention, safeguarding and evidence preservation take priority. The purpose of review is to understand what happened, support those affected and prevent recurrence.

18.1 Review stages

- Make the situation safe and obtain urgent assistance where required.
- Notify the manager or on-call lead and record the event promptly.
- Assess safeguarding, contractual, professional, insurance, data or statutory reporting duties.
- Communicate openly with the person, representative, worker or client as appropriate.
- Investigate proportionately, considering people, task, equipment, environment, communication and system factors.
- Identify immediate correction, root cause, corrective action and learning.
- Track actions to completion and verify whether they were effective.
- Share anonymised learning with relevant staff and partners.

18.2 Organisational candour

Although the statutory duty of candour applies to registered providers in defined circumstances, Heartbeat Healthcare Ltd adopts a general culture of openness. Where our actions cause or contribute to harm or significant service failure, we will communicate honestly, apologise where appropriate, explain known facts, investigate and keep relevant people informed. This commitment does not misstate the company's current statutory status.

19 Complaints, concerns, compliments and speaking up

We welcome concerns and complaints as important quality information. People will not be disadvantaged for raising an issue. Information about how to complain will be accessible, and staff will support people who need help, including access to an advocate or representative where appropriate.

19.1 Quality use of complaints

- Acknowledge and respond within the published complaints procedure timescales.
- Address immediate risk before completing the full investigation.
- Identify the outcome sought by the complainant.
- Investigate fairly and preserve confidentiality.
- Provide a clear response, findings, remedy and escalation information.
- Record themes, equality considerations, repeat issues and lessons.
- Link actions to policy, training, support plans, staffing or system change.
- Check whether the action resolved the concern and prevented recurrence.

19.2 Freedom to speak up and whistleblowing

Workers are expected to raise concerns about unsafe, unlawful, dishonest or poor-quality practice. Managers must listen, protect confidentiality as far as possible, prevent retaliation and escalate matters objectively. Concerns involving a manager may be raised directly with a director or through an external route permitted by law.

19.3 Compliments

Compliments will be recorded and reviewed to identify effective practice, strengths and behaviours that should be recognised and repeated. Positive information will not be used to dismiss valid concerns.

20 Feedback, engagement and co-production

We will create regular and accessible opportunities for people supported, families, workers, candidates, clients and professionals to share views. We will not rely only on formal annual surveys. Everyday feedback, quality calls, reviews, exit feedback, complaints and observation all contribute to assurance.

20.1 Feedback methods

- Introductory and early-service quality calls.
- Planned service reviews and worker supervision.
- Short surveys in accessible formats.
- Telephone, email, online and paper feedback routes.
- Client and worker placement reviews.
- Complaints, compliments, suggestions and exit interviews.
- Meetings, focus discussions and direct observation.
- Feedback from advocates, authorised representatives and professionals.

20.2 Analysing and acting on feedback

Feedback will be logged, risk-screened, grouped by theme and reviewed alongside incidents, audits and performance data. High-risk feedback will be escalated immediately. Improvement plans will identify the issue, action, owner, target date, success measure and evidence of completion.

20.3 Closing the feedback loop

Where appropriate, we will tell people what changed through individual responses or accessible “You said, we did” updates. Personal information will not be disclosed without a lawful basis. Where no change is made, we will explain the reason honestly.

21 Quality monitoring and internal audit

21.1 Monitoring approach

Monitoring is continuous and includes operational checks, exception reports, record reviews, feedback, supervision and management observation. Internal audit is more formal and tests whether defined requirements are being met and whether controls are effective.

21.2 Audit principles

- Audits use defined criteria and are documented.
- The auditor is sufficiently competent and, where practicable, does not audit their own work.
- Sampling is risk-based and large enough to identify themes.
- Evidence is recorded, not only a score.
- Immediate risks are escalated before the audit is completed.
- Findings distinguish isolated error, repeated weakness and systemic failure.
- Actions are tracked to evidence-based closure.
- Repeat findings receive increased scrutiny and root cause analysis.

21.3 Sampling standard

All new worker files are checked before clearance. For periodic file audits, the normal sample will be at least 20% of active files or a minimum of three, whichever is greater. Where fewer than five files are active, all files will be reviewed. For direct support records, the same principle applies, adjusted for risk, incidents and service maturity. High-risk or previously nonconforming records may be reviewed in full.

21.4 Core audit areas

Audit area	Examples of evidence
Service scope and regulatory boundary	Direct support remains unregulated; changes are escalated; no personal care or other regulated activity is delivered.
Worker recruitment and compliance	Identity, right to work, DBS where eligible, references, qualifications, registration, training, health and clearance.
Support plans and risk assessments	Accuracy, person involvement, task boundaries, review, communication and contingency.
Scheduling and reliability	Coverage, lateness, missed visits, cancellations, working time, travel and continuity.
Service delivery records	Timeliness, accuracy, outcomes, concerns, escalation and confidentiality.
Safeguarding and incidents	Recognition, reporting, referral, investigation, learning and action.
Complaints and feedback	Accessibility, timeliness, fairness, themes, action and closure.
Training, supervision and spot checks	Completion, quality, competence, performance and follow-up.
Health and safety and lone working	Risk assessments, equipment, home or site risks, emergency response and staff welfare.
Information governance	Access, security, accuracy, retention, breaches and data quality.
Business continuity	Plans, contact information, tests, lessons and resilience.
Suppliers and contractors	Due diligence, performance, licences, data security and contract compliance.
Equality and accessibility	Reasonable adjustments, communication needs, equitable experience and outcomes.
Environmental performance	Compliance with the Environmental Policy and Carbon Reduction Plan.
Governance and document control	Policy reviews, meeting minutes, dashboards, risks, actions and evidence.

21.5 Audit frequency

The annual schedule in Appendix A sets planned frequencies. The schedule may be increased when risk, change, growth, complaints, incidents, contract requirements or poor performance indicate a need. Deferring an audit requires a recorded reason and revised date. Critical audits must not be deferred for convenience.

22 Nonconformity, corrective action and improvement planning

22.1 Classification

Finding	Meaning	Response
Critical	Immediate or imminent serious risk, unlawful activity, potential abuse, serious data or safety failure.	Act immediately; notify Director; stop or restrict activity; consider external reporting.
Major	Significant failure or systemic weakness that could cause harm, repeated noncompliance or serious contractual failure.	Urgent action plan, senior oversight and effectiveness review.
Minor	Limited failure that does not present immediate serious risk but requires correction.	Correct within proportionate timeframe and monitor.
Observation / opportunity	No confirmed breach, but practice could be stronger, clearer or more efficient.	Consider improvement and record decision.

22.2 Corrective action process

- Describe the requirement and objective evidence of failure.
- Correct the immediate problem and protect affected people.
- Assess extent, including whether other files, people, workers or services are affected.
- Identify contributing and root causes.
- Agree SMART corrective and preventive actions.
- Allocate an owner, priority, target date and success measure.
- Record completion evidence.
- Verify effectiveness after a suitable period.
- Close only when the action is completed and embedded, not merely promised.

22.3 Overdue action

Overdue actions will be reviewed at each quality meeting. Critical and high-risk actions are escalated immediately. An action date may be extended only where the risk remains controlled, the reason is documented, a new date is approved and affected stakeholders are informed where necessary.

23 Learning, innovation and change control

We encourage practical improvement and innovation, but change must be controlled. New technology, documentation, roles, service models, suppliers or processes will be assessed for benefits, risks, equality, data protection, training, continuity and regulatory implications before implementation.

23.1 Sources of learning

- Feedback from people, workers and clients.
- Complaints, compliments, incidents and near misses.
- Audit findings and performance trends.
- Professional guidance, legal change and client requirements.
- Staff suggestions, supervision and exit feedback.
- Business continuity tests and real disruptions.
- External reviews, tender feedback and CQC readiness assessments.

23.2 Change control

Material changes will have a named sponsor, defined purpose, impact assessment, implementation plan, communication, training, testing and review date. Changes that affect regulated activity, service user safety, personal data or professional practice require senior approval before implementation.

23.3 Sharing learning

Learning will be shared through briefings, supervision, team meetings, policy updates, training, support-plan changes, client communication and governance reports. Personal information will be anonymised unless there is a lawful and necessary reason to identify individuals.

24 Supplier, contractor and partner assurance

The quality of external goods and services can affect our own performance. Suppliers and contractors will be selected and monitored in proportion to risk, value and criticality. Due diligence may include identity, insurance, licences, competence, references, data protection, business continuity, environmental practice and contractual terms.

24.1 Critical suppliers

Critical suppliers may include digital care or recruitment systems, payroll, training, occupational health, DBS or compliance services, IT support, data hosting, waste disposal and specialist professional advice. Failure of a critical supplier will be considered in business continuity planning.

24.2 Performance review

- Delivery against agreed requirements and timescales.
- Accuracy, reliability, complaints and incidents.
- Information security and confidentiality.
- Responsiveness and corrective action.
- Financial and operational resilience where relevant.
- Continued licences, registrations, insurance or accreditation.
- Whether the supplier remains suitable and provides value without compromising quality.

25 Management review and quality reporting

The Director will ensure that quality information is reviewed at planned intervals and used in decisions. Reports will present both positive and negative evidence and will identify limitations. Absence of complaints will not automatically be treated as proof of good quality.

25.1 Monthly operational quality review

- New services, placements and regulatory boundary decisions.
- Worker compliance and upcoming expiries.
- Late, cancelled or missed shifts and visits.
- Incidents, safeguarding, complaints and urgent concerns.
- Staffing capacity, sickness, on-call issues and business continuity.
- Overdue reviews, audits and improvement actions.

25.2 Quarterly governance review

- Dashboard trends and performance against objectives.
- Audit findings, repeat issues and effectiveness of corrective action.
- Feedback from people, clients, workers and professionals.
- Equality, accessibility, workforce and environmental themes.
- Risk register and emerging risks.
- Supplier performance, contracts and resource needs.
- Policy, legal and CQC readiness updates.

25.3 Annual management review

The annual management review will evaluate whether the QMS remains suitable, adequate and effective. It will approve quality objectives, audit priorities, resources and system changes for the next year. Appendix E provides the standard agenda.

26 External assurance and future CQC readiness

26.1 External information

We will respond constructively to contract monitoring, client audits, professional concerns, insurance reviews, complaints bodies, safeguarding partners and other lawful external scrutiny. Findings will be recorded and incorporated into improvement plans.

26.2 Future CQC readiness

When the CQC registration programme is active, the company will maintain a formal readiness plan. This will include the statement of purpose, service user bands, regulated activities, location, registered manager arrangements, fit-person evidence, workforce, policies, systems, insurance, premises or office arrangements, governance, data security and evidence of implementation.

Self-assessment will use the CQC key questions and relevant quality statements, including learning culture, safeguarding, safe and effective staffing, assessing needs, monitoring outcomes, treating people as individuals, listening and involving people, equity, governance, freedom to speak up and learning and innovation.

26.3 No misleading claims

Marketing, tenders, websites and communications must not state or imply that Heartbeat Healthcare Ltd is CQC registered, rated, ISO 9001 certified or independently accredited unless this is factually correct and supported by current evidence. Future intentions must be described as intentions, not achievements.

27 Training, communication and policy implementation

All staff will receive information about this policy during induction and when significant changes are made. Managers will explain how the QMS applies to each role. Quality expectations will be reinforced through supervision, meetings, briefings and audit feedback.

27.1 Minimum learning themes

- Current service scope and CQC regulatory boundary.
- Quality responsibilities and speaking up.
- Accurate records and confidentiality.
- Safeguarding, incident and complaint reporting.
- Risk management and escalation.
- Person-centred, rights-respecting and inclusive practice.
- Role-specific compliance and competence.
- Learning from audits, feedback and corrective action.

27.2 Understanding and accountability

Staff may be required to confirm that they have read and understood controlled policies. Lack of awareness is not an acceptable reason for bypassing a safety or compliance requirement where appropriate induction and access have been provided.

28 Equality, accessibility and human rights

Quality assurance must consider whether services are equally safe, accessible and effective for different people. Aggregated feedback or performance can conceal poor experience for a smaller group. We will therefore consider

protected characteristics, disability, communication, socioeconomic barriers and other relevant factors when reviewing access, experience and outcomes.

28.1 Inclusive quality methods

- Provide reasonable adjustments and accessible feedback methods.
- Use interpreters, advocates or authorised representatives where appropriate.
- Avoid excluding people who communicate nonverbally or need additional time.
- Review complaints and incidents for discrimination, dignity and human rights themes.
- Consider whether staffing, timing, gender preference, culture or communication affects experience.
- Ensure monitoring is proportionate and does not create unnecessary intrusion or surveillance.

28.2 Equality impact of this policy

This policy is intended to advance fair, consistent and rights-respecting services. Its controls will be applied flexibly where reasonable adjustment is needed, provided safety, legality and essential quality standards are maintained. The policy will be reviewed if evidence shows unintended disadvantage.

29 Data protection, confidentiality and information sharing

Quality assurance often uses sensitive information. We will collect and use only what is necessary, apply an appropriate lawful basis, restrict access, store information securely and retain it for no longer than required. Reports will normally use anonymised or aggregated information where individual identification is unnecessary.

29.1 Information sharing

Confidentiality does not prevent necessary sharing to protect a person, investigate serious concern, meet legal duties or fulfil legitimate contractual responsibilities. Decisions will be proportionate, recorded and made in accordance with data protection and safeguarding procedures.

29.2 Quality records

Audit reports, complaints, incident reviews, feedback and performance information will be treated as controlled records. Access will be limited to those who need the information for management, assurance, investigation or legal purposes.

30 Compliance, review and approval

30.1 Compliance

Failure to follow this policy may result in additional training, corrective action, restriction from duties, performance management, disciplinary action, removal from placement or termination of contract, depending on seriousness and employment status. Deliberate falsification, concealment, unsafe practice or bypassing of critical checks will be treated seriously.

30.2 Review triggers

- Annual scheduled review.
- CQC application, registration decision or commencement of regulated activity.
- Serious incident, safeguarding concern or significant complaint.
- Material audit failure or repeated nonconformity.
- Major organisational, service, technology or contractual change.
- Relevant legal, regulatory or professional guidance change.
- Evidence that the policy is unclear, ineffective or creates unintended inequality.

30.3 Approval

The Director approves this policy on behalf of Heartbeat Healthcare Ltd and accepts accountability for ensuring that the QMS is implemented, resourced, monitored and improved.

Policy approval

Shadreck Chawira

Director, Heartbeat Healthcare Ltd

Date: 20 June 2026

Signature

Appendix A - Annual quality audit schedule

This schedule is the minimum planned programme for the first full year of the QMS. Monthly exception monitoring continues throughout the year. Audit timing may be brought forward or increased in response to risk.

Timing	Audit focus	Output
Every month	Worker compliance expiry report; service scope and regulatory boundary; incidents, safeguarding, complaints; late, cancelled and missed service; overdue actions; active risk review.	Management exception report and action log
July 2026	QMS implementation, policy register and document control.	System setup audit
August 2026	Recruitment, worker compliance and deployment clearance.	Worker file audit
September 2026	Direct support enquiry, assessment, support plans and regulatory boundary.	Service file audit
October 2026	Scheduling, continuity, lateness, missed visits and on-call response.	Reliability audit
November 2026	Safeguarding, incidents, complaints, candour and learning.	Safety and learning audit
December 2026	Information governance, record quality, retention and data security.	Information audit
January 2027	Training, supervision, appraisal, spot checks and competence.	Workforce development audit
February 2027	Health and safety, lone working, infection prevention and business continuity.	Operational safety audit
March 2027	Feedback, experience, equality, accessibility and outcomes.	Experience and equity audit
April 2027	Client contracts, supplier and partner assurance.	External relationship audit
May 2027	Environmental Policy and Carbon Reduction Plan controls.	Environmental audit
June 2027	Full service self-assessment, CQC readiness gap analysis and management review.	Annual assurance report

Audit completion standard	An audit is complete only when evidence has been reviewed, findings recorded, risks escalated, actions assigned and the report approved. A tick-box without evidence is not sufficient assurance.

Appendix B - Quality dashboard and KPI framework

Domain	Measure	Frequency	Target / interpretation
Regulatory boundary	Number of potential boundary concerns; number confirmed as breaches	Monthly	Zero breaches; 100% concerns reviewed
Worker clearance	Workers deployed with complete mandatory clearance	Monthly	100%
Compliance expiry	Critical items expired while worker active	Monthly	Zero
Training	Mandatory training in date for active workers	Monthly	At least 95%, with 100% for role-critical items
Supervision	Supervisions completed within required period	Quarterly	At least 90%
Spot checks	Direct support workers receiving required spot checks	Quarterly	At least 90%
Reliability	Shifts or visits delivered as agreed; late, cancelled or missed	Monthly	Trend and contract target; all misses escalated
Support review	Support plans and risk reviews in date	Monthly	100% for active direct support
Complaints	Acknowledgement, response and action within policy timescale	Quarterly	100% or documented exception
Safeguarding and incidents	Prompt management review and action	Monthly	100% significant matters
Feedback	Positive experience and response rate	Quarterly / annual	Baseline then at least 90% positive where meaningful
Audits	Scheduled audits completed by due date	Quarterly	At least 90%, all high risk
Improvement actions	Actions closed by target date	Monthly	At least 90%, no overdue critical action
Policy review	Controlled policies reviewed by due date	Quarterly	100% or approved extension
CQC readiness	Readiness actions complete	Quarterly when active	Against approved plan

Targets are starting standards for a small company and will be reviewed after reliable baseline data is available. A target will not be lowered simply to make performance appear better. Where a target is adjusted, the reason and risk assessment will be documented.

Appendix C - Audit scoring and escalation matrix

Rating	Definition	Required response
4 - Strong assurance	Requirement met consistently; evidence is complete; practice is embedded; no material concern.	Maintain and share effective practice.
3 - Reasonable assurance	Requirement substantially met with isolated minor gaps that do not undermine the control.	Correct minor gaps and monitor.
2 - Limited assurance	Several gaps, inconsistent practice or weak evidence. Risk is not fully controlled.	Formal action plan and management follow-up.
1 - No assurance	Requirement not met, evidence absent or control ineffective. Significant risk may exist.	Urgent senior action and re-audit.
Critical override	Immediate serious safety, safeguarding, legal, data or regulatory concern regardless of numeric score.	Act immediately; stop or restrict activity; notify Director and relevant external parties where required.

Overall audit conclusion

- Strong assurance: no major or critical finding and most areas score 4.
- Reasonable assurance: no critical finding, limited major concern and corrective action is manageable.
- Limited assurance: one or more major findings, repeated minor findings or material weakness.
- No assurance: critical concern, widespread failure or inability to rely on the process.

The overall conclusion is a professional judgement based on risk and evidence. It is not calculated mechanically where a single finding could have serious consequences.

Appendix D - Corrective action and improvement plan template

Reference	
Source	Audit / incident / complaint / feedback / risk / external review / other
Issue and requirement	
Immediate correction and safety action	
People or services potentially affected	
Risk rating	Critical / High / Medium / Low
Root or contributing cause	
Action required	
Action owner	
Target date	
Success measure	
Progress update	
Completion evidence	
Effectiveness review date and result	
Approved closure by	

Root cause prompts

- Was the requirement clear and accessible?
- Did the person have the competence, time, tools and information needed?
- Did workload, scheduling, handover or communication contribute?
- Was the control designed effectively and followed consistently?
- Did management monitoring identify the issue early enough?
- Could the same weakness exist elsewhere?
- What evidence will prove that the change is embedded?

Appendix E - Quality governance and annual management review agenda

Item	Standard agenda topic
1	Actions and minutes from the previous review
2	Changes in organisation, services, law, contracts and stakeholder needs
3	Progress against quality objectives and dashboard trends
4	Regulatory boundary and CQC readiness
5	Audit programme, findings, repeat issues and assurance conclusion
6	Incidents, safeguarding, complaints, compliments and candour
7	Feedback and experience of people, workers, clients and professionals
8	Workforce capacity, compliance, competence, training and wellbeing
9	Risk register, health and safety, information governance and business continuity
10	Supplier, contractor and client performance
11	Equality, accessibility, human rights and environmental performance
12	Effectiveness of corrective actions and improvement plans
13	Resources, technology, staffing and competence required
14	Opportunities for innovation and system improvement
15	Quality objectives, audit schedule and priorities for the next period
16	Decisions, owners, timescales and communication

The review record will state decisions, evidence considered, actions, responsible people, target dates and any matters requiring external advice or notification.

Appendix F - Quality feedback survey template

This short template may be adapted for a person supported, family member, worker, candidate, professional or client. Alternative formats and support will be provided where needed.

Question	Response
I was treated with dignity, kindness and respect.	Very good / Good / Acceptable / Poor / Very poor / Not applicable
Communication was clear and I knew who to contact.	Very good / Good / Acceptable / Poor / Very poor / Not applicable
The service or placement was reliable and met the agreed requirement.	Very good / Good / Acceptable / Poor / Very poor / Not applicable
Staff or workers appeared competent and understood their role.	Very good / Good / Acceptable / Poor / Very poor / Not applicable
My needs, choices, culture or accessibility requirements were understood.	Very good / Good / Acceptable / Poor / Very poor / Not applicable
I felt safe and concerns were taken seriously.	Very good / Good / Acceptable / Poor / Very poor / Not applicable
I knew how to provide feedback or complain.	Yes / No / Not sure
I would recommend Heartbeat Healthcare Ltd.	Yes / No / Not sure

What worked well?	
What could be improved?	
Is there any safety, safeguarding, discrimination or service concern?	
Would you like us to contact you?	Yes / No
Communication or accessibility support needed	
Feedback received by and date	
Risk screening and immediate action	
Action owner and target date	
Outcome shared and date	

Appendix G - Service review and spot-check checklist

Check area	Evidence to consider
Identity, introduction and professionalism	Worker is identifiable, punctual, respectful and understands the assignment.
Scope and boundaries	Only agreed tasks are undertaken; no regulated personal care or unauthorised clinical task.
Person or client involvement	Preferences, communication and choices are respected.
Safety and risk	Known risks and local procedures are understood; concerns are escalated.
Competence	Worker demonstrates role-specific knowledge, skills and confidence.
Records	Entries are timely, accurate, factual and complete.
Confidentiality	Information is handled discreetly and securely.
Reliability and continuity	Attendance and handover meet the agreed standard.
Equality and dignity	No discriminatory, disrespectful or restrictive practice is observed.
Feedback	Person, client and worker are invited to comment.
Action	Any issue has an owner, priority, target date and follow-up.

Date, time and location	
Worker / service reviewed	
Reviewer	
Overall assurance	Strong / Reasonable / Limited / No assurance
Immediate concerns and action	
Good practice identified	
Improvement actions	
Follow-up date	
Reviewer signature	

Appendix H - Quality evidence register

Evidence domain	Examples
Governance	Approved policies, quality objectives, meeting minutes, risk register, management review, action plan.
Service scope	Service descriptions, enquiry screening, acceptance decisions, task schedules, regulatory boundary log.
People supported	Assessments, support plans, risk assessments, reviews, consent, communication needs, feedback.
Workforce	Recruitment files, clearance checklist, DBS where eligible, right to work, references, registration, training, supervision, appraisal, spot checks.
Staffing and reliability	Rotas, assignments, attendance, late and missed service records, contingency action, continuity data.
Safety	Incident, accident, near-miss and safeguarding records; investigations; learning; notifications where required.
Experience	Complaints, compliments, surveys, quality calls, exit feedback, “You said, we did” updates.
Audit and improvement	Audit schedule, reports, findings, CAPA log, completion evidence, effectiveness reviews.
Information governance	Policy register, access controls, data breach log, retention, system checks and confidentiality records.
External assurance	Client audits, contract reviews, professional correspondence, insurance, supplier due diligence, CQC readiness evidence.
Sustainability and resilience	Business continuity tests, Environmental Policy evidence and Carbon Reduction Plan monitoring.

Evidence must be reliable, current, retrievable and proportionate. A policy alone is not evidence that the required practice occurs. Implementation records and outcomes are also required.

Appendix I - CQC readiness and regulatory boundary checklist

Readiness area	Required evidence
Current status accurately stated	Website, tenders, contracts and staff communications do not imply current CQC registration.
Service task boundary	Direct support tasks are documented and remain outside regulated activities.
Change control	Changes in need or requested tasks trigger regulatory review before implementation.
Registration plan	Proposed regulated activity, location, service user bands and timetable are defined.
Leadership	Proposed Nominated Individual and Registered Manager arrangements are identified and suitable.
Statement of Purpose	Draft is accurate, consistent with the business plan and intended registration.
Policies and systems	Policies are comprehensive, controlled and supported by implementation evidence.
Workforce	Recruitment, staffing, training, supervision and competence systems are ready for regulated delivery.
Care governance	Assessment, care planning, consent, medicines, safeguarding, incidents and records are ready for the intended activity.
Premises and technology	Office, systems, information security, equipment and business continuity are suitable.
Insurance and finance	Cover and financial viability match the planned regulated service.
Quality assurance	Audits, dashboards, feedback, governance meetings and improvement records are operating.
Application evidence	Fit-person, director, manager and supporting documents are current and consistent.
Pre-start approval	Directors have written confirmation that registration is granted and all pre-start conditions are complete before regulated activity begins.
Final control	CQC application activity, a submitted application or an anticipated decision does not authorise regulated care. Regulated activity may begin only after registration is granted and the approved scope is understood and operationally ready.

Reference framework

- Care Quality Commission assessment framework and adult social care quality statements.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including Regulation 17 on good governance.
- Equality Act 2010 and Human Rights Act 1998.
- Care Act 2014 and Care and Support Statutory Guidance.
- UK General Data Protection Regulation and Data Protection Act 2018.
- Health and Safety at Work etc. Act 1974 and associated regulations.
- Public Interest Disclosure Act 1998.
- ISO 9001:2015 quality management principles, used as a non-certified reference.

This policy should be read with current law, official guidance, professional standards, contracts and client requirements. Where requirements change, the current legal or regulatory position takes precedence and the policy will be updated.

Final approval

Shadreck Chawira

Director, Heartbeat Healthcare Ltd

Date: 20 June 2026

Signature