



Quality · Safety · Innovation

Quality
Standards
Framework



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Handbook

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1. INTRODUCTION

This Handbook has been produced to provide information to Technology Enabled Care (TEC) Service Providers and Suppliers, wishing to seek certification to the TSA Quality Standards Framework (QSF) and for those Organisations who have already achieved certified status.

The TSA is the industry body for Technology Enabled Care (TEC) services, representing over 370 organisations, including telecare and telehealth service providers and suppliers, commissioners, digital health businesses, housing associations, emergency services, academia, charities and government bodies. TSA is a membership based, not-for-profit community interest company (CIC). TSA developed and is the owner of the intellectual property of the QSF.

TEC Quality is TSA's assurance partner and is licensed to manage and develop the QSF on behalf of TSA to ensure impartiality. TEC Quality is a certification body, accredited by the United Kingdom Accreditation Service (UKAS) and is the only certification body in the TEC sector.

Both organisations have a joint mission, vision and objective to promote, grow and seek the endorsement of the QSF scheme.

The QSF has been developed as an independent audit and certification programme for the Technology Enabled Care industry. The QSF is available to all organisations in the sector - service providers, suppliers, associations, emergency response services and third-sector organisations.

Continuous improvement is encouraged as the QSF constantly helps organisations improve their service quality.

The Scheme Handbook may be subject to change without notice and organisations are advised to check for the latest version on the TEC Quality website shown below.

Further information about TEC Quality and the QSF can be found on the TEC Quality website <http://www.tecquality.org.uk>.

2. PURPOSE OF THE QUALITY STANDARDS FRAMEWORK

2.1. The TSA QSF provides the strategic structure within which TEC Service Providers and Suppliers shall operate.

2.2. Its flexible structure embraces Technology Enabled Care in its entirety: wearables, activity trackers, tele-coaching, apps, video monitoring, equipment manufacture and supply and much more, but not forgetting traditional telecare services.

2.3. The Framework provides a clear and consistent description of the standards to be achieved, ensuring continuous quality improvement whilst encouraging innovation. It does not offer prescriptive instruction on the way in which services shall be delivered and allows organisations to be unique in their approach.

2.4. Organisations must ensure that the outcomes and minimum requirements of the QSF are fully integrated into working practices and form part of the everyday service processes.

2.5. The QSF is designed to be agile and will be reviewed annually, or where there has been a change in legislation or national guidance, to ensure it meets the needs of the evolving Technology Enabled Care sector. The TEC Quality website will be the reference point for all current documentation and auditees shall check the website to ensure compliance against the latest versions of modules and for additional guidance information.

3. SCOPE OF THE QUALITY STANDARDS FRAMEWORK AUDIT SCHEME

3.1. Users and their representatives are ‘front and centre’ of the QSF. The “Scheme”, therefore, sets out to identify the essential elements required to ensure the safe delivery of TEC services which meet individual needs.

3.2. In doing so, it establishes critical strategic and operational service standards ranging from:

3.2.1. Performance and effectiveness monitoring

3.2.2. Operation of clear procedures that are embedded within the workforce

3.2.3. Core competency of staff to carry out these roles and procedures

3.2.4. Security and integrity of operations and a clear agreement with customers, or service users

3.2.5. Ethical business activities

3.3. Publication of the QSF is a key step to developing management regimes within the TEC Industry, to enable the delivery of high quality, end-user focussed services which offer choices to meet the changing needs of citizens. To be effective, there must be a mechanism for users and commissioners to identify those service providers and suppliers which operate to the highest standards established within the TEC sector.

3.4. The certification scheme has been established to provide an independent external audit of an organisation against the outcomes and requirements of the QSF. TEC Quality confines its evaluation, decision and surveillance to those matters specifically related to the scope of certification unless an extension of scope has been agreed with the organisation concerned.

3.5. Where reference is made to other standards within the QSF, or where organisations are asked to take account of these references, it is not intended to confirm or imply compliance with the standard mentioned.

3.6. Where reference is made to maintenance, testing, or adaptation of equipment, TEC Quality will not audit the specific elements of these activities but will check that there is evidence that the work has been conducted.

3.7. At the annual audit, organisations will be notified that this is due and the current scope of the audit areas. At this point, the organisation will be asked whether the scope of the audit remains the same and if they need to extend or reduce the scope of the audit.

3.8. It is mandatory as part of the scheme, that if an Organisation provides one of the services listed in the Service Delivery modules, it must be audited against it. This also applies to organisations that are within a group organisational structure and where different services covered by the QSF are provided by different entities within that group structure. These separate entities may seek certification in their own right or may prefer to enter into the multi-site audit approach.

3.9. Where an organisation no longer provides a service, for example, if this has been outsourced, it is permissible to reduce the scope of the audit to exclude that element.

3.10. TEC Quality has a Strategic Board, which is completely independent of TSA, whose aims are as follows:

- 3.10.1. To ensure that the scheme remains independent from TSA membership and is fully transparent
 - 3.10.2. To ensure that the scheme operates ethically, with integrity and that there are no conflicts of interest
 - 3.10.3. To champion the cause for quality standards in TEC
 - 3.10.4. To shape, direct and manage the QSF
 - 3.10.5. To provide a robust scheme to meet the needs of a broad range of stakeholders and that their views are represented to ensure the effective deployment of TEC.
 - 3.10.6. To ensure impartiality through identification, management and prevention of risks and where these have been identified, how to resolve them
- 3.11. The full TEC Quality Board terms of reference can be obtained upon request from the TEC Quality admin team.
- 3.12. The TEC Quality Board receive statistical information relating to certifications to the QSF i.e.:
- 3.12.1. New certifications
 - 3.12.2. Lapsed certifications
 - 3.12.3. Improvement needs trends
 - 3.12.4. Suspended and Revoked certifications
 - 3.12.5. Complaints/appeals and their outcomes
- 3.13. The TEC Quality Board provides regular reports to the TSA Board of Directors on the performance of the scheme, for information only.
- 3.14. In addition, a Standards Management Team has been created to oversee the day-to-day management and development of the scheme.
- 3.15. TEC Quality maintains a register of certified organisations for new applications, lapsed certified organisations and those organisations whose certification has been suspended or revoked.
- 3.16. Organisations that are certified to the TSA QSF deliver high- quality services that are independently audited on an annual basis. TSA can give no assurances of service quality for organisations not certified to the QSF.
- 3.17. Whilst TEC Quality takes all reasonable steps to ensure that audits are robust and very detailed, TEC Quality cannot be held responsible, shall it be found that certifications were achieved through fraudulent means, or by the production of false evidence. Nor can TEC Quality be held responsible for mistakes made by human error, or by the misconduct of individual members of staff, or managers of certified organisations.
- 3.18. The QSF is comprised of ten common standards, supplemented by specific industry-related service delivery modules.

3.19. The current modules are:

Standards Modules	Service Delivery Modules
User & Carer Experience	TEC Monitoring
User and Service Safety	Assessment of, Installation and Maintenance of TEC
Effectiveness of service	Response Services
Information Governance	Telehealth Monitoring
Partnership Working & Integrated Services	Equipment (NAEP)/Wheelchair Services
The Workforce	Supply Sector/Solutions Provider
Business Continuity	
Ethics	
Performance & Contract Management	
Continuous Improvement & Innovation	

N.B. Organisations should refer to the TEC Quality Website for the latest versions of documents.

3.20. It is anticipated that as the industry develops, the list of service delivery modules will grow.

3.21. The standards have been developed from a wide range of sources and represent best practise, safe and quality service delivery within the TEC industry – putting the service user and their carer at the centre of the framework.

3.22. Development of the standard has not been from a single perspective of the TEC world, but has been achieved through consultation with many sectors of the industry, along with wider stakeholders, some of which include:

- 3.22.1. The service user and their carer,
- 3.22.2. Service and product providers,
- 3.22.3. Experience within the industry,
- 3.22.4. United Kingdom government bodies,
- 3.22.5. Regulatory bodies, such as the Care Quality Commission and Care Inspectorate,
- 3.22.6. Emergency Services,

3.23. As a result, a robust, comprehensive outcomes focussed framework has been developed, building on many years of experience from the evolution of the former TSA Code of Practice. The QSF provides flexibility and allows organisations to deliver services in their own unique way, whilst still demonstrating safety and security.

3.24. To ensure the QSF remains current and reflects the rapidly changing TEC environment, it will be subject to an annual review but may be more frequent if deemed necessary. The review will consider changes to legislation and general requirements within the industry.

3.25. Changes to the standard will also be made should there be a legal requirement to do so.

3.26. Stakeholders of the QSF will be invited to review all standards documents and can suggest changes to them as seen necessary for the benefit of the service users and the scheme.

3.27. In addition, following the review of the Governance framework in 2024, the TSA implemented a new Governance framework, which superseded the previous Quality Improvement Programme Board.

The Strategic Futures Advisory Committee (SFAC) is responsible for horizon scanning and identifying and responding to strategic sector risks and opportunities for the TEC Sector. Committee members are internal or external members who will meet and report to the CIC Board on a 6 monthly basis.

The Sector Risk and Innovation Group (SRIG) replaces the QIPB and is made up of internal and external members to act in response to operational risks and opportunities by commissioning and overseeing the delivery of projects to address.

Innovation and Challenge Groups (ICG) will provide time bound projects with clear deliverables, with project group members resourced from a pool of internal and external skilled panellists. (ICP)

The ICG and SRIG will identify and propose changes to the QSF through the TEC Quality notification of scheme change process to ensure the QSF remains robust and relevant to any changes within the TEC Sector and Community Equipment sector.

3.28. In some circumstances, as with the Equipment Services module, for example, TSA and TEC Quality may collaborate with other organisations such as the National Association of Equipment Providers (NAEP) to develop standards which are specific to their area of specialism, but which complement the existing QSF modules.

3.29. If change requests are sanctioned by the TEC Quality Board, they will be introduced in line with the TEC Quality document control policy and communicated as detailed within that policy.

3.30. Where change requests are rejected by the TEC Quality Board, these will be communicated along with the reasons for doing so, to the relevant party or group requesting the change by the Scheme Manager.

4. IMPARTIALITY AND CONFIDENTIALITY

4.1. Impartiality is vital to the credibility of any audit scheme. Both TSA and TEC Quality have established separate organisational entities and structures to ensure that impartiality cannot be compromised and that operations are completely transparent.

4.2. TEC Quality has an Impartiality Policy, which sets out how it intends to embed impartiality in the certification process.

4.3. TEC Quality manages the QSF scheme within its internal team, and this includes the Moderation process and some of the Auditing function. The majority of audits are conducted by outsourced, experienced, self-employed, independent Associates. These Associates have no affiliation with any other sector of the TEC community and are subject to confidentiality clauses within their contract. They are not permitted to conduct audits for any organisation that they may have worked within a private capacity within the last two years of engagement with TEC Quality.

4.4. All TEC Quality staff are required to declare any existing, or potential relationships, or interests with any organisation they may be required to audit or interact with.

4.5. TEC Quality does not provide any TEC services and will not provide consultancy services to any organisation, or individual. TEC Quality will not promote consultancy services from any other organisation but may direct organisations to TSA as the industry body for advice and support.

4.6. TEC Quality acquires its funding through the charges made to organisations for the auditing process.

4.7. Whilst TEC Quality Ltd. is a subsidiary company of TEC Services Association C.I.C., there is no influence from TSA over the production, development, or management of the QSF from a membership perspective. All recommendations for modification are treated equally and assessed in the normal manner, regardless of their source.

4.8. As part of the process of ensuring impartiality is integral to all activities, a majority of the TEC Quality Board members are independent of both the parent company and TEC service providers. The Chief Executive Officer and the Finance Director of the TSA all have a seat on the TEC Quality Board by virtue of their positions, but none will participate in decisions relating to certification unless part of a related complaint or appeal.

4.9. TEC Quality operates to a strict set of procedures to ensure impartiality is maintained, which are reviewed annually. There are also processes in place to identify, mitigate and prevent any impartiality risk. There is a risk register, which is monitored by the TEC Quality Board at each Board meeting.

4.10. The organisational structure of TEC Quality is arranged as follows:

4.10.1. Chairperson

4.10.2. Non-Executive Directors

4.10.3. Chief Executive

4.10.4. Finance Director

4.10.5. Head of Quality and Improvement (Scheme Manager)

4.10.6. Quality & Improvement Manager

4.10.7. Scheme Support Manager

4.10.8. Lead Auditor

4.10.9. Associate Auditors

4.10.10. Audit Scheme Administrator(s)

4.11. Full details on the roles and responsibilities of TEC Quality can be obtained from the TEC Quality Admin team.

4.12. TEC Quality will abide by the requirements of the United Kingdom General Data Protection Regulation (UK GDPR)

4.13. Where organisations provide evidence of compliance with the QSF, this shall not include personal data. Where any such data is provided for a specific purpose, it must be anonymised where possible. However, it is recognised that in some situations, it may not be possible to redact some information, which may also be the case when dealing with complaints. It is the responsibility of the auditee to ensure that all requirements of GDPR are adhered to in these situations.

4.14. TEC Quality will keep all proprietary information confidential and will not disclose any information to any other party, except where this information has been made publicly available. Any information provided by an organisation undergoing an audit may be used during any complaint investigation.

4.15. Where TEC Quality is required to release information due to any legal obligation, the organisation concerned will be informed. In some circumstances, information obtained during an audit, which may relate to health and safety, service user safety, or safeguarding, may need to be reported to other organisations for consideration and possible action. Such organisations may include, but are not limited to, the TSA, LGA, HSE, Ombudsman, or sector Regulators (e.g., CQC, CI, etc.).

4.16. Any information received from a third party regarding a client organisation will be treated as confidential. However, where information comes to light during an audit, which is related to another certified organisation (a sub-contractor, for example), TEC Quality may also use this information during the next audit of the organisation concerned to conduct further investigation and to ensure compliance with the QSF.

4.17. Any information or evidence saved to the Digital Auditing Platform for the purpose of the QSF Audit shall be retained for 670 days post audit completion. This can be reduced to 30 days post audit upon request. Evidence that is retained on the DAP can be accessed and used by the Organisation during its next audit. The Organisation should also complete the 'Evidence Upload Index' document and this will be retained by TEC Quality for the purpose of the UKAS audit outside of the above time parameters.

4.18. Organisations will be required to keep copies of all information and materials provided for the audit in their original state, for 3 years from the date of each audit.

4.19. Where required, TEC Quality is prepared to enter into a Non-Disclosure Agreement (NDA) with organisations undertaking the QSF audit process, so long as the NDA does not prevent TEC Quality from undertaking its audit duties.

5. ELIGIBILITY AND CERTIFICATION AGREEMENT

5.1. To enter the certification process, organisations must complete and return the QSF application form, which can be requested from TEC Quality Ltd. Organisations already in the scheme must abide by the conditions of this handbook.

5.2. By signing and returning the QSF application form, the organisation seeking certification confirms they will adhere to the terms contained within the application form and to the requirements of this handbook. These two documents form part of the contract between TEC Quality Ltd and the applicant.

5.3. The TSA QSF is open to all organisations of any size that operate within the TEC or Community Equipment sector, whether equipment manufacturers, suppliers, or service providers. Organisations do not need to be members of TSA, but they must have no outstanding debts with TSA, or TEC Quality.

5.4. TEC Quality can decline to accept an application or maintain a contract for certification from a client when fundamental, or demonstrated reasons exist, such as the organisation participating in illegal activities, having a history of repeated non-compliance with certification/product requirements, or similar client-related issues.

5.5. The Organisation seeking certification must always fulfil the requirements of the framework, including implementing necessary changes to standards when they are communicated by TEC Quality as detailed in the previous section.

5.6. Whilst it is the responsibility of TEC Quality to evaluate sufficient objective evidence provided by the auditee upon which to base the certification decision, it is the responsibility of the

organisation seeking certification alone to fulfil the requirements of certification and to provide adequate evidence to demonstrate compliance. All evidence relevant to the audit must be provided in or translated into English.

5.7. If the certification applies to the ongoing production of goods or services, it must continue to meet the requirements of the framework throughout the life of the certification.

5.8. The applicant organisations shall comply with the following:

5.8.1. Always fulfil the certification requirements, including implementing necessary changes when they are communicated by TEC Quality

5.8.2. If the certification applies to ongoing production, the certified product continues to fulfil the product requirements

5.9. The applicant shall make all necessary arrangements for:

5.9.1. The conduct of the evaluation and surveillance, including provision for examining documentation and records and access to the relevant equipment, location(s), area(s), personnel, and the client's subcontractors

5.9.2. Investigation of complaints. A separate Complaints Policy is available on request.

5.9.3. The participation of observers, if applicable

5.9.4. The client makes claims regarding certification consistent with the scope of the certification

5.9.5. The client does not use its certification in such a manner as to bring the certification body into disrepute and does not make any statement regarding its certification that the certification body may consider misleading or unauthorised

5.9.6. Upon suspension, withdrawal, or revocation of certification, the organisation discontinues its use of all advertising matter that contains any reference thereto and takes action as required by TEC Quality (e.g. the return of certification documents) and takes any other required measure

5.9.7. If the organisation provides copies of the certification documents, or other communication to others, the documents shall be reproduced in their entirety or as specified by TEC Quality. Extracts of reports, or other communications, must not be used without the express permission of TEC Quality. The TEC Quality brand guidelines must always be followed.

5.9.8. In referring to its certification in communication media such as documents, brochures or advertising, the client complies with the requirements of TEC Quality, or as specified by the certification scheme.

5.9.9. The organisation complies with any requirements that may be prescribed in the certification scheme relating to the use of marks of conformity, and on information related to the product

5.9.10. The organisation keeps a record of all complaints made known to it relating to compliance with certification requirements and makes these records available to TEC Quality when requested, and

5.9.11. takes necessary action concerning such complaints and any deficiencies found in products, or services that affect compliance with the requirements for certification

5.9.12. documents the actions taken

5.9.13. The organisation informs TEC Quality, without delay, of changes that may affect its ability to conform with the certification requirements.

5.10. Examples of changes can include the following:

5.10.1. the legal, commercial, and organisational status or ownership,

5.10.2. organisation and management (e.g. key managerial, decision-making or technical staff),

5.10.3. modifications to the product, the production method, or the service

5.10.4. contact address and site locations,

5.10.5. major changes to the quality management system.

5.10.6. serious incidents which have led to injury or loss of life, or which may be deemed to require investigation by TEC Quality.

6. THE AUDIT PROCESS AND ADMINISTRATION

6.1. Initial applications for certification to the QSF must be received in writing by TEC Quality on the correct form provided for this purpose. This can be downloaded from the TEC Quality website or requested via email to admin@tecquality.org.uk.

6.2. Incomplete forms, or applications made which are not on the correct documentation will not be accepted.

6.3. It must be noted that the terms and conditions contained in the application form are legally binding, as are the conditions of this handbook about the audit process and scheme. In the case of all audit types, it is the sole responsibility of the auditee to fulfil and demonstrate compliance with the standards of the QSF and to manage/implement any corrective action identified during the audit. A senior manager representative from the auditee organisation must be available for an interview during the audit itself. This will be at the level of “Head of Service”, or above.

6.4. TEC Quality will take all reasonable measures to ensure it obtains sufficient objective evidence on which to make a certification decision as described in the section above. Where sufficient evidence has been provided, a decision to certify will be made. Where there is insufficient evidence, TEC Quality will defer a decision until adequate evidence and/or corrective action has been put in place.

6.5. It must be noted that whilst the audit is limited to the criteria within the QSF, should the auditor find evidence of unsafe processes, or performance, this will also be raised as improvement needs and will be included in the resolution process.

6.6. Subsequent renewal information will be sent by email, along with a price quotation for the cost of the audit. The email will detail the scheduled expiration date of the certification and the modules to which an organisation is currently certified.

6.7. The date of the initial stage 2 audit will be set as the anniversary date for all ongoing audits. This will apply in the event of any deferral, for whatever reason. Organisations due for audit must ensure that they allow adequate time for preparation before the renewal audit. They must also ensure that several staff members are familiar with the audit process and who can host an audit in case of sickness absence or holidays.

6.8. Under normal circumstances, deferrals will not be allowed. However, TEC Quality does allow a maximum deferral period of three months for organisations upon request, but only in exceptional circumstances. An example of this may be:

6.8.1. Relocation of premises, the timings of which coincide with the scheduled audit (N.B. A full audit will be required after any relocation, irrespective of where the organisation is in the audit cycle)

6.9. Applications for deferral due to illness, or holidays will not be accepted. Failure to comply with this section may lead to a lapse in certification.

6.10. On-Line Assessment of Documentation – This process applies to all audits.

6.11. In preparation for the auditors' visit, the Organisation being audited will upload documents to the TEC Quality Digital Auditing Platform (DAP) for the auditor to conduct an online assessment. This upload will include procedure documents and key performance information as outlined in the Audit Evidence Upload Guide, which will provide a list of mandatory and optional documents to be provided. This can be found on the TEC Quality website and will give the auditor an understanding of an organisation.

6.12. Organisations must provide an index of documents provided for audit purposes. A template is provided on the TEC Quality website for this purpose, which is called "The Evidence Upload Index"

6.13. Organisations must also provide an organisational chart, detailing roles and responsibilities.

6.14. If necessary, the auditor may request that additional documents be provided, before, or during the audit.

6.15. This shall be done at least 4 weeks before the audit. This is a critical part of the audit process and if not completed, the audit may be cancelled and will need to be re-booked, incurring additional costs.

6.16. If for any reason, it is not possible to submit evidence for the online assessment, TEC Quality must be informed as soon as possible. It is possible to examine the evidence as part of an on-site review, but this must be agreed upon in advance and arrangements put in place. However, it shall be noted that additional costs will be incurred if there are additional auditor expenses because of an on-site evidence review.

6.17. Organisations are required to complete a document index, which will identify the key documents submitted as evidence. A summary of documents reviewed by the Auditor will be included in the final audit report.

6.18. TEC Quality has introduced the concept of possible 'passporting' for some areas of the QSF, where other certifications are held. The Organisation seeking certification shall:

6.18.1. Submit their evidence for passporting as part of the online assessment

6.18.2. This shall include the area of the QSF which they feel shall be passported

6.18.3. Details of the section of the comparable standard that demonstrates compliance

6.19. In relation to the audit process, the TEC Quality Board has deemed that the Scheme Manager will be the final decision-maker.

6.20. The signatory for the audit process and who is authorised to sign certificates will be the Chair of TEC Quality Limited.

6.21. TEC Quality uses mixed methods of auditing, which include virtual meetings using online conference call tools and where necessary, visits to the site to meet with teams and witness activity.

6.22. **Blended Audit Model** – TEC Quality employs an audit model, which will ensure compliance remotely where possible, using online media, such as Microsoft Teams, Zoom, or Webex, etc. Further information on the model can be obtained from the TEC Quality Admin staff and in the ‘blended audit’ guidance.

6.23. The decision for the type of audit undertaken (on-site, remote or a mixture of the two) will be individual to each organisation and will be based on previous audit history, along with any risks, or improvement needs that were identified. In addition, if any serious incidents have been reported since the last audit, this may also affect the process adopted. At the discretion of TEC Quality and the Auditor and as confirmed with the auditee, a degree of on-site assessment will be required in the following circumstances:

6.23.1. For first-time application audits

6.23.2. Where “Inadequate” ratings have been found

6.23.3. Where more than 10 criteria within an audit have been rated as “Requires Improvement”

6.23.4. As deemed necessary for witnessed activity, such as TEC Installations.

6.24. **On-Site Assessments** – Where it is necessary to conduct an on-site assessment and have assessed the documentation in advance of the visit, the auditor will attend the designated site(s) to conduct the audit itself and verify that policies and procedures are embedded within the workforce. Ideally, the visit will include interviews with senior members of staff and operational staff as necessary to complete the audit. See below for the duration of on-site audits. It is important to note that for all on-site assessments, the Auditor will require access to Wi-Fi, enabling them to complete the Audit on the DAP.

6.25. **Application Audit** – To conform with best practice, the QSF scheme requires organisations that apply for certification to undergo an Application Audit, to ascertain that they meet all requirements of the QSF applicable to their business model. This will be a full audit of all elements of service.

6.26. The applicant will have undergone a full preparation exercise to ensure that they are ready. There will be support from TEC Quality staff to advise on the interpretation of the QSF.

6.27. Once the application is received and payment made, arrangements will be made for an auditor to contact the organisation and conduct the audit. This will be a two-stage process, comprising of an initial pre-audit, often referred to as a Stage 1 audit, which is completed remotely and will help organisations prepare for the second stage. It is recommended that the Stage 1 audit be conducted as soon as possible after the application and completion of the gap analysis document, so that auditees can become familiar with the full process.

6.28. Where organisations are new to an audit process, they may wish to request an additional pre-audit, which is an additional audit designed to test processes and is conducted without prejudice prior to the stage 2 audit and is priced separately.

6.29. The full Application audit process must be completed within 10 months of receipt of the initial application.

6.30. The organisation must be able to demonstrate 2 months of compliant Measures of Excellence at this stage.

6.31. If the application audit process is not completed within the above timescale, the organisation will need to reapply and repay the full audit fee.

6.32. Within 5 days of the Stage 1 Audit, a follow-up email will be sent by the Auditor to the organisation, summarising the key points discussed and any specific suggestions for improvement made by the Auditor during the Stage 1 Audit.

6.33. Periodically, TEC Quality will hold support workshops, or surgeries for both prospective and potential auditees to attend, which will inform organisations on best practice approaches and provide guidance. The frequency and location of the workshops are based on demand and are free to attend.

6.34. Following a successful Stage 2 application audit, the first audit will take place 1 year after the initial audit. This is to ensure that processes and procedures associated with the QSF have been fully implemented.

6.35. All following audits will be conducted annually unless a remedial audit has been identified.

6.36. **Annual Maintenance Audit** – Following a 3-year Full Audit (see the next section), maintenance audits will be undertaken in each of the following two intervening years, to ensure that the key elements determining compliance with the current QSF are being achieved. Annual audits may be conducted remotely, with no on-site visit, unless significant improvement needs were identified at the last full audit. A full audit is required every third year to confirm that all the requirements of the QSF continue to be met.

6.37. TEC Quality will remind the certified Organisation three months before the anniversary date that an annual audit is due. This will be done via email with a quotation attached. Shall no instructions to the contrary be received and after 28 days, an organisation will be sent an invoice for the audit cost, which must be paid within the following 30 days of issue and before the audit takes place.

6.38. In general, annual maintenance audits will be actioned through remote working. They will include an online review of all amended documentation and KPIs as above, along with any non-conformities highlighted in the previous audit. This will be followed by an interview with the person responsible for the audit process from an organisation.

6.39. Following the review and if an organisation has had a good record with their audits, with no outstanding corrective actions from the last visit, the auditor can recommend an organisation for continued certification. However, if there were significant deficiencies highlighted in the last audit, at the Auditors' discretion, the following audit will be at the organisation's operational premises, to determine continued compliance with the QSF.

6.40. If an on-site audit is required, organisations must arrange an audit date no later than four weeks before the date on the certificate.

6.41. A full audit may be required in a shorter period if a revised QSF is published during the 3-year cycle of audits.

6.42. **Three-Yearly Audit** – TEC Quality will remind organisations three months before the anniversary date that a full audit visit is due. This will be done via email with a quotation attached. Should no instructions to the contrary be received and after 28 days, the Organisation will be sent an invoice for the audit cost, which must be paid within 30 days of issue and before the audit takes place.

6.43. On payment of the three-yearly audit invoice, the Organisation is agreeing to extend the term of the contract until the next three-yearly audit falls due.

6.44. **Audit Duration** – TEC Quality is mindful of the requirements of the International Audit Forum, Mandatory Document 5, which outlines the requirements for the duration of audits when conducted on-site. However, the QSF is unique and is considered to fall outside the scope of this mandatory document. The duration of audits will depend on the number of service delivery modules to be audited and will be discussed individually with each auditee.

6.45. **On-Site Audits** – On-site audit time will be kept to a minimum and may include a mix of assessments. This will evaluate:

6.45.1. The QSF Ten Common Standards and the QSF Service Delivery Modules that cannot be completed remotely

6.45.2. Review of premises and witnessed activities

6.46. **Remote Audits** – It is estimated that remote, or surveillance audits, will take 1 full day in total. This includes time offline for the document review, an online discussion with the auditor and auditee and time to complete a summary report.

6.47. **Remedial Audits** – In the case of significant failings and as recommended by the auditor, an organisation may be required to undertake a special 'remedial' audit by the auditor to ensure that any improvement needs have been met. This remedial audit will be undertaken in addition to the normal audits due. The cost of any such remedial audit will be borne by the organisation.

6.48. **Multiple Auditors** – In some cases, such as where there have been significant, or a large number of improvement needs identified in the previous audit, or where certification has been suspended or revoked, TEC Quality may decide that more than one auditor is required to conduct the audit. This decision will be informed to the auditee and will be at the sole discretion of TEC Quality. Additional costs incurred by TEC Quality for the use of multiple auditors will be charged to the auditee.

6.49. **Multi-Site Audits** – Where organisations operate across several locations, it will be necessary to audit each site/team/hub to ensure that there is a consistent level of quality in operation. This will consist of a corporate audit of the ten common standards at the head office location, followed by local audits for each operation.

6.50. **The Outcome of the Audit** – TEC Quality will be guided by the auditor's recommendation when determining whether an organisation complies with the requirements of the QSF. The auditor will inform TEC Quality of the following outcomes:

6.51. A recommendation that TEC Quality shall recognise the audited organisation as being 'Certified'

6.52. Or shall continue to recognise the audited organisation as being 'Certified'.

6.53. Or that the organisation cannot be recommended for certification

6.54. The auditors' recommendations will be moderated, and the decision will then be ratified and confirmed by TEC Quality. The full process for this is contained within the TEC Quality Auditing Procedure.

6.55. Organisations will be given feedback throughout the visit and at the closing meeting. The auditor will note any areas for improvement against the requirements of the Quality Standards and a full report will be sent to the organisation within 28 working days of the audit.

6.56. **Audit Rating System** – TEC Quality uses a rating system to assess the outcome of the audits. These ratings are as follows:

6.56.1. **Compliant** – An organisation that has demonstrated compliance with all the QSF outcomes and minimum criteria. However, there may be some development observations found during the audit, which can be worked upon for the next audit. Certification can be granted.

6.56.2. **Requires Improvement** – An organisation that does not meet the minimum criteria and requires corrective action before certification can be granted, but which is not considered to be safety-related. A three-month window is allowed for this improvement from the date of issue of the audit report.

6.56.3. **Inadequate** – An organisation where safety concerns have been identified, which need to be corrected before certification is granted. One month is allowed for this corrective action from the date of issue of the audit report.

6.56.4. **Improvement Observation** – This is an improvement that the auditor has identified, that may improve the service offering, but is not a requirement of the QSF, or is a mandatory improvement area.

6.57. For those organisations that are seeking certification for the first time, no certification will be granted until all improvement needs have been corrected, and evidence has been provided of full compliance with all the criteria as a minimum.

6.58. For existing certified organisations, where improvement needs are identified during an audit at any stage of the three-year audit cycle, auditees will need to complete the corrective action within the timescales as identified in 6.56. All improvement needs must be updated against the relevant criteria and submitted via the Digital Auditing Platform (DAP).

6.59. Where identified improvement needs are corrected during the audit process, or shortly after the audit and before the issue of the audit report, the allocated rating at the time of finding will remain in force within the report. However, a note can be added to the audit report to state that the corrective action was taken at that time and no further action is needed.

6.60. Their compliance will not be affected until after these periods have elapsed, so long as the organisation agrees to complete the actions within the timelines.

6.61. To cancel any improvement needs, auditees must provide evidence that corrective action has been taken and fully implemented within the timescales outlined above and in line with the improvement need guidance document. The allocated auditor will review the evidence for compliance with an outcome decision being provided to the auditee within 10 working days. Where complex improvement needs are required and more than 6 improvement needs have been identified, TEC Quality reserve the right to:

6.61.1. Charge the Auditee for the additional auditor time in line with the number of improvement needs identified and the level of support required, and the Auditor time required to sign them off.

6.61.2. Extend the period certification is pending until all submitted evidence can be evaluated for compliance.

6.61.3. Place organisations into 'special measures' where more than 20 improvements have been identified. Special measures will provide TEC Quality Scheme Support Manager resources and Auditor time to sign off on identified improvement needs as part of a detailed action plan. Charges will be incurred by the Auditee, appropriate to the TEC Quality resource.

6.62. Should any improvement actions remain incomplete following the above timescales, or where the organisation has not kept to the agreed action plan, certification will be considered lapsed, and the organisation will be suspended. All Organisations with a suspended status will be displayed on the Tec Quality website. More information on the suspension process can be found in the sections below.

6.63. Where organisations seek certification to multiple service delivery modules, compliance in all of these modules must be achieved to grant certification of that organisation. It is not possible to have a partial certification, with non-compliance in one, or more modules. For multi-site audits, where the Corporate audit moves into a 'suspension' status due to incomplete improvement needs, this will impact upon the Service Delivery modules that sit within the multi-site structure and all associated sites will also move into a 'suspended' status.

6.64. Organisations wishing to continue with certification after this period may need to reapply and undertake the application audit process. All cases will be dealt with on an individual basis and at the discretion of the Scheme Manager.

6.65. **Abortive Visits** – If, when the auditor attends the site to conduct the audit, they discover that an organisation is not fully prepared for the audit and that there are significant deficiencies, the auditor may decide to abort the visit to allow the Organisation to further prepare. If this is the case, an organisation will need to rearrange a remedial visit, which will be at an additional cost.

7. FEES AND CHARGES

7.1. Normally, audit costs would vary over the 3-year cycle, due to the number of audit dates required to conduct the audit. However, to help with budgeting, TEC Quality calculates the total cost of the 3 years of auditing and then evens out the cost of the audits across each of the three years.

7.2. As a result of the explanation in point 7.1 and to ensure that all TEC Quality costs are recovered over the 3 years, organisations will be required to complete the 3-year cycle of audits before they withdraw from the scheme. Organisations where services are to be outsourced or terminated, therefore no longer operating as a business, should give 1 year's notice and pay all invoices that fall due within this timeframe.

7.3. Fees and charges shall be payable in advance of an audit to TEC Quality and, where necessary, subject to Value Added Tax at the current rate. Details of the cost for the certification scheme are available upon request from the TEC Quality Admin team.

7.4. Where a purchase order system is in operation by the applicant Organisation, this shall be provided to TEC Quality as soon as possible, to comply with the renewal process and so as not to

cause any delay. Once received, TEC Quality will raise an invoice for the audit fee. This invoice must be paid in full before any audit can be scheduled. If payment is not received within 90 days of the invoice being issued, the application will lapse. Upon receipt of the payment, TEC Quality will arrange for the Auditor to contact the applicant Organisation to arrange a date for the audit.

7.5. Payment for an application audit shall be for both Stages One and Two.

7.6. Fees will not be refundable in the event of the applicant failing to achieve certification or not proceeding with an audit. Any additional, or remedial audits required by TEC Quality will be chargeable.

7.7. Certified organisations failing to pay fees and charges by the due date will, after notification, be removed from the Register of Certified Organisations.

7.8. As costs are likely to be incurred, TEC Quality will levy a cancellation fee for audit visits cancelled within 10 working days of the audit date. The cancellation fees shall be as follows:

7.8.1. Within 10 to 5 working days of the scheduled audit date – one-half of the audit fee, plus any expenses already incurred and a £100 administration fee.

7.8.2. Within 5 working days of the scheduled audit date – the full audit fee, plus any expenses already incurred and a £100 administration fee.

7.9. The cost of multi-site audits will be priced individually and will be based on the number of modules, the number of sites to be audited and the number of auditors required to complete the audit.

7.10. For audits where 6 or more improvement needs are identified, an invoice will follow the issue of the report to cover the additional costs of TEC Quality resources for sign-off.

7.11. Certifications will not be granted unless all fees have been paid in full, including any additional costs incurred as a follow-up to the audit.

8. CERTIFICATES, LOGOS AND PRESS RELEASES

8.1. Upon completion of a successful audit, a Certificate of Compliance and associated logos will be issued to an organisation with the effective date of certification noted on the certificate. Certificates shall not be replicated or copied.

8.2. Certification logos must be displayed on the certified organisation's website and all other marketing material, to demonstrate that they are certified to the QSF scheme.

8.3. Certification will last for the full 3-year cycle from the date on which certification has been granted.

8.4. All logos must be used in accordance with TEC Quality brand guidelines, which can be found on the TEC Quality website.

8.5. The certificate and logo will remain the property of TEC Quality and must be surrendered in the event of resignation from the scheme, or if certification is revoked, suspended or lapsed for any reason.

8.6. An organisation that has been removed from TEC Quality's Register of Certified Organisations for whatever reason shall not use or display the certificate or logo, or any replica, nor shall they use, print or display TEC Quality's logo on any material or documentation.

8.7. TEC Quality want to promote successful certifications and is happy to allow press releases and articles, but these must be submitted to TEC Quality before being published for approval.

9. TRANSFER OF CERTIFICATION

9.1. Certified organisations shall notify TEC Quality, in writing, of any change of legal constitution, trading or other title, addresses or other significant particulars upon which certification was granted.

9.2. Where the body or business remains substantially the same, TEC Quality may at its discretion grant a transfer of certification.

9.3. Where in the opinion of TEC Quality the changes are such that the conditions under which certification was approved are significantly affected, a new application will be required. This decision will be at the sole discretion of TEC Quality.

10. SUSPENSION OF CERTIFICATION

10.1. Tec Quality may need to Suspend Certification for Organisations that are certified to the TSA QSF in the following circumstances:

10.1.1. Failure to achieve the requirements of the QSF for which certification is sought or

10.1.2. They have failed to clear their improvement needs or kept to the agreed action plan, in the timescale stipulated in the QSF Audit Report and within this handbook.

10.1.3. They have failed to keep to the schedule of audits as stated in the handbook or

10.1.4. Tec Quality receive a complaint or evidence of non-compliance to the QSF that is of a serious nature or 'risk to life'.

10.1.5. Non-payment of audit fees

10.1.6. Failure to conduct any of the audit schedules within the prescribed timescales

10.1.7. Incorrect use of the TEC Quality certification mark

10.1.8 TEC Quality have had to pause or halt the cycle of audit or release of an audit report due to a significant complaint or incident where the investigation process cannot be resolved and where the audit is not conducted or completed within three months of the audit schedule.

10.2. The decision to suspend an Organisation will be made as a joint decision by two members of the TEC Quality Team.

10.3. The decision to suspend a certification shall be notified to the said organisation via email to the Primary Contact, CEO/Board of Directors and Head of Service (where known), who should notify the Officer responsible for risk management immediately upon receipt. Organisations may also be notified verbally of the intention to suspend certification during a meeting, but the formal notification will follow within 1 working day.

10.4. The suspension will be effective immediately from the time the notification is sent. However, TEC Quality will not update the register of certified organisations until the fifth working day after the notice has been sent to the auditee. This is to allow time for the auditee to inform staff and stakeholders prior to publication.

10.5. The organisation shall inform their commissioners of service and any procurement frameworks where they may be listed that their certification has been suspended. This must be achieved within 5 working days of the formal notification of suspension. TEC Quality shall send copies of any such communication.

10.6. The use of the TEC Quality certification mark must no longer be utilised and all marketing material displaying the certification mark must be removed from distribution. All Website pages displaying the certification mark must be amended and all references to certification must be removed. This action must be completed within 5 working days of the suspension notification and at the auditee's own expense. The TEC Quality Team will check that this has been done following the 5-day grace period and will make contact with the auditee with an instruction to complete the action if the certification marks have not been removed.

10.7. Note, the 5 working day periods described in sections 10.5 and 10.6 above must not be seen as a period of grace for the suspension of certification itself.

10.8. Where applicable, TEC Quality may wish to inform an Organisation's Commissioners of service, or other regulatory bodies of the revised certified status. If this action is to be taken, the suspended organisation will be informed.

10.9. The TEC Quality website will be updated to show the suspended status for the Organisation.

10.10. The TEC Quality Team will support the Organisation to identify a mutually agreed action plan that includes realistic timescales to address issues that have resulted in the suspension of certification. Failing to keep to the action plan will result in the revocation of certification.

10.11. There shall be a right to appeal the suspended status of certification as outlined in the appeals section of the Handbook. Appeals will follow a two-stage process.

10.12. The TEC Quality Board will be informed of all Organisations that are suspended at the quarterly Board Meeting.

10.13. Where Tec Quality have received a complaint or evidence of non-compliance that would be classified as a serious 'risk to life', the Organisation may be suspended pending the investigation process and in line with the TEC Quality Complaints procedure. The Organisation may be moved to the revocation status where the complaint has been upheld and in line with the TEC Quality Complaints procedure.

10.14. Where a decision to suspend a certification has been made about a corporate certification, the suspension will extend to all local sites, or depots covered by that corporate certification.

10.15. Suspension of certification can be lifted by demonstrating that all deficiencies that lead to the suspension have been corrected, i.e. all outstanding payments have been made, all outstanding improvement needs have been cleared off, and all corrective and preventive measures have been put in place.

10.16. The decision to remove the suspension will be made by the two members of the TEC Quality Team, once they are satisfied that all corrective actions have been completed.

10.17. Once the suspension has been lifted, organisations will be moved to certified status on the TEC Quality website, and the use of the TEC Quality Certification mark may again be used.

10.18. Where the circumstances that led to the suspension of certification still exist following 3 months from the suspension date and where there is no agreed action plan with TEC Quality to resolve the issues, the suspension will be escalated to the revocation process.

10.19. Any withdrawal from the QSF by a certified organisation with outstanding improvements needs will result in suspension from the QSF. Organisations will need to complete the application process if they wish to be certified.

11. REVOCATION OF CERTIFICATION

11.1. Tec Quality may need to Revoke Certification for Organisations that are certified to the TSA QSF in the following circumstances:

11.1.1. Failure to honour any debts for products or services received from TEC Quality, or

11.1.2. It has made wilful misrepresentation in its application for certification, or any application for renewal, or

11.1.3. It has made a wilful misrepresentation of information during the audit process, or

11.1.4. Failure to achieve the requirements of the QSF for which certification is sought, or

11.1.5. Failure to correct the improvement requirements outlined in the suspension of certification, or

11.1.6. Not provided sufficient evidence to clear improvement needs within the correct timescale, with no agreed improvement plan.

11.1.7. It has culpably, or negligently created or caused to be created, a risk of serious harm to a service user through the operation of its service/supply, or

11.1.8. It has performed an act which, in the opinion of TEC Quality, is contrary or prejudicial to the objects or reputation of TEC Quality, or

11.1.9. It has made use of the Certificate, or TEC Quality's approved logo in a manner which, in the opinion of TEC Quality is likely to bring TEC Quality into disrepute, or

11.1.10. It shall cease to trade, or in the opinion of TEC Quality, the nature of its work has changed, or where there is a change of ownership of its business, which affects the conditions under which certification was granted, or

11.1.11. It has acted in such a manner as to bring the certification body into disrepute or

11.1.12. has provided information that is unauthorised and misleading.

11.2. Where situations become known that TEC Quality feels the safety of service users is being put at risk, the certified status of an organisation may be revoked immediately and without progression through the suspension stage.

11.3. Where a decision to revoke a certification has been made about a corporate certification, the revocation will extend to all local sites, or depots covered by that corporate certification.

11.4. The decision to revoke a certified Organisation will be made as a joint decision by two members of the TEC Quality Team.

11.5. The decision to revoke a certified status from an organisation shall be notified to the said organisation via email to the Primary Contact and CEO/Board of Directors and Head of Service (where known) who should notify the Officer responsible for risk management. Organisations may also be notified verbally of the intention to suspend certification during a meeting, but the formal notification will follow within 1 working day.

11.6. The revocation will be effective immediately from the time the notification is sent. However, TEC Quality will not update the register of certified organisations until the fifth working day after the notice has been sent to the auditee. This is to allow time for the auditee to inform staff and stakeholders prior to publication.

11.7. Where an organisation re-applies for certification following revocation, the entry on the “Certification Revoked” page of the TEC Quality website will not be removed, until certification has been granted. Organisations will, however, have an entry displayed on the “Certification Applied For” page of the website.

11.8. The organisation shall inform their commissioners of service and any procurement frameworks where they may be listed, that their certification has been revoked. This must be achieved within 5 working days of the revocation. TEC Quality shall be sent copies of any such communication.

11.9. The use of the TEC Quality certification mark must no longer be utilised and all marketing material displaying the certification mark must be removed from distribution. All Website pages displaying the certification mark must be amended and all references to certification removed. This action must be completed within 5 working days of the revocation decision and at the auditee’s own expense. The TEC Quality Team will check that this has been done following the 5-day grace period and will make contact with the auditee with an instruction to complete the action if the certification marks have not been removed.

11.10. Note, the 5 working day periods described in sections 11.5 and 11.6 above, must not be seen as a period of grace for the revocation of certification itself.

11.11. Where applicable, TEC Quality themselves may wish to inform an Organisation’s Commissioners or other regulatory bodies of the revocation status.

11.12. The TEC Quality website will be updated to show the revocation status for the Organisation.

11.13. A confirmed revocation of certification may only be corrected by undertaking a new audit application. Clause 6.29 will also apply to the new application.

11.14. Any organisation shall be entitled to make a new application, but certification will not be granted if any of the circumstances leading to the revocation still exist

11.15. There shall be a right to appeal the revocation status as outlined in the appeals section of the Handbook.

11.16. The TEC Quality Board will be informed of all Organisations that have a revocation status at the quarterly Board Meeting.

11.17. Where there is a concern of ‘risk to life’ and this has been substantiated by a full TEC Quality investigation, a further notification may be made to the HSE, Local Safeguarding Board, or other agency as deemed appropriate by TEC Quality.

12. AUDIT DECISION, SUSPENSION AND REVOCATION APPEALS PROCESS

12.1. Organisations may appeal against the decision of TEC Quality in the following circumstances:

- 12.1.1. against the findings of an audit decision
- 12.1.2. against certification being suspended
- 12.1.3. against certification being revoked
- 12.1.4. against certification being immediately revoked in serious circumstances

12.2. An organisation must submit a notice of the appeal in writing, which must specifically set out the grounds for such an appeal. The notice of appeal must be served within 5 working days after the notification of TEC Quality's audit decision, notification of the certification being suspended, or certification being revoked.

12.3. In all appeal cases, the reasons for the appeal will be assessed to ensure the grounds for appeal are valid and the appeal will be rejected if the appeal grounds are judged not to be valid. The appeal grounds must indicate that:

- 12.3.1. There has been an error in the audit process,
- 12.3.2. Evidence has been missed by the auditor, or not evaluated correctly,
- 12.3.3. In the case of suspension, or revocation, the reason for the action has been corrected within the appeal time frame.

12.4. Normally, the status of an organisation's certification is updated upon notification of suspension, or revocation and in accordance with the timelines outlined in the section above. However, if an appeal is received, certified organisations will have their status reinstated to the "Certified Organisations" section in the case of suspension, or the "Suspended Organisations" section in the case of revocation, until the outcome of the appeal has been determined.

12.5. If an audit decision appeal is made, the TEC Quality Lead Auditor, or Scheme Manager will investigate this in the first instance as Stage 1 of the appeals process. This will be done through a review of the audit documentation obtained before the audit, the notes taken at the time of the audit and a review of the audit report. In the case of suspension, or revocation, this will be done through a review of any audit material, previous communications, any action plans and review of the reasons why the action was taken.

12.6. If the appeal cannot be resolved at this stage, it may require an additional on-site audit, with an independent auditor, who was not involved in the initial audit, or the Lead Auditor.

12.7. Where an additional on-site audit is deemed necessary, TEC Quality shall give an organisation a minimum of 14 days' notice in writing of the date, place and time of the appeal audit. The appellant will be required to lodge any written submissions with TEC Quality, no later than 3 days before the hearing date.

12.8. A monetary deposit equal to the cost of a 'Full' audit as required by the organisation, must be made before the investigation audit takes place. If this is not paid in full within the 14 days' notice period, then it will be deemed that the Auditee no longer wishes to continue with this

action and the appeals process will be closed. Where an appeal against TEC Quality's decision is successful, the sum deposited will be returned.

12.9. Following this investigation audit, a decision will be made by the Scheme Manager, which will be notified to the organisation concerned. This will conclude the Stage 1 appeal process.

12.10. The appellant organisation may take the decision to proceed to a second stage appeal if there are justified grounds and the Scheme Manager validates this to be the case. The Second Stage appeal grounds must indicate that:

12.10.1. There has been an error in the appeals process.

12.10.2. There is further substantiated evidence that has not been included in the previous evidence in the Stage 1 appeal.

12.11. Second Stage appeals must be received in writing to the Scheme Manager within 5 working days of the initial appeal decision.

12.12. The appeal will be heard and decided by a panel specifically convened for the purpose. The panel will consist of no less than two and no more than three persons who are members of the TEC Quality Board. Such persons will be selected by the Chair. The panel shall normally arrive at a decision based on written submissions. However, the appellant, TEC Quality representative and/or Auditor may be required to appear before the appeals panel to provide more clarity on the case, which will be at the appeals panels request only.

12.13. The panel will seek to arrive at a unanimous decision. If this cannot be achieved a decision will be made by a majority vote. The panel shall deliver its decision to the Chief Executive of TEC Quality within 5 working days of the hearing. The TEC Quality Chief Executive will notify the appellant of the panel decision within 14 days of the hearing. The TEC Quality website will be updated to show the Auditee status 5 working days from the issue by the CEO of the panel decision.

12.14. The decision of the TEC Quality Board shall be final.

12.15. If an appeal is received against certification suspension, or revocation, an additional on-site audit will not be conducted following the review described in clause 12.5. However, all appeals against suspension, or revocation will follow the Stage 1 and Stage 2 process.

13. COMPLAINTS MANAGEMENT AND RESOLUTION

13.1. TEC Quality takes complaints very seriously and is committed to supporting the delivery of excellent Technology Enabled Care Services to end-users and working in an open and accountable way, that builds trust and respect with stakeholders, service users and their families.

13.2. In the first instance, complainants will be encouraged to try to resolve both formal and informal complaints with the service provider, or supplier directly, but may wish to ask TEC Quality to investigate the matter, or act on their behalf if they are not satisfied with the response provided, or if they do not feel confident to do so.

13.3. TEC Quality has a complaints procedure, which applies to all organisations within the scheme. (Comments and Complaints Policy relating to TEC Quality Certified Organisations) This complaints procedure will also be used as the basis for any future complaints procedures that relate to overseas members.

13.4. The focus of the procedure is on resolving complaints and conducting a root cause investigation with a view to corrective and preventive measures put in place where necessary. This includes:

13.4.1. Being customer-focused

13.4.2. Ensuring that there is equality of access and standards of service for all complainants, with particular consideration for those people who may find it more difficult to use the process e.g., younger carers, people with disabilities, those whose first language is not English.

13.4.3. Making the complaint process as easy as possible

13.4.4. Acting fairly and proportionally

13.4.5. Treating a complaint as a clear expression of dissatisfaction with an organisation's service

13.4.6. Dealing with the complaint promptly and politely

13.4.7. Responding in the right way – for example – contacting the complainant and providing information on the action taken

13.4.8. Recognising that many concerns will be raised informally and dealt with quickly

13.4.9. Resolving information concerns quickly

13.4.10. Enabling mediation between the complainant and TEC Quality

13.4.11. Seeking continuous improvement

13.5. A complaint can be made by:

13.5.1. An individual service user

13.5.2. The representative of a service user (this can be anyone acting on their behalf with their consent)

13.5.3. The representative of a service user who has not got capacity, if they are seen to be acting in the interests of that service user

13.5.4. A relative of a deceased service user

13.5.5. Someone who has been turned down for a service to which they think they are eligible

13.5.6. Another service provider, or supplier, where it is felt that the company being complained about is:

13.5.6.1. Bringing the TEC industry into disrepute by its actions, or inactions

13.5.6.2. Is not complying with the requirements of the QSF

13.5.6.3. Is acting inappropriately, or ethically

13.5.6.4. It may be putting service users at risk

13.5.6.5. Is providing faulty products, or services and not working with the complainant to correct the faults

13.5.7. An employee of an organisation (see below)

13.6. Certain issues that may be raised about TEC Quality staff performance, or the performance of TEC Quality itself, shall be dealt with by other procedures such as the TEC Quality Human Resource procedures as described in the “Ellis Whitham” Handbook, which will not be investigated as a complaint under these procedures e.g.:

13.6.1. TEC Quality staff disciplinary or grievance proceedings,

13.6.2. Criminal investigations,

13.6.3. Where a statutory appeals process is in place,

13.6.4. The complainant intends to take legal proceedings about the substance of the complaint,

13.6.5. Corporate complaints, i.e. a complaint from an Independent Organisation regarding communication with the member,

13.6.6. Complaints arising out of an alleged failure to comply with a data subject request under General Data Protection Legislation (GDPR),

13.6.7. Allegations relating to safeguarding,

13.6.8. Where the substantive matter under complaint has been resolved or investigated,

13.6.9. If the complaint is being investigated by an Ombudsman, Health Service Commissioner, or the Police unless requested by these organisations to do so.

13.7. Note: This is not an exhaustive list.

13.8. TEC Quality’s responsibility will be to:

13.8.1. Ascertain if the complainant has been in touch with the organisation whom they are complaining about and if they already lodged a complaint with them,

13.8.2. Acknowledge the formal complaint in writing within 2 working days of receipt and contact the complainant to listen and fully understand the concerns and problems expressed,

13.8.3. Advise the complainant if they can act on their behalf in accordance with the requirements above,

13.8.4. Contact the organisation who is being complained about within 2 working days of receipt of the complaint, to share the complaint with them and request that they investigate the complaint, or provide the details of any investigations already conducted,

13.8.5. Request that the organisation respond to the complainant and TEC Quality within 14 days,

13.8.6. Deal reasonably and sensitively with the complaint.

13.9. Where it is felt that there may be a ‘risk to life’ the response timeframe in all circumstances will be determined by the Investigating Officer.

13.10. By adopting this complaints procedure, a complainant’s responsibility will be to:

13.10.1. Bring their complaint to TEC Quality’s attention as soon as possible following the outcome of an organisation’s complaints procedure, or after an incident. This will normally be within 8 weeks,

13.10.2. Explain the problem as clearly and as fully as possible, including any action taken to date,

13.10.3. Allow TEC Quality a reasonable time to deal with the matter,

13.10.4. Engage in ongoing communication with TEC Quality to help resolve the situation,

13.11. Apart from exceptional circumstances, every attempt will be made to ensure that both the complainant and TEC Quality maintain confidentiality. However, the circumstances giving rise to the complaint may be such that it may not be possible to maintain confidentiality (with each complaint judged on its merit). Should this be the case, the situation will be explained to the complainant.

13.12. The complaint may originate from someone who works for an organisation and is complaining to TEC Quality about certain types of wrongdoing. This will usually be something they have seen within their workplace and the complaint must be seen to be in the public interest. This means it must affect others, e.g. the client of said organisation.

13.13. These concerns can be about an incident that happened in the past, is happening now, or that they believe will happen soon.

13.14. These complaints are classed as “Whistleblowing” and the complainant may be protected by law. The complainant is protected by law if they report any of the following:

13.14.1. A criminal offence, e.g., fraud,

13.14.2. Someone’s health and safety are in danger,

13.14.3. Risk or actual damage to the environment,

13.14.4. A miscarriage of justice,

13.14.5. The company is breaking the law, e.g., does not have the right insurance,

13.14.6. They believe someone is covering up wrongdoing.

13.15. Complaints that do not count as Whistleblowing, such as personal grievances (e.g.

bullying, harassment, discrimination etc.) are not covered by whistleblowing law unless their case is in the public interest.

13.16. If the complaint received by TEC Quality is of this nature the complainant will be advised to either:

13.16.1. Report these under their employer’s grievance policy,

13.16.2. Contact the Advisory, Conciliation and Arbitration Service (ACAS) for help and advice on resolving a workplace dispute.

13.17. The TEC Quality procedure for all complaints is as follows:

13.17.1. The TEC Quality staff member who first receives the complaint will request that the complainant put their complaint in writing, giving as much detail as they can.

- 13.17.2. If the complainant is not able, or is unwilling to put the complaint in writing, then the staff member will ensure that they record the full details of the complaint.
- 13.17.3. Before finishing the call with the complainant, the TEC Quality staff member shall verbally summarise what they have recorded to ensure that they have all the relevant information.
- 13.17.4. The TEC Quality Staff member will forward the complaint to the Business Support Manager, who will respond to the complainant within 2 working days, acknowledging receipt of the complaint and the actions that will be taken.
- 13.17.5. The role of the Business Support Manager is to manage the complaint process and appoint an Investigating Officer.
- 13.17.6. If on subsequent checking, it is determined that an organisation about whom the complaint is being made is not a member of TSA, or the TEC Quality audit scheme, then the complainant will be contacted and provided with advice as to what other options they might have.
- 13.17.7. The Business Support Manager will record the details of the complaint onto the TEC Quality complaints monitoring system.
- 13.17.8. If in the first instance, the Investigating Officer is unable to resolve the issue informally with the Member, they shall write to them, setting out the details of the complaint, the consequences for the complainant and the remedy that is being sought. This shall be sent to an organisation within 2 days of receiving the complaint.
- 13.17.9. The organisation concerned will acknowledge receipt of the complaint to TEC Quality and the complainant.
- 13.17.10. The organisation concerned will provide a full response, or interim response as outlined in their organisation's complaints policy, indicating what will be done to resolve the complaint, and specifying the timescale for resolution. They shall also provide TEC Quality with a copy of the response to the complainant.
- 13.17.11. Organisations will provide further interim updates until the investigation is complete.
- 13.17.12. On receipt of the response, TEC Quality will contact the complainant to ascertain if they are content with the response provided.
- 13.17.13. If the complainant is satisfied with the resolution offered, the complaint will be closed by TEC Quality.
- 13.17.14. If the complainant is not satisfied with the response to the complaint, then they can appeal in writing to the Business Support Manager and ask for their complaint and the response to be reviewed, giving the reasons for the appeal.
- 13.17.15. The appeal will be forwarded to The TSA Chief Executive, who shall acknowledge the request within 2 working days of receipt.
- 13.17.16. The Chief Executive will review the evidence and all information used to reach the initial decision. They will then issue a response to the appeal within 10 working days.
- 13.18. TEC Quality aims aim is to resolve all matters as quickly as possible, however, if the matter requires a more detailed investigation, an interim response describing what is being done to deal

with the matter will be sent to the complainant, and when a full reply can be expected and from whom.

13.19. If the complainant is not satisfied with the subsequent reply from the Chief Executive, they have the option of a final appeal to the TEC Quality Appeals Panel. Details of the Appeals Panel can be found below.

13.20. If the Investigating Officer considers the complaint to be of a serious nature, i.e. one that places the service user in jeopardy, or is thought to be a major breach of the QSF, they must first discuss the issue with the TEC Quality Chief Executive or in their absence a member of the TEC Quality Board.

13.21. If the Chief Executive, or in their absence the QSF Scheme Manager, thinks that the complaint falls within the remit of the Adult Safeguarding procedures, then the complainant must be referred to the necessary authorities.

13.22. If the Chief Executive or other designated person agrees that the complaint is of a serious nature the complainant and organisation will be informed that an independent audit must take place, conducted by a TEC Quality auditor into the allegations received and a written report provided to TEC Quality. The cost of the audit will be borne by the organisation being investigated and will be in line with the current audit pricing scheme.

13.23. The investigation to be undertaken could be via an announced visit, or an unannounced visit depending on the severity of the complaint.

13.24. For an announced audit visit, the audit will take place within 14 working days of receipt of the complaint.

13.25. For an unannounced audit visit, the date for the audit will be agreed upon by TEC Quality with the auditor and not communicated to an organisation.

13.26. The investigation may include the need to access database records, voice recordings, safeguarding policies/procedures, and other evidence as deemed necessary by the auditor and may need to include a visit to service users' homes.

13.27. Organisations will be expected to assist in all aspects of the audit, wherever this takes place and will also be liable for all costs incurred by TEC Quality in respect of any investigation.

13.28. A full report on the findings of the visit will be submitted to TEC Quality from the auditor no later than 3 working days after the visit has taken place and shall include remedial action and the timescales for completion.

13.29. Where TEC Quality determines that the level of failure is such, that it warrants the suspension, or revocation of an organisation's certification to the QSF, this shall be communicated, along with the explicit reasons for failure, within 3 working days of receipt of the independent report. Details of the suspension and revocation process can be found above.

13.30. Once its determination has been concluded, TEC Quality will inform the complainant of the outcome of the investigation and ascertain if they are content with the response provided by an organisation.

13.31. If the complainant is still not satisfied with the subsequent reply from the Chief Executive, then they have the option of an appeal to TEC Quality's Appeals Panel.

13.32. The TEC Quality Appeals Panel will consist of two members. The Chief Executive and a member of the Tec Quality Board.

13.33. The complainant must submit their appeal within 10 days of receiving the written response from the TEC Quality Chief Executive.

13.34. Before the Appeals Panel Hearing, the complainant will be contacted to ascertain why they feel aggrieved about the situation.

13.35. The Panel will hear representations from the Investigating Officer, Chief Executive, the complainant, or their representative(s) and from the organisation against whom the complaint is being made.

13.36. When confirming in writing to the complainant the arrangements for the Hearing, TEC Quality will explain the procedure to be followed, and the complainant will be entitled to be accompanied or represented if they so wish.

13.37. The full resolution will be as soon as possible after the Hearing and a written response provided within five working days.

13.38. Any reasonable costs incurred by the complainant and their representative in attending the hearing will be met by the organisation subject to the complaint made.

13.39. The decision of the Appeals Panel Hearing is final.

13.40. On completion of the appeals process, or when the complainant has expressed, they are happy with the outcome of the complaints process, they will be informed in writing of the decision and provided with a summary of the findings.

13.41. The priority for TEC Quality is to resolve any complaint and ensure that any insights gained are incorporated into future updates of the QSF. TEC Quality is not able to mandate or enforce compensation requests made by a complainant in relation to a complaint or its outcome. Responsibility for determining and managing any compensation process lies with the organisation itself and should be clearly outlined within its complaints policy.

14. E-LEARNING TRAINING MODULES

14.1 From 1st June 2025, TEC Quality will provide the following e-learning training modules aligned with the Service Delivery modules:

- Assessment of, Installation, and Maintenance of TEC
- TEC Monitoring
- TEC Response Services.

14.2. Mandatory Training

14.2.1 The training will be mandatory from June as part of the QSF Scheme and included in the Scheme Change process in 2025.

14.2.2 All training modules are to be completed by frontline staff where organisations complete any of the three service delivery modules highlighted above.

14.2.3 The definition of TEC frontline staff is: 'Any staff that come into direct contact with a Service User and/or customer to provide TEC information or service, either in person e.g. TEC Responder or Installer, or via a communication means such as social alarm alert or by telephone e.g. TEC Call Handler or Customer Service Officer etc. are considered frontline staff and will be required to complete the e-learning training'.

14.2.4 This is a 4-year e-learning training programme due to end June 2029, where a complete review of the programme will be undertaken by the TSA/TEC Quality.

14.2.5 All eligible frontline staff will complete the training on a rolling annual basis.

14.3. Standardised Training

14.3.1 The training is for all frontline staff where Organisations are audited against the Service Delivery Modules, above.

14.3.2 The training will create consistency of service across the sector and will be informed by best practice and challenges observed through audits and discussions with sector organisations.

14.3.3 The training is designed using best learning design principles and assured through CPD accreditation.

14.3.4 The training has been developed to provide:

- Robust training informed by real challenges and sector best practice.
- Minimised risk of poor service delivery and outcomes and critical outcomes caused by poor service provision.
- Enhanced quality of care and improved outcomes for individuals.

14.4. Staff Development and Retention

14.4.1 Investing in sector training leads to improved staff support and retention.

14.4.2 Recruitment is improved through the professionalisation of the workforce, equipping staff with standardised skills and knowledge.

14.5 Complementing Organisational Training

14.5.1 These core modules will not replace internal organisational training and induction but have been designed to complement them.

14.5.2 The training will focus on challenges or trends highlighted through the audit process across organisations within the TEC Quality Auditing Scheme.

14.6. Knowledge, Skills, and Competence Assessment

14.6.1 The training will test knowledge, skills, and competence, reassuring Managers and Commissioners of a competent workforce.

14.6.2 Each module includes a summative assessment with a pass mark set at (10/12) 83%. Learners have two attempts to pass before being locked out for 3 days to allow them time to revisit the learning material.

14.6.3 The portal will reopen after 3 days for further assessment attempts, and Managers will be informed to offer support.

14.6.4 As part of the QSF audit, Managers should identify areas of additional support with their staff and corrective actions to ensure compliance.

14.7. Training Access

14.7.1 Online content will be available to all organisations on a 12-month cycle, accessible at any point.

14.7.2 The 12-month cycle depends on audit timing and is available from either June (Cohort 1) or January (Cohort 1a).

14.7.3 Organisations on a January cycle can opt to pay earlier for access to the materials sooner.

14.8. Audit Invoicing

14.8.1 All audit invoices will be issued 2 months prior to the audit and must be paid in full before the audit takes place.

14.8.2 A review of e-learning training costs will be completed annually, with Organisations informed in writing.

14.9. Employee Numbers and Pre-Questionnaire

14.9.1 Employee numbers will be collected during the pre-questionnaire phase. Delays in completing the prequestionnaire may impact the invoice if employee numbers are not correct.

14.9.2 It is the Organisations responsibility to ensure accurate employee numbers are recorded on their customer record.

14.10. QSF Training Banding and Invoicing

14.10.1 The QSF is set in bands relative to the number of employees, detailed on the TEC Quality website. (Audit Toolkit page)

14.10.2 The invoice will show TEC Quality audit and Learning modules.

14.11. Learning Portal Administration

14.11.1 Organisations can appoint two administrators for the learning portal to manage staff records and track progress.

14.11.2 The Organisation's administrators will upload the Learners information. This will include:

- Email Address
- Full Name of Learner to appear on the Training Certification
- Name of the Learners organisation

14.11.3 The Learning Management System will log learner progress and allow named organisation administrators to download reports.

14.12. Reporting System

14.12.1 Managers/Administrators can monitor staff progress through the reporting system and download reports to provide evidence for the QSF Audit.

14.13. Modification of E-Learning Modules

14.13.1 TEC Quality reserves the right to add or remove e-learning modules covering the Common Standards and Service Delivery modules.

14. 14 Annual Review

14.1 An annual review of the e-learning content will be conducted drawing on industry insights, to ensure relevance and alignment with TEC Sector changes including any

changes with British and European Standards. This will follow the formal QSF Scheme Change review process.

14.2 Revised material will launch each June over the 4-year period.

15. GLOSSARY OF TERMS

15.1. QSF – Quality Standards Framework

15.2. Certification - The formal agreement that an organisation fully complies with the ‘outcomes’ and ‘minimum requirements’ of the TSA QSF.

15.3. Associate Auditor – the external independent assessor appointed to assess against the QSF on behalf of TEC Quality

15.4. QSF – A set of documents owned and published by TSA which sets the required standards for Organisational practices in Technology Enabled Care.

15.5. Eligibility Criteria for Certification – The criteria with which Certified Organisations must comply.

15.6. Operational Premises – the premises from which a Service Provider or Supplier provides services or goods.

15.7. Organisation – An individual group, company or public authority offering to supply Technology Enabled Care services, or products.

15.8. Register – a list of Organisations certified by the Association as meeting the requirements of the Telecare QSF.

15.9. TSA – TEC Services Association C.I.C.

15.10. LGA – Local Government Association

15.11. CQC – Care Quality Commission

15.12. CI – Care Inspectorate

15.13. Ombudsman – an official appointed to investigate individuals' complaints against a company or organisation, especially a public authority.

15.14. DAP - Digital Auditing Platform

15.15. ICP – Innovation and Challenge Panel.

15.16. SRIG - Sector Risk and Innovation Group. A group replacing the Quality Improvement Programme Board, made up of internal and external members, to act in response to operational risks and opportunities by commissioning and overseeing delivery of projects.

15.17. SFAC – Strategic Futures Advisory Committee. A Committee reporting to the Boards of TSA CIC and TEC Quality, made up of internal and external members to support the Boards in horizon scanning and identifying and responding to strategic sector risks and opportunities, informing TSA’s strategic direction.

15.18. ICG – Innovation and Challenge Groups. Project group members resourced from a pool of internal and external skilled panellists