Quality Assurance Policy

05 May 2026, 10 min read

> **Operated by:** Nudge Education Ltd · **Version:** Dec 2025 · **Owner:** Director of Operations

QUALITY ASSURANCE POLICY

DEC 2025 Review Date: DEC 2026

POLICY OVERVIEW

Nudge Education is committed to delivering the highest standard interventions for all young people. We are committed to safeguarding, quality assurance, and have been trusted to deliver interventions to over 3500 young people across the UK. We share positive stories and testimonials to instil trust and evidence the impact of our interventions.

This Quality Assurance Policy outlines the procedures and processes in place to ensure that each intervention delivers safe, quality and bespoke support, and meets the agreed Transition Target. The policy includes specific requirements for Quality Visits (QVs): both drop-ins (DRs) and Support Reviews (SRs), assessing priority actions, and the scheduling of further quality visits or practitioner support based on the identified needs of the young person.

Objectives

The objectives of this policy are to:

- Ensure consistent delivery of high-quality interventions across the service
- Provide criteria to assess the priority of each intervention and/or practitioner, and thus ensure tailored and effective compliance and quality checks happen as often as required
- Outline our Quality Assurance process

SCOPE

This policy applies to all interventions.

QUALITY VISIT 1

Initial Drop-in Visit (DRs)

- Timing: A drop-in visit to be conducted within the first three weeks or 9 sessions of the start of an intervention with any new practitioners. This follows induction and is aligned with the support offered from Assistant Regional Leads (ARLs).
- Purpose: The visit is designed to observe the initial implementation of the intervention, ensure that it aligns with the young person's Transition Targets, and provide early identification of any issues or challenges and ensure a suitable practitioner match and provide support as necessary. Secondly, to complete compliance checks.
- Documentation: A Drop-in Visit Report must be completed using the standard form built into the Nudge system, detailing observations, any immediate concerns, and recommendations for adjustments if necessary. Asana is used to track 'Priority Practitioners', visits and any follow-up actions with agreed timescales.

A drop-in visit is an in-person observation of each new practitioner. The Assistant Regional Lead (ARL) will attend a session, where appropriate and possible, for 15-20 minutes. Potential actions will then be identified and planned in a timely manner.

QUALITY VISIT 2

Support Review (SRs)

- Timing: A Support Review will occur for both 'Priority Practitioners' (within 14 days of them being flagged as a priority, on average) and every active Practitioner (at least once per academic year).
- Purpose: The visit will provide a more thorough assessment of the intervention's effectiveness and quality. It aims to check in with compliance, administration around sessions, engagement, progress and obtains feedback from our young people, parents/ carers and our Education Intervention Coordinators (EICs).
- Documentation: A Support Review Report must be completed using the standard form built into the Nudge system, detailing observations, any immediate concerns, and recommendations for adjustments if necessary. Further actions will be catalogued during Practitioner 1-1 meetings which occur termly, and will inform their Performance Reviews.

A Support review is an in-person observation of a practitioner during a live session. The ARL will collaborate with the Practitioner, EIC and parent/carer to book in a 45-minute visit. It is usually best if the ARL can act as a part of the session to ensure a low arousal and comfortable setting for the young person.

'Priority Practitioners' meet the following criteria:

- 'New Practitioners' should have a Drop-in within the first 3 weeks or 9 sessions of beginning interventions with Nudge. The purpose of this visit is to uphold quality standards and provide support or guidance that will support the Practitioner to pass their probation period. New Practitioners are typically the most urgent to visit, as beyond interview and induction, their practice is unknown to us.
- Practitioners working on 'Red' interventions categorised by our Intervention Quality Matrix should be the next priority to visit. The purpose of this is to investigate further and implement any urgent support needed to get the intervention back on track. Ideally this would take place in less than 10 days.
- Following this, practitioners working on 'Amber' interventions, or those who received an 'Amber' grading at Performance Review should be prioritised for a visit. Ideally this would take place within 14 days.

QUALITY VISIT ALTERNATIVE METHOD

Check-in

Where a physical visit to an intervention may cause unnecessary distress for a young person or disruption to an intervention's progress, a 'check-in' is conducted by an ARL (in place of a DR and/or SR). This may take the form of a phone call to the practitioner or meeting with them outside of the session times. The 'check-in' is logged in the same way on the Nudge

system and feedback is collected from parents/carers and provided to the Practitioner with further support given as necessary.

CRITERIA FOR ASSESSING THE LEVEL OF QUALITY

To ensure assessment of all areas of an intervention, the criteria for quality assurance are divided into four key sections: Practitioner-Related, External Factors, Young Person-Related, and Intervention-Related.

The quality assurance criteria outlines a standardised list of factors that should be considered by an ARL when conducting a quality visit.

1. PRACTITIONER-RELATED

Our ARLs assess practitioners capabilities in order to ascertain the needs of each intervention. Newer practitioners will likely require more quality assurance.

Attendance

- Criteria: Regular and consistent attendance by the practitioner is crucial for the intervention's success. Inconsistent attendance may hinder the progress and effectiveness of the intervention, especially when we rely so heavily on building that all important rapport.
- Assessment: Interventions with practitioner attendance issues will be flagged for increased quality assurance to identify and address any barriers and drive improvements.

Punctuality

- Criteria: Consistent punctuality of the practitioner reflects their commitment and the structured delivery of the intervention. It can also affect the relationship with the young person and their expectations. For example, it can cause a feeling of a lack of control and a sense of unease in regulation from the outset of a session.
- Assessment: Interventions with frequent practitioner tardiness will be monitored to ensure the intervention remains effective and on schedule.

Practitioner Confidence

- Criteria: It is understood that practitioner confidence will build during each new intervention. However, the confidence and competence of the practitioner in delivering the intervention are vital for achieving the desired outcomes. Confident practitioners will be experts at creativity within their intervention methods. They will also feel comfortable with safeguarding their young person.
- Assessment: If a practitioner expresses uncertainty or struggles, additional support and oversight will be provided to maintain the quality and safety of the intervention.

Reporting & Planning

- Criteria: Detailed and accurate reports, daily logs and planning by the practitioner are essential for tracking progress and making necessary adjustments and ensuring intervention safety.
- Assessment: Interventions lacking thorough documentation, in addition to timely submissions, will require increased quality assurance to ensure clear goals are outlined in planning and recorded in logging, risk assessments are in place and relevant and finally that EICs are confident in the timeliness of the reports.

2. EXTERNAL FACTORS

Parents/Carer Needs

- Criteria: The involvement and support of parents or carers are often crucial to the intervention's success. Sometimes parents/ carers have a heavier involvement and wish to receive copies of weekly reports or updates for example. Another example is issues within the home causing barriers to engagement during the sessions themselves.
- Note, it can occur that the parents will also be the commissioner.
- Assessment: EICs will endeavour to support collaboration with the parents/carers by managing a clear and open mode of contact. However, where significant needs or lack of engagement from parents/carers are observed, more frequent communication may be

necessary to support the intervention's goals and intervention quality.

Multiagency Around the Child

- Criteria: The involvement of multiple agencies in the child's care can require a more tailored and collaborative approach.
- Assessment: Interventions with significant multi-agency involvement will require closer monitoring (such as attendance to meetings from the practitioner and/or the EIC/ARL) to ensure effective coordination and alignment among all parties.

Commissioner Collaboration

- Criteria: The engagement of the commissioning body (e.g. schools, local authorities) is critical for effective collaboration and prompt issue resolution.
- Assessment: More frequent communication may be necessary to support the intervention's goals and intervention quality.

3. YOUNG PERSON-RELATED

Complex Health Needs

- Criteria: Children with complex needs require highly specialised and coordinated interventions, often with extra Risk Assessments. Examples of complex cases could be our young people that require moving & handling, have epilepsy, or require personal care. Secondly, our more complex cases may require 2:1 or 3:1 staffing ratios and Crisis Prevention Institute (CPI) trained practitioners. Young people with complex medical needs or those who require medication to be administered during sessions would also fall into this category.
- Assessment: These interventions will require high levels of quality assurance to ensure that all aspects of the child's needs are adequately addressed.

Risk Assessment (RA) Needs

- Criteria: In order to support young people who are deemed to be highly vulnerable and graded as 'high risk' may require additional risk assessments. This can also apply if a young person has a physical disability or personal care requirements that necessitate more tailored support. Some of the local authorities we work with require extra documentation related to these needs, such as Norfolk's Section 19 interventions.
- Assessment: Interventions for these young people will involve more monitoring from a quality and compliance perspective to manage their additional requirements effectively and ensure their ongoing safety and wellbeing.

Safeguarding Needs

- Criteria: Safeguarding is a top priority, especially where there are concerns about the young person's safety or wellbeing. Some of our

young people are deemed as ‘high risk’ for vulnerabilities such as grooming or criminal activity. It may also occur that an intervention is flagged as high priority after a Safeguarding incident is reported.
- Assessment: If an intervention was flagged as high priority due to safeguarding concerns, a quality visit would be conducted within 10 days. Interventions for these young people will involve more monitoring from a quality and compliance perspective to protect the young person and the practitioner(s) to mitigate risks.

4. INTERVENTION-RELATED

Cornerstones

- Criteria: Each intervention’s alignment with our bespoke Cornerstones framework, which focuses on key areas of: Connection, Creativity, Rest, Reflection, Nutrition and Movement, is what makes Nudge, Nudge. It’s important that we celebrate and encourage successes and progress around our methods. Tailoring activities and approaches through these cornerstones shows our best practice and as such, those interventions lacking in this focus will benefit from more guidance.
- Assessment: Practitioners not adequately covering the Cornerstones in their interventions may need additional support or guidance from their ARL. This may take the form of more frequent 1:1s or action points on their Learning and Development plans.

Transition/Pathways Progress

- Criteria: Effective planning for transitions and future pathways is essential for the young person’s long-term success.
- Assessment: If insufficient progress is made in transition planning, the intervention may require additional monitoring and the Practitioner(s) may require additional support from the EIC or their ARL to ensure activities are working towards the transition goal.

Engagement

- Criteria: The young person’s engagement in the intervention is a key indicator of its effectiveness.
- Assessment: Low engagement levels will necessitate additional quality assurance visits and a review of the intervention methods to re-engage

the child. It is important to hold these assessments to the scale of what ‘success’ is for each intervention. As such, 10 minutes of engagement could be deemed a huge success for a complex intervention whilst the same level could be a sign of more practitioner support and guidance needed.

REVIEW & REVISION

This policy will be reviewed annually or as required to ensure its effectiveness and alignment with best practices within Nudge.

This Code of Conduct has been signed off by the Nudge Education Directorate. Charlotte Noutch Director of Partnerships & Services 5 Dec 2025

All Policies can be found here.

Document control

Field	Value
Version	Dec 2025
Owner	Director of Operations
Status	live
Source file	`5. Nudge Education - Documentation for Commissioning Purposes/Quality Assurance Policy - Dec 2025 - Nudge Education.pdf`