Proxycare Personnel Ltd

Good Governance Policy & Framework (England Community)

Regulatory Links

- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
- Regulation 5: Fit and proper persons: directors – directors must be of good character, have necessary qualifications, competence and skills, and be physically and mentally fit
- Regulation 7: Requirements relating to registered managers – registered managers must be fit, properly appointed, and able to supervise the management of regulated activities
- Regulation 17: Good governance – systems and processes must be established to ensure compliance, assess and improve quality, and maintain accurate records
- Regulation 18: Staffing – sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed; staff must receive appropriate support, training and supervision
- Regulation 19: Fit and proper persons employed – persons employed must be of good character and have the necessary qualifications, competence, skills and experience
- Regulation 20: Duty of candour – providers must act in an open and transparent way, notifying people when things go wrong, apologising, and providing support
- **CQC Quality Statements**
- Listening to and involving people: "We make it easy for people to share feedback and ideas, or raise complaints about their care, treatment or support. We involve them in decisions about their care and tell them what's changed as a result."
- Monitoring and improving outcomes: "We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves."
- How staff, teams and services work together: "We have a shared vision, strategy and culture. We work collaboratively and in partnership with others, including people who use our services, to deliver care and support that is joined-up, flexible and supports choice and continuity."
- Workforce well-being and enablement: "We care about and promote the well-being of our staff and support and enable them to always deliver person-centred care."
- Learning culture: "We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices."
- Freedom to speak up: "We foster a positive culture where people feel they can speak up and their voice will be heard."
- Governance, management and sustainability: "We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate."
- Environmental sustainability: "We understand any negative impact of our activities on the environment and strive to make a positive contribution to it through our environmental sustainability practices and strategies."
- Learning, improvement and innovation: "We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research."

Scope

This policy applies to:

- All staff, including permanent, temporary, bank and agency workers
- All management at every level, including directors and senior leaders
- The registered manager and nominated individual
- Volunteers and apprentices
- All services we provide, including domiciliary care, residential care and nursing care

This policy supports our compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009.
This policy should be read in conjunction with our Safeguarding Adults Policy, Complaints Policy, Whistleblowing Policy, Risk Management Policy, Quality Assurance Policy, Staff Recruitment Policy, Equality and Diversity Policy, and Data Protection Policy.
This policy and procedure are provided for the regulated activity of personal care.

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person centred care and independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

Good governance is at the heart of everything we do. It is not just about paperwork or processes - it is about creating a culture where people receive safe, high-quality care and where staff feel supported to do their jobs well. As set out in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we must have systems and processes that assess, monitor and improve the quality and safety of the services we provide.
We are committed to operating with openness, honesty and transparency. This means being clear about who is responsible for what, learning from mistakes, listening to feedback, and continuously looking for ways to improve. We believe that good governance creates the foundation for excellent care and a positive workplace culture.
This policy sets out how we will meet our governance responsibilities, including our leadership and management structures, how we manage risk, how we monitor quality, and how we ensure accountability at every level of the organisation. It also describes how we involve people we support in governance and how we promote sustainability.

Policy Detail

Leadership and Management Structure

INSERT YOUR COMPANY ORGANISATIONAL CHART

Clear lines of responsibility and accountability are essential for good governance. Everyone in the organisation needs to understand their role, who they report to, and what they are accountable for.
The organisation will have in place:

- A clear organisational structure with defined reporting lines
- Written job descriptions for every role, setting out responsibilities and levels of authority
- Named leads for key areas such as safeguarding, infection prevention and control, medicines management, and health and safety
- A mission statement, vision and values that guide our work
- Annual objectives for quality, financial sustainability and service development

All directors and those in senior leadership positions must meet the requirements of Regulation 5 (Fit and proper persons: directors). The registered manager must meet the requirements of Regulation 7. The organisation will ensure these requirements are met at recruitment and monitored on an ongoing basis.
Example: Clear accountability in practice
A care worker notices that a person's pressure mattress is not working properly. They know from their induction that they should report equipment issues to the senior on duty, who will contact the registered manager. The registered manager is responsible for arranging repairs or replacement and escalating to the provider if there are budget implications. Because everyone knows their role, the issue gets resolved quickly and the person is kept safe.

Role-Specific Responsibilities

Different roles within the organisation have specific governance responsibilities. Understanding these helps ensure accountability is clear at every level.
Directors and Senior Leaders

- Setting the strategic direction and culture of the organisation
- Ensuring the organisation complies with all relevant legislation and regulations
- Ensuring adequate resources are available to deliver safe, high-quality care
- Monitoring performance through regular review of quality and safety data
- Promoting a culture of openness, learning and continuous improvement
- Acting on feedback from people we support, their families and staff
- Ensuring robust financial management and sustainability
- Complying with the Duty of Candour (Regulation 20) when things go wrong

Registered Manager

- Implementing policies and procedures and ensuring staff follow them
- Ensuring safe staffing levels in line with Regulation 18
- Completing and submitting CQC notifications as required
- Leading on quality assurance and audit activities
- Managing and investigating complaints, incidents and safeguarding concerns
- Ensuring all staff receive appropriate induction, training, supervision and appraisal
- Promoting a positive workplace culture where staff feel valued and supported
- Escalating concerns to senior leadership when needed

Senior Care Workers and Team Leaders

- Supervising and supporting care workers in their day-to-day duties
- Conducting spot checks and observations of care delivery
- Reporting incidents, concerns and safeguarding issues promptly
- Supporting new staff through induction and mentoring
- Ensuring care plans are followed and updated when needs change

Care Workers

- Delivering care in accordance with care plans, policies and procedures

- Reporting any concerns, incidents or changes in a person's condition
- Maintaining accurate and contemporaneous records
- Attending training, supervision and team meetings
- Speaking up if they see poor practice or have concerns

Example: Governance oversight in action
At the monthly governance meeting, the director reviews the incident data and notices that falls have increased over the past three months. They ask the registered manager to investigate and report back. The investigation identifies that several new staff members have not completed their moving and handling refresher training. The director authorises additional training sessions and asks for a follow-up report in four weeks to check that falls have reduced. This is recorded in the meeting minutes with clear actions and deadlines.

Involving People We Support in Governance

Good governance means ensuring the voices of people we support are heard and acted upon. We actively involve people we support, their families and carers in shaping how our services are run.
We involve people through:

- Regular satisfaction surveys and feedback forms
- Residents' meetings in care homes
- Review meetings and care planning discussions
- Involvement in staff recruitment where appropriate
- Family forums and open days
- Complaints and compliments processes
- Informal day-to-day conversations

Feedback from people we support is reviewed at governance meetings and used to inform service improvements. We tell people what we have changed as a result of their feedback through 'You said, we did' communications.
Example: Acting on residents' feedback
At a residents' meeting, several people say they would like more variety in the evening activities - they feel the current programme is repetitive. The registered manager asks residents what activities they would enjoy and creates a rota with input from the activities coordinator. The new programme includes film nights, quizzes, crafts and visiting entertainers. At the next meeting, residents are thanked for their feedback and shown how their suggestions have been implemented.

Records Management

Good governance depends on accurate, secure and accessible records. We maintain three categories of records and ensure each is properly managed.
Records about people we support include care plans, risk assessments, daily records, medication administration records, capacity assessments, and correspondence with other agencies. These records are maintained in our care planning system, kept up to date, and accessible to staff who need them to deliver safe care. Records are retained in line with our Data Protection Policy and the Records Management Code of Practice.
Staff records include personnel files, recruitment documentation, DBS checks, training records, supervision notes, and appraisal documents. These are stored securely in line with the UK General Data Protection Regulation and the Data Protection Act 2018.
Management and governance records include meeting minutes, audit reports, quality assurance findings, incident logs, complaints records, and policy review schedules. These provide the evidence base for our governance oversight and must be available for CQC inspection at all times.

Risk Management

Effective risk management helps us identify what could go wrong, take steps to prevent harm, and learn when things do not go as planned. We take a proportionate approach to risk - being neither reckless nor overly cautious - and we support people to take positive risks that enhance their quality of life.
Our approach to risk management includes:

- Maintaining a risk register that identifies organisational risks, their likelihood and impact, and the controls in place

- Completing individual risk assessments for each person we support
- Reviewing risks regularly and updating assessments when circumstances change
- Learning from incidents, accidents and near misses
- Having business continuity plans in place for emergencies and service disruptions
- Ensuring decisions are made in accordance with the Mental Capacity Act 2005, including proper capacity assessments and best interests decisions where a person lacks capacity to make a specific decision
- Where restrictions amount to a deprivation of liberty, seeking authorisation through the Deprivation of Liberty Safeguards (DoLS) process as required by the Mental Capacity Act 2005
- Ensuring staff understand how to identify and report risks

Example: Positive risk taking

Mr Patel wants to continue making his own cup of tea, but he has tremors that make handling the kettle difficult. Staff complete a risk assessment and identify that with a lightweight cordless kettle, a non-slip mat, and staff nearby to assist if needed, Mr Patel can safely continue making tea. The risk assessment is documented, and all staff are briefed. This supports his independence and what matters to him, rather than taking over tasks he can still do with some adjustments.

Example: Organisational risk register

The organisation identifies 'staff recruitment and retention' as a high risk on the register. The controls in place include competitive pay rates, a staff wellbeing programme, regular supervision, and partnerships with local colleges. The risk is reviewed quarterly. When exit interviews show that staff are leaving due to unpredictable shift patterns, the registered manager implements a new rota system and monitors whether this reduces turnover.

Quality Assurance and Continuous Improvement

We are committed to providing the highest quality care and support. This means continuously monitoring our performance, seeking feedback, and looking for ways to improve. We do not accept the status quo - we always ask "how can we do better?"

Our quality assurance activities include:

- Regular audits of care records, medicines, infection control and other key areas
- Analysis of incidents, accidents, complaints and safeguarding concerns to identify themes and trends
- Gathering feedback from people we support, their families and other stakeholders
- Staff surveys and feedback mechanisms
- Observation and spot checks of care delivery
- Monitoring key performance indicators
- Benchmarking against best practice and national guidance

Findings from quality assurance activities will be used to develop action plans for improvement. Progress will be monitored and shared with staff and, where appropriate, with people we support.

Audit Schedule

The following table sets out the minimum frequency for key audits. Additional audits may be conducted in response to concerns or as part of improvement initiatives.

Audit Area	Frequency	Responsibility	Action Timescale
Medicines management	Monthly	Registered Manager	7 days
Care records and care plans	Monthly	Registered Manager / Senior	7 days
Infection prevention and control	Monthly	IPC Lead	7 days
Health and safety	Quarterly	Registered Manager	14 days
Staffing and recruitment files	Quarterly	Registered Manager	14 days
Staff supervision and training	Quarterly	Registered Manager	14 days
Incidents and complaints analysis	Monthly	Registered Manager	7 days
Environmental safety (care home)	Weekly	Senior on duty	24 hours
Call monitoring (domiciliary)	Weekly	Care Coordinator	24 hours
Spot checks and observations	As per schedule	Senior / Registered Manager	7 days
Policy review	Annually	Registered Manager	30 days

Example: Learning from audit findings

A monthly medicines audit reveals that PRN (as required) medication records are inconsistent - some staff are recording the reason for giving medication, but others are not. The registered manager provides a refresher training session for all staff and updates the medication policy to include clearer guidance. The following month's audit shows improvement, and this is shared at the staff meeting to reinforce good practice.

Learning Culture

We believe continuous improvement is synonymous with continuous learning. We are committed to being a learning organisation - one that seeks out best practice, reflects on what works and what does not, and uses this knowledge to get better.

We promote a learning culture by:

- Treating mistakes as opportunities to learn, not just occasions for blame
- Conducting thorough investigations when things go wrong and sharing the learning
- Encouraging staff to share ideas and suggestions for improvement
- Keeping up to date with national guidance, research and best practice
- Attending external forums, networks and training events
- Sharing learning across the organisation through team meetings, newsletters and briefings
- Celebrating successes and recognising good practice

We seek guidance from organisations including NICE, CQC, Skills for Care, Social Care Institute for Excellence (SCIE), local safeguarding boards and professional bodies. This list is not exhaustive - we will use all appropriate sources to ensure we are providing the best possible care.

Example: Learning from incidents

A person falls while being supported to transfer from bed to wheelchair. The investigation reveals that the care plan specified a stand aid, but this equipment was being serviced and staff improvised with a manual transfer. A 'lessons learned' briefing is shared with all staff, emphasising that they must never proceed with a task if the required equipment is not available. The equipment maintenance schedule is reviewed to ensure backup equipment is always accessible.

Staff Support, Wellbeing and Retention

Our staff are our greatest asset. Good governance means ensuring staff have the skills, support and resources they need to deliver excellent care. It also means creating a positive workplace culture where staff feel valued, respected and able to raise concerns.

We recognise that recruitment and retention are linked. High staff turnover affects continuity of care for the people we support and increases costs and workload for remaining staff. We are committed to being an employer of choice by investing in our workforce.

We will support staff through:

- Comprehensive induction, including the Care Certificate for new care workers
- Ongoing training and development opportunities, including qualifications at Levels 2-5
- Regular supervision (at least quarterly) and annual appraisal with SMART objectives
- Clear expectations through job descriptions and the Skills for Care Code of Conduct
- Access to wellbeing support and employee assistance programmes
- Recognition and reward for good performance
- An open-door policy for raising concerns or ideas
- Staff meetings and forums to share information and gather feedback
- Fair and consistent treatment in line with our Equality and Diversity Policy
- Exit interviews to understand why staff leave and identify improvements

Example: Exit interview learning

Over six months, three care workers mention in their exit interviews that they left partly because of difficulty getting annual leave approved during school holidays. The registered manager reviews the leave policy and finds it is applied inconsistently. They introduce a fairer system where leave requests are considered in rotation, with priority given to those who missed out previously. This is communicated to all staff and helps retain staff with caring responsibilities.

Freedom to Speak Up

A good governance culture is one where people feel safe to speak up. Staff should feel confident that if they raise concerns about safety, quality or wrongdoing, they will be listened to and supported, not punished or ignored.
We actively encourage staff to raise concerns about anything that worries them. This includes concerns about care quality, staffing, safety, fraud, bullying or any other issue. Staff can raise concerns with their line manager, the registered manager, senior leadership or through our Whistleblowing Policy.
All concerns will be taken seriously and investigated appropriately. We will protect staff who raise genuine concerns from any form of detriment or victimisation. Where concerns relate to potential harm or illegal activity, we will work with external agencies including CQC, the local authority or the police as appropriate. Staff can also access independent advice from Protect (the whistleblowing charity) or the Care Workers Charity.

Example: Raising a concern about a colleague

A care worker notices that a colleague is speaking harshly to people they support and seems impatient during personal care. They feel uncomfortable but are not sure if they should say anything. They speak to their supervisor, who thanks them for raising the concern. The supervisor observes the colleague's practice and identifies that they need additional support and training. The care worker who raised the concern is kept informed that action has been taken, without details that would breach confidentiality.

Information Sharing

We will share information where there is a need to protect, safeguard and support the health and wellbeing of the people we support, and where it would be more harmful not to share information. We work in the best interests of the person and share information in line with the Data Protection Act 2018 and UK GDPR.
When sharing confidential information, it will be:

- Relevant - directly related to the purpose for sharing
- Necessary - the purpose could only be achieved by sharing this information
- Proportionate - limited to what is needed to achieve the purpose
- Accurate - based on facts, clearly distinguishing fact from opinion
- Timely - shared without unnecessary delay when needed
- Secure - shared through appropriate channels with appropriate recipients

All information sharing will be recorded in the person's care notes, including what was shared, with whom, when and why.

Example: Sharing information appropriately

A hospital calls to ask about a resident who has been admitted. Before sharing any information, the staff member verifies the caller's identity by taking their name and department, then calling the hospital switchboard to be connected back to them. They check the resident's records to confirm who has consent to receive information. They share only the information that is necessary and relevant, and document the call in the care notes.

CQC Notifications

The Care Quality Commission (Registration) Regulations 2009 require us to notify CQC of certain events. The registered manager is responsible for ensuring all required notifications are submitted in the correct format and within the required timescales: deaths and serious injuries must be notified without delay; other notifiable events must be notified within the timescales specified in the regulations, typically without delay or as soon as reasonably practicable.
Notifiable events include:

- Deaths of people we support
- Serious injuries
- Abuse or allegations of abuse
- Incidents reported to or investigated by the police
- Events that stop or may stop the service running safely
- Applications to deprive someone of their liberty and outcomes
- Absences of the registered manager or nominated individual

Example: When to notify CQC

A resident falls and breaks their hip. This is a serious injury and must be notified to CQC. The registered manager completes the notification via the CQC portal within 24 hours, providing details of what happened, what immediate action was taken, and what investigation is underway. They also notify the person's family and GP, and complete an internal incident report.

Professional Conduct and Boundaries

All staff are expected to behave professionally and maintain appropriate boundaries in their relationships with people we support, their families and colleagues. We work in accordance with the Skills for Care Code of Conduct, which sets out the standards of behaviour expected of adult social care workers in England.
Professional boundaries include:

- Not forming personal relationships with people we support or their families outside of work
- Not connecting with people we support on social media
- Not accepting gifts, money or other items of value without authorisation
- Not running personal errands or providing services outside of agreed care plans
- Maintaining confidentiality at all times

Example: Managing gift offers
At Christmas, a family offers a care worker £50 as a thank you for looking after their mother so well. The care worker thanks them warmly but explains that they cannot accept money. They suggest the family could write a thank you card or make a donation to the residents' fund instead. The care worker reports the offer to their manager, who records it. This protects both the care worker and the person they support.

Duty of Candour

Regulation 20 requires us to be open and honest with people when things go wrong. If a safety incident occurs that results in harm or has the potential to cause harm, we must tell the person (or their representative) what happened, apologise, and explain what we are doing to prevent it happening again.
Saying sorry is not an admission of liability - it is the right thing to do. Our commitment to candour applies to all incidents, not just those that meet the regulatory threshold for notification. Being open about mistakes helps us learn and builds trust with the people we support and their families.
Example: Being open after a medication error
A care worker gives a resident their morning medication an hour late because they were dealing with an emergency elsewhere. Although no harm resulted, the registered manager speaks to the resident and their family to explain what happened and apologise. They explain what they are doing to prevent it happening again - in this case, reviewing staffing levels during busy periods. The conversation and actions are documented. The family appreciates the honesty and feels reassured that the organisation takes safety seriously.

Environmental Sustainability

CQC's quality statements include environmental sustainability as part of good governance. We recognise our responsibility to minimise the environmental impact of our operations while maintaining high-quality care.
We will work towards environmental sustainability by:

- Reducing waste through recycling, reducing single-use items where safe to do so, and proper waste segregation
- Conserving energy through efficient heating, lighting and equipment
- Reducing travel emissions through efficient route planning for domiciliary care and promoting alternatives to car travel where practical
- Choosing sustainable suppliers where quality and cost allow
- Reducing paper use through digital records where appropriate
- Engaging staff in sustainability initiatives

Environmental considerations will be balanced against the need to deliver safe, effective care. Infection control and clinical safety will always take priority.

Partnership Working

Good governance extends beyond our organisation. We are committed to working in partnership with other agencies to ensure the best outcomes for the people we support. This includes Integrated Care Boards (ICBs), commissioners, local authorities, NHS services, GPs, district nurses, social workers, advocacy services and other care providers.

Example: Coordinating care after hospital discharge

A person receiving domiciliary care is discharged from hospital after a fall. The registered manager contacts the hospital discharge team to obtain the discharge summary and any changes to medication or care needs. They arrange a joint visit with the district nurse to assess whether any equipment is needed at home. They update the care plan and ensure all care workers are briefed on the changes before the next visit. This coordinated approach helps prevent readmission and ensures the person is safe at home.

Financial Management

The organisation is committed to financial sustainability and sound financial management. Financial stability is essential for governance - without it, we cannot invest in staff, maintain quality, or plan for the future.
Our financial governance includes:

- A 12-month cash flow forecast updated regularly
- Annual accounts prepared and audited by an independent accountant
- Clear procedures for financial transactions and authorisation
- Appropriate insurance cover including employer liability, public liability and professional indemnity
- Regular financial reporting to directors or senior leadership
- Compliance with the Bribery Act 2010 - no bribes or corrupt payments will be made or accepted

Setting-Specific Considerations

Domiciliary Care

In domiciliary care settings, governance must account for the fact that care is delivered in people's own homes, often by lone workers. This requires particular attention to communication systems, staff safety, scheduling and travel time, and coordination with other agencies involved in a person's care.

Example: Governance in domiciliary care

The organisation uses an electronic care management system that allows care workers to log in and out of visits using their phone. This provides real-time information on whether calls are running to schedule. If a care worker does not log in to a visit within 15 minutes of the scheduled time, the system alerts the office. This enables the coordinator to check on staff safety and ensure people are not left waiting for care. The data is also used in governance meetings to monitor punctuality and identify scheduling issues.

Residential Care

In residential settings, governance must consider the 24-hour nature of care, staffing across all shifts, management of the physical environment, and the needs of people living together as a community. Particular attention is needed to ensure consistent care standards across all staff and at all times.

Example: Governance across shifts

The registered manager notices that incident reports are more frequent during night shifts. They conduct unannounced visits at night and speak to night staff about any challenges they face. It emerges that night staff feel isolated and do not always feel confident making decisions without a manager present. The registered manager introduces a structured night handover, creates a decision-making guide for common situations, and arranges for the deputy manager to occasionally work nights to provide support and oversight.

Nursing Care

Where nursing care is provided, governance arrangements must ensure appropriate clinical oversight, supervision of nursing staff, management of complex health needs, and compliance with professional standards set by the Nursing and Midwifery Council. The registered manager must work closely with the clinical lead to ensure clinical governance is robust.

Example: Clinical governance in nursing homes

The clinical lead nurse holds a monthly clinical governance meeting to review wound care outcomes, antibiotic prescribing patterns, and hospital admissions. They identify that several residents have been admitted to hospital with urinary tract infections. Working with the GP, they implement a hydration monitoring programme and staff training on recognising early signs of UTI. Admissions for UTIs reduce over the following quarter, demonstrating the impact of clinical governance on resident outcomes.

Procedures

Governance Meetings

- Hold monthly governance meetings between directors or senior leaders and the registered manager.
- Use a standard agenda covering: incidents and accidents, complaints, safeguarding, audit findings, staffing, training compliance, feedback received, action plan progress, risk register review, and any other business.
- Review quality and safety data using a governance dashboard or report.
- Discuss progress against action plans and identify new improvement actions.
- Record decisions and actions with named owners and timescales.
- Circulate minutes within one week and follow up on overdue actions.
- Escalate significant concerns through appropriate channels.

Audit Programme

- Maintain an annual audit schedule covering all key areas of service delivery (see Audit Schedule table).
- Use standardised audit templates for consistency.
- Record audit findings, scoring where applicable, and identify actions required.
- Assign action owners with realistic deadlines.
- Follow up on actions at subsequent audits to ensure completion.
- Analyse audit data over time to identify themes, trends and areas of sustained concern.
- Report audit outcomes to governance meetings.
- Share positive findings with staff to reinforce good practice.

Incident Reporting and Learning

- Report all incidents, accidents and near misses using the incident report form.
- Notify the registered manager immediately of any serious incident.
- Take immediate action to ensure the safety of the person and others.
- Complete an initial investigation within 24 hours.
- Conduct a root cause analysis for serious incidents.
- Comply with Duty of Candour requirements - inform the person and apologise.
- Submit CQC notifications within required timescales.
- Implement actions to prevent recurrence.
- Share learning with relevant staff through briefings, team meetings or training.
- Review incident trends monthly and report to governance meetings.

Complaints Handling

- Acknowledge all complaints within two working days.
- Assign an investigator who was not involved in the events complained about.
- Investigate complaints thoroughly and fairly, speaking to all relevant parties.
- Provide a written response within 20 working days, or agree an extended timescale if needed.
- Explain how the complaint has been investigated and what conclusions have been reached.
- Apologise if things have gone wrong, in line with Duty of Candour.
- Explain any actions being taken to improve.
- Advise of the right to escalate to the Local Government and Social Care Ombudsman if dissatisfied (or the Parliamentary and Health Service Ombudsman for NHS-funded care).
- Record and analyse complaints to identify trends and learning.

Staff Supervision and Support

- Schedule supervision sessions at least quarterly for all staff.
- Use a supervision template covering performance, training, wellbeing, concerns and development.

- Record supervision discussions and any agreed actions.
- Conduct annual appraisals with SMART objectives linked to organisational and personal goals.
- Complete spot checks and observations of practice in accordance with the observation schedule.
- Where performance concerns are identified, implement a performance management plan with additional support.
- Follow disciplinary procedures where standards are not met despite support.
- Conduct exit interviews when staff leave and analyse for themes.

Policy Review

- Review all policies and procedures at least annually.
- Monitor for changes in legislation, regulation and guidance that may require earlier review.
- Record the date of review, reviewer name, and any changes made.
- Update version control and archive old versions.
- Communicate updates to staff through team meetings, emails or briefings.
- Obtain confirmation that staff have read and understood key policy updates.

Risk Register Review

- Review the risk register at least quarterly.
- Assess whether existing risks have changed in likelihood or impact.
- Identify any new risks that have emerged.
- Review the effectiveness of controls in place.
- Update action plans and assign owners.
- Escalate high-level risks to directors or senior leadership.
- Document discussions and decisions.

Feedback and Engagement

- Gather feedback from people we support at least annually through surveys or structured conversations.
- Conduct annual staff surveys to assess engagement and wellbeing.
- Hold regular staff meetings to share information and gather ideas.
- Hold residents' meetings in care homes at least monthly.
- Seek feedback from families, commissioners and other stakeholders.
- Analyse feedback and identify themes for improvement.
- Communicate what has changed as a result of feedback through 'You said, we did' updates.

References and Further Reading

Legislation

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Act 2014
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DoLS)
- Data Protection Act 2018
- UK General Data Protection Regulation (UK GDPR)
- Equality Act 2010
- Human Rights Act 1998
- Health and Safety at Work etc. Act 1974
- Employment Rights Act 1996
- Public Interest Disclosure Act 1998 (Whistleblowing)

CQC Regulations and Guidance

- Regulation 17: Good governance https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-17
- Regulation 18: Staffing https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-18
- Regulation 20: Duty of candour https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-20
- CQC Single Assessment Framework https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework
- CQC Fundamental Standards https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers
- CQC Notifications Guidance https://www.cqc.org.uk/guidance-regulation/providers/notifications

Professional and Sector Guidance

- Social Care Institute for Excellence (SCIE) https://www.scie.org.uk/
- National Institute for Health and Care Excellence (NICE) https://www.nice.org.uk/guidance
- Skills for Care - Safe Staffing https://www.skillsforcare.org.uk/news-and-events/blogs/a-guide-to-safe-staffing
- Skills for Care - Good and Outstanding Care https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Good-and-outstanding-care/Good-and-Outstanding-Care-GO.aspx
- Skills for Care - Code of Conduct https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-people/Code-of-conduct.aspx
- NHS England - National Quality Board https://www.england.nhs.uk/ourwork/part-rel/nqb/

Regulatory and Statutory Bodies

- Health and Safety Executive (HSE) https://www.hse.gov.uk/
- Information Commissioner's Office (ICO) https://ico.org.uk/
- Local Government and Social Care Ombudsman https://www.lgo.org.uk/

Related Organisational Policies

- Safeguarding Adults Policy
- Complaints Policy
- Whistleblowing Policy
- Risk Management Policy
- Quality Assurance Policy
- Staff Recruitment Policy
- Data Protection Policy
- Supervision and Appraisal Policy
- Disciplinary Policy
- Business Continuity Plan
- Equality and Diversity Policy
- Health and Safety Policy
- Infection Prevention and Control Policy
- Medicines Policies