**Please see the contents table below. This gives the section or page location and guides the inspector to the requested content they are looking for.**

|  |  |  |
| --- | --- | --- |
| **8. EAG2A Please see the key categories below where the Governance Policy should contain content against the following:** | | |
| **Document content required by CQC** | **Referenced Document in Cared4 System** | **Location of registration requirement** |
| Does it have a date, review dates and who reviewed the Policies | QP-64 Putting Care Governance into Practice | On the footer of each page and Section 20.0  We have added the person who reviewed the policy |
| Does the policy list any audits | QP-64 Putting Care Governance into Practice | Section 14.2 |
| Do they refer to the Information Commissioner's Office | QP-64 Putting Care Governance into Practice | Section 16.0 and 17.0 |
| Do they refer to General Data Protection Regulation | QP-64 Putting Care Governance into Practice | Section 16.0 |
| Do they refer to a quality monitoring/management system | QP-64 Putting Care Governance into Practice | Section 6.0 |
| Does it tell us how they will involve service users | QP-64 Putting Care Governance into Practice | Section 8.0 and 9.0 |
| Does it say how they will continually improve the service | QP-64 Putting Care Governance into Practice | Section 10.0  See also Quality Assurance Policy QP-93. |
| Is there a staffing structure of the Organisation | QP-64 Putting Care Governance into Practice | Page 9 Section 18.0 |
| Does it refer to other relevant legislation they must follow | QP-64 Putting Care Governance into Practice | Section 1.0 |
| Is the policy appropriate for the regulated activity | QP-64 Putting Care Governance into Practice | N/A |
| Ensure it is appropriate to the regulated activity and service type that you have applied for | QP-64 Putting Care Governance into Practice | Section 1.8 |

**Title: PUTTING CARE GOVERNANCE INTO PRACTICE *(KLOE)***

1. **INTRODUCTION**
   1. What do we mean by care governance? The essential goal of social care is to ensure that people receive good quality and safe services that deliver the outcomes they want. Care Governance provides a framework through which this can be assured and the delivery of good quality care is supported.
   2. Care Governance has been defined as 'a framework within which personal social services are accountable for continuously improving the quality of their services and taking corporate responsibility for performance and for providing the highest standard of social care’ (Best Practice, Best Care 2002).
   3. Social care governance is a framework for making sure that social care services provide excellent ethical standards of service and continue to improve them. Our values, behaviours, decisions and processes should be open to scrutiny as we develop safe and effective evidence-based practice. Good governance means that we recognise our accountability, we act on lessons learned and we are honest and open in seeking the best possible outcomes and results for people. (SCIE 2011).
   4. The Health and Social care Act 2008 (Regulated Activities) (Amendment) Regulations 2015: Regulations 4 to 20A. Regulation 17 requires providers to have in place: effective governance, including assurance and auditing systems or processes.

1.5 These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

1.6 In addition, providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity.

1.7 As part of their governance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

1.8 This policy is underpinned by the following legislation:

* + The Health and Social care Act 2008 (Regulated Activities) (Amendment) Regulations 2015: Regulations 4 to 20A. Regulation 17

**Human rights**

* + Human Right Act 1998

**Data protection**

## Data protection Act 2018 and UK-GDPR 2021

* + Freedom of Information Act 2000

**Safeguarding Adults**

* + The Care Act 2014
  + Sexual Offences Act 2003
  + Safeguarding Vulnerable Adults 2006

## Criminal justice and courts Act 2015 (Ill treatment and willful neglect)

## Equality

## Equality Act 2010

## Health and Safety

## Health and Safety at Work Act 1974

## Manual handling Operations 1992 amended 2002

## Control of Substances Hazardous to Health 2002

## Reporting Injuries Deceases and Dangerous occurrences 2013

## Health and Safety first Aid Regulations 2013

## Food Safety Act 1990 Food safety Regulations1995 and food Safety temperature Regulations 1995

## Coronavirus Act 2020

## Mental Capacity

## Mental Capacity Act 2005 and Code of Practice

## Deprivation of Liberty Safeguards (DoLS) an amendment to the MCA 2005, to be replaced with Liberty Protection Safeguards

1. **POLICY**
   1. To strive to continually improve the quality of our service through recognising our accountability for our values, behaviours, decisions and processes and the services we provide, that are open to scrutiny through monitoring, auditing and learning from those who use our services.
2. **CARE GOVERNANCE CORE VALUES** 
   1. The core values of care governance are:

* Continuous improvement of services, care and support.
* The Service User experience is the central focus in decision making, meeting their needs and aspirations and keeping them informed.
* Commitment to quality, which makes certain that all staff are up to date in their practice, are expertly supervised and develop an environment where learning and tackling discrimination is built into everyday practice.
* Commitment to equality and diversity.
* Openness to share and report mistakes, errors and adverse effects of intervention as well as a commitment to learn from them.

1. **COMPONENTS OF CARE GOVERNANCE**
   1. Components of Care Governance covers all aspects of services that have a direct or indirect impact on the delivery of care and support to Service Users. These are the components Managers should seek to deliver as part of their responsibilities. The following components are interrelated and form a framework for Care Governance:

* Service User experience.
* Service User/carer and partnership involvement.
* Risk management / Health and Safety.
* Quality Assurance and audit.
* Staffing, staff management and HR policies and procedures.
* Safeguarding policy and procedures.
* Equality and diversity.
* Education, Training and continuous professional and practice development.
* The use of information to support the delivery of service including evidence based practice and learning from complaints, compliments and adverse incidents.

1. **CULTURE**
   1. We will create an organisational culture that promotes human rights and social justice, that:

* Recognises the contribution of staff through the application of best practice including learning and development.
* Is transparent and open to innovation, continuous learning and improvement.
* Recognises the valuable contribution of those who use the service who will be encouraged and enabled to contribute to the monitoring and improvement of the safety and quality of care.
* Underpins the work of all staff and based on openness and honesty in seeking the best possible outcomes and results for people who use our service.
* Ensures that staff are accountable for standards of care.

**6.0 QUALITY MANAGEMENT**

6.1 We will ensure that we have in place an up to date quality management system (policies and procedures) that complies with the requirements of the Health and Social care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, the Care Quality Commission Fundamental Standards and Key Lines of Enquiry.

6.2 All staff will follow our policies and procedures to ensure quality and consistency in the delivery of care to Service Users.

6.3 We will ensure that transparency and candour are demonstrated in our policy, procedure and practice.

6.4 The Manager will monitor and audit the effectiveness of the policies and procedures within the quality management system.

1. **HEALTH, SAFETY AND WELFARE OF PEOPLE** 
   1. We will have in place and follow health and safety, risk management and safeguarding policies and procedures to support and protect our Service Users.

7.2 We will support staff when they raise concerns in relation to practice that endangers the safety of Service Users and other wrong doing in line with our whistleblowing and regulatory requirements.

1. **INVOLVING THE SERVICE USER IN THE SERVICE**
   1. Our service adopts a person centred approach to the delivery of the service which involves the Service User in all aspects of the care provided. Service Users are involved in:

* The assessment of needs process.
* Planning of their care.
* Review of the care provided.
* Requirements for changes to the person centred care plan.
* Recruitment of staff where applicable.
* Choice of gender for delivery of service where possible.

1. **SEEKING THE VIEWS OF SERVICE USERS**
   1. We will carry out surveys to evaluate the level of our Service Users satisfaction with the services we provide.
   2. We will support Service Users to make complaints when they are dissatisfied with the service and seek resolution of complaints to Service Users Satisfaction.
   3. We will consult with Service Users and seek their contribution to the development and operation of the service.
   4. The Manager must always promote a culture of openness and encourage contact and feedback about the standards of Service delivery from Service Users, family and supporters.
2. **CONTINUAL IMPROVEMENT**
   1. We will demonstrate through improvements to our service that we have acted upon the lessons learnt, including mistakes in the delivery of our service and complaints.

10.2 We will respond to Service Users satisfaction surveys and staffs suggestions for improvement.

10.3 We will implement change as a result of monitoring and auditing the service.

10.4 We will adopt best practice advocated by CQC, Skills for Care, Social Care Institute of Excellence NICE, Public Health England and Health and Safety Executive.

10.5 Following inspection, we will ensure that any shortfall in our service is addressed promptly.

10.6 Inspection Reports on our service will be made available to Service Users.

10.7 Information will be made available to Service Users and the Regulatory Authority on how we have acted upon responses to satisfaction surveys and suggestions for improvement.

10.8 For further supporting evidence of continuous improvement, refer to the following Cared4 Procedures:

* CI-03 Management Review of the Quality System.
* CI-05 Internal Audits of the Quality System.
* CI-06 Routine Monitoring of Quality.
* QP-95 Testing of Homecare Workers.

1. **STAFF TRAINING AND DEVELOPMENT**
   1. There will be in place a staff training and development plan that will equip our staff to meet the needs of Service Users, deliver agreed outcomes, and provide a quality service.

**12.0 STAFF SUPERVISION AND APPRAISAL**

12.1 All staff will receive scheduled supervision and appraisal.

**13.0 RECORDS**

13.1 The service will maintain securely an accurate, complete and contemporaneous record in respect of each Service User including a record of the care and treatment provided to the Service User and of decisions taken in relation to the care and treatment provided.

13.2 We are required to keep records that are fit for purpose defined as:

* Complete, legible, indelible, accurate and up to date, with no undue delays in adding and filing information, as far as is reasonable. This includes results of diagnostic tests, correspondence and changes to care plans following medical advice.
* An accurate record of all decisions taken in relation to care and treatment and make reference to discussions with people who use the service, their carers and those lawfully acting on their behalf. This includes consent records and advance decisions to refuse treatment. Consent records include when consent changes, why the person changed consent and alternatives offered.
* The records must be accessible to authorised people as necessary in order to deliver Service Users care and treatment in a way that meets their needs and keeps them safe. This applies both internally and externally to other organisations.
* Records must be created, amended, stored and destroyed in line with current legislation and nationally recognised guidance.
* Kept secure at all times and only accessed, amended, or securely destroyed by authorised people.
* Both paper and electronic records can be held securely providing they meet the requirements of the Data Protection Act 2018 and the General Data Protection Regulation 2018.
* Decisions made on behalf of a person who lacks capacity must be recorded and provide evidence that these have been taken in line with the requirements of the Mental Capacity Act 2005 or, where relevant, the Mental Health Act 1983, and their associated Codes of Practice.
* Information in all formats must be managed in line with current legislation and guidance.
* There must be systems and processes in place that support the confidentiality of people using the service and not contravene the Data Protection Act 2018 and the General Data Protection Regulation 2018.

**14.0 ASSESSING, MONITORING AND AUDITING**

14.1 We will carry out scheduled audits of our quality management system (policies and procedures) to ensure they are fit for purpose.

14.2 The audit will include the components of care governance included in this policy.

We will carry out audits on the following:

* Auditing of infection control practices.
* Care plan auditing.
* Complaints.
* Health and safety auditing.
* Environmental audit.
* Fire safety audit.
* Medication audit
* Staff training audit.
* Staff retention audit.
* Risk assessment audit.

14.3 We will assess and monitor our service against Regulations 4 to 20A of Part 3 of the Health and Social care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, as required by the care quality Commission.

14.4 Overall responsibility for scrutiny of the system will rest at board level or equivalent where appropriate.

**15.0 REPORTING TO THE CARE QUALITY COMMISSION**

15.1 When requested, our service will provide a written report to CQC setting out how we assess, monitor, and where required, improve the quality and safety of their services.

**16.0 INFORMATION COMMISSIONERS’ OFFICE ACCOUNTABILITY AND GOVERNANCE**

16.1 As a service, we take the protection of all data seriously and are aware that accountability is one of the data protection principles.

16.2 We are responsible for complying with the UK GDPR and the Data Protection Act 2018 and understand that we must be able to demonstrate compliance with the handling of all our services data.

16.3 Our service has put in place appropriate technical and organisational measures to meet the requirements of accountability of UK GDPR 2021 and the Data Protection Act 2018.

16.4 The measures we have taken are listed below:

* Adopting and implementing data protection policies.
* Taking a ‘data protection by design and default’ approach.
* Putting written contracts in place with organisations that process personal data on our behalf.
* Maintaining documentation of our processing activities.
* Implementing appropriate security measures.
* Recording and, where necessary, reporting personal data breaches.
* Carrying out data protection impact assessments for uses of personal data that are likely to result in high risk to individuals’ interests.
* Appointing a data protection officer; and
* Adhering to relevant codes of conduct and signing up to certification schemes.
* Review and, where necessary, update the measures that have been put in place.
* Implement a privacy management framework that helps embed accountability measures and create a culture of privacy across our service.
* Accountability builds trust with users of our service and may help you mitigate enforcement action.

**17.0 CONTACT DETALS FOR THE INFORMATION COMMISSIONERS’ OFFICE**

17.1 The information commissioner’s office can be contacted on 0303 123 1113 or by following this link: <https://ico.org.uk/>

**18.0 STAFFING STRUCTURE**

Regulation 18 Staffing

Key Line of enquiry Suitable staff and staff cover

**Director 1**

**Hazvinei Mlambo**

Role: Director

Qualifications: Bachelor of Social Work Honours Degree, Masters of Social work in Health Care, Practice Education 1 and 2

**Director 2**

**Maudy Gamuchirai Mlambo**

Role: Director

Qualifications: Bachelor of Arts Degree, Post Graduate Diploma in Education, Various traings in the field of care (please see Business plan)

**Registered Manager**

**Hazvinei Mlambo**

Role: Registered Manager

Qualifications: Bachelor of Social Work Honours Degree, Masters of Social work in Health Care, Practice Education 1 and 2

**Senior Carer**

Role: Vimbai Kasanayi

Qualifications: At least 3 years experience in Care work

**Care staff**

Number: 4

Role: Carers

Qualifications: Relevant care work experience (at least 1 year)

Office / Admin staff

Number: 1

Role: Vacant

Qualifications: Relevant admin certificate and at least 1 year experience

**19.0 REVIEW OF STAFFING STRUCTURE**

19.1 This Staffing Structure was reviewed by: Hazvinei Mlambo………………………………………………………

Designation: Registered Manager…………….………. Date: 10.03.2024

19.2 This policy will be reviewed in line with changes in demands and growth by:

Name and designation: Hazvinei Mlambo………Director……………………………………………….…….

**20.0 REVIEW OF POLICY**

20.1 This policy was reviewed by: …Hazvinei Mlambo……………………………………………………

Designation: …Director………….………. Date: 10.03.2024………..…

20.2 This policy will be reviewed in March 2025 by:

Name and designation: …Hazvinei Mlambo Director…………………………………………………….…….

**Acknowledgements and references**

(Best Practice, Best Care 2002).

(SCIE 2011).

Health and Social care Act 2008 (Regulated Activities) (Amendment) Regulations 2015: Regulation 17.

**Guidance for managers**

**What the Care Quality Commission requires**

Key Lines of Enquiry 2018 - **Well Led - W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?**

|  |  |
| --- | --- |
| Prompt | Compliance Evidence |
| W2.3 Does the registered Manager understand their responsibilities, and are they supported by the board/trustees, the provider and other Managers to deliver what is required? | Para 4.1 and 14.4 of the policy addresses the prompt. |
| W2.4 Are all relevant legal requirements understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications and other required information? Do Managers understand recommendations made by CQC, keep up-to-date with all relevant changes, and communicate them effectively to staff? | This policy addresses the prompt. |
| W2.5 How does the service make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported? Do staff know and understand what is expected of them? | Para 1.0, 2.1 and 5.1 of the policy addresses the prompt. |
| W2.6 Are there clear and transparent processes for staff to account for their decisions, actions, behaviours and performance? | Para 5.1 and Section 6.0 of the policy addresses the prompt. |
| W2.7 How does the service make sure that its approach to quality is integral and all staff are aware of potential risks that may compromise quality? | Section 5.0 of the policy addresses the prompt. |
| W 2.12 Do governance systems include scrutiny and overall responsibility at board level or equivalent? | Section 14.0 of the policy addresses the prompt. |

Key lines of Enquiry 2018 – **Well-Led – W3: How are the people who use the service, the public and staff engaged and involved?**

|  |  |
| --- | --- |
| Prompt | Compliance Evidence |
| W3.1 How are staff actively involved in developing the service? Are they encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice? | Para 5.1 of the policy addresses the prompt. |
| W3.4 How does the service enable and encourage accessible open communication with all people who use the service, their family, friends, other carers, staff and other stakeholders, taking account of their protected and other characteristics? | Section 9.0 of this policy addresses the prompt.  Refer to QP-31 Communicating with Service Users |
| W3.5 How are people's views and experiences gathered and acted on to shape and improve the services and culture? | This policy addresses the prompt  Refer to CI-08 Satisfaction Surveys |

Key Lines of Enquiry 2018 – **Well-Led – W4: How does the service continuously learn, improve, innovate and ensure sustainability?**

|  |  |
| --- | --- |
| Prompt | Compliance Evidence |
| W4.2 How effective are quality assurance, information and clinical governance systems in supporting and evaluating learning from current performance? How are they used to drive continuous improvement and manage future performance? | This policy addresses the prompt.  Refer to CI-03 Management Review of the Quality System.  QP-64 Putting Care Governance into Practice |
| W4.3 How is success and innovation recognised, encouraged and implemented? | Section 5.0 of the policy addresses the prompt. |

Managers will need to demonstrate to CQC that they are complying with the regulation and Fundamental Standard by following the procedure or policy that provides the evidence.