

**BUDDIES COMMUNITY CARE LTD**

**GOVERNANCE AND RISK POLICY**

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## Introduction

At BUDDIES we are committed to ensuring that we are meeting and exceeding the expectations of our clients and their relatives, advocates and related professionals. We aim to deliver quality services and offer continuous improvement, effectiveness, efficiency and value for money. This will be achieved within our Governance and Risk Policy, in conjunction with our [Quality Assurance Policy](#), and by listening to the clients who use our services. We believe that there is always room for improvement in every aspect of our work.

Our [Governance and Risk Procedures](#), in conjunction with our [Quality Assurance Framework](#), enable us to achieve sustainable growth by providing quality guidance to our team, enabling us to deliver high quality exceptional care which consistently satisfies the needs and expectations of our clients and staff.

This document follows the pillars of healthcare governance to ensure that we implement a framework through which we can be held accountable, for continuously improving the quality of our services and safeguarding high standards of care, by creating an environment in which excellence in care will flourish.

In relation to risk management, the primary concern of BUDDIES is to protect clients, staff and company assets, as BUDDIES accepts that unmanaged risk is almost exclusively negative. When the management of risk goes well, it often remains unnoticed. When it fails, however, the consequences can be significant, high profile and with the potential to cause harm to clients and their treatment. Effective risk management will help to avoid this. This policy sets out a framework for the management of all risks facing the business, including those associated with the delivery of safe, sustainable care for its clients, relatives and staff.

## Policy Statement

At BUDDIES we require that all those in a leadership role work together to create an ethos whereby high-quality care is expected and provided. There should be an expectation that quality and high standards is the rule rather than the exception. We expect our leaders to develop, implement and lead a culture of quality in the way that our services are delivered.

BUDDIES aims to achieve continuous quality improvement, best value services, a well-managed estate and safe working environments through a systematic programme of effective risk management and control, with the co-operation of all its staff.

BUDDIES is committed to business continuity that is companywide.

BUDDIES will ensure that all risks associated with business-critical services are identified and mitigated against.

The philosophy in managing risk is one of integration, considering together all aspects of risk, including clinical, non-clinical, strategic, organisational, and financial. The aim of the business is to minimise its exposure to clinical, financial, and operational risk, the methodology of which, is in accordance with sound risk management practices.

### **Scope**

BUDDIES are committed to quality and risk management and this should be monitored and measured through systems of continuous improvement and effective governance processes.

This policy and the procedures apply to all services provided within BUDDIES

The Registered Manager has overall responsibility for ensuring that all staff are aware of this policy, and for empowering them to escalate any risks or quality issues that they may identify in their day-to-day work.

### **Definitions**

**Clinical risk** – any issue that may have an impact on the achievement of high quality safe and effective care for clients.

**Financial risk** – any issue that may have an impact on financial objectives and key financial targets, for example, an issue that may result in a financial loss.

**Operational risk** – any issue that may have an impact on the operational running of the business, for example staffing issues.

**Serious incident** – a serious incident is one in which a client suffers severe harm. This can include, for example, the permanent alteration of the structure of the body or a reduction in life expectancy.

**Strategic risk** – any issue that may have an impact on the achievement of the business strategy and strategic objectives.

### **Roles and Responsibilities**

The Managing Director of BUDDIES acts as the ultimate operating entity and is responsible for governance and monitoring of the risk assurance function. They receive reports on care quality standards, wider risk assurance issues, health and safety, HR issues and the trading performance of the business. The Managing Director reviews risk assurance and challenges where appropriate and draws on experience of other businesses to help refine and improve the company processes.

**Nominated Individual, JAMES DANIEL PAY** – The registered Nominated Individual for the Care Quality Commission speaks on behalf of the business. This person is responsible for supervising the management of regulated activity within the business.

**Registered Manager, JAMES DANIEL PAY**– The Registered Manager is responsible for:

- building and maintaining excellent relationships with clients, their relatives and all external parties that are involved in the client’s wellbeing;
- responding to all reasonable requests and ensuring that they are acted upon;
- making sure that concerns and complaints are properly investigated and dealt with in line with company policy and guidance;
- reviewing and maintaining all records required by the business, in line with information governance requirements and the GDPR, under the Care Standards Act 2000; and
- all aspects of health and safety and safeguarding within the service.

Regular monthly meetings within the service are in place with the key stakeholders outlined above to ensure that learning is shared across the business in respect of adverse incidents, exception reports, audit data and the management of risk, ensuring that each is reported from the moment of care delivery to the Managing Director

**Staff** – Staff are responsible for:

- demonstrating total commitment to quality and quality improvement in every aspect of their working day
- the quality of their work in line with training on our specified quality standards
- identifying and escalating incidents and risks,
- learning from mistakes and implementing suggested improvement actions when requested; and
- their individual actions and acts of omissions.

**Contractors** – Contractors employed for specific functions will be required to meet our specified standards.

### **Governance Meeting Structure**

The position of respective roles within the business demonstrates the free flow of information between key individuals in the team but is not intended to be restrictive in relation to information sharing.

### **Governance Meetings**

There are various meetings that ensure that the stakeholders detailed above are consistently informed to fulfil their duties. These include:

- Monthly updates between the Senior Management Team key KPI’s, escalations, complaints, emerging risks, capacity planning and achievements.
- Quarterly Business Reviews to review business performance against strategic goals, review emerging themes from ‘Lessons Learnt’, including complaints and resultant actions.

- Weekly Line Managers' Meeting to review project updates, people and capacity updates, risks and issues, complaints and escalations and agreeing priorities for the following week.

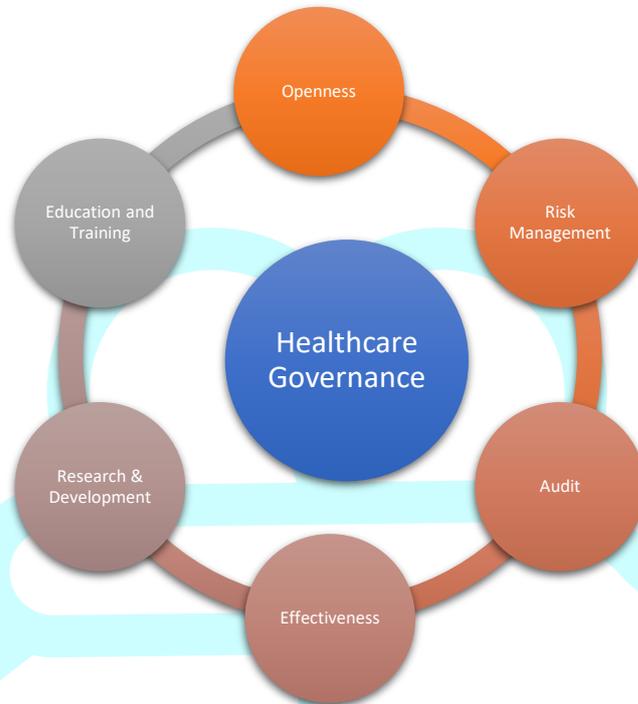
The Registered Manager will ensure that they are kept up to date weekly from staff and will complete regular process walkthroughs to ensure their understanding of the service remains current.

### **Governance Framework**

All systems in place at BUDDIES should be based around the encouragement and need for feedback on the quality of service from its clients or their advocates/representatives. These systems should be designed to measure success and assess how we meet our aims, objectives, and the Company Statement of Purpose. It should support development and improvement plans for the company. The continuous review of plans will result in a continuous quality review and development of quality. Quality Assurance should ensure that our clients feel:

- Safe
- Listened to
- Protected from risk
- That their opinions are valued
- That the service is effective
- We are committed to care quality.

BUDDIES has based its governance structure on the pillars of healthcare governance. The rest of this document will outline the roles and responsibilities of key stakeholders within the business, and how assurance is provided to the owners of the business of the quality of care delivered, using each pillar.



## Openness

### Adverse Incidents

Adverse incident reporting provides evidence of risk management throughout the business and enables risk and learning to be shared collectively business wide. The monitoring of adverse incidents provides both the [Managing Director and the Registered Manager with an assurance that risk is being reduced in response to incident reporting. There is a continuing focus around the importance of adverse incident reporting and management across the business.

All staff are encouraged to report adverse incidents using the incident management system. Incidents can relate to both potential and actual harm to clients. Training is available through the provision of face-to-face training via the Registered Manager.

A Root Cause Analysis process has been implemented which allows the in-depth investigation of the most serious incidents to take place. By identifying trigger factors and lessons learned, the intention is to reduce the risk of similar incidents happening in the future.

The Registered Manager has ultimate responsibility for serious incidents and ensuring that lessons learned are shared across the service. This then provides assurance to external regulators, such as the CQC and local authorities, that risk is appropriately managed, and actions from serious incidents are implemented business wide.

## Duty of Candour

The effects on clients, relatives and/or carers and staff when things go wrong, can be devastating. The principles of Duty of Candour ensure that staff are open and honest when communicating with clients and their families following an incident where a client was harmed, or where there is a risk or possibility that an incident could lead to or result in harm. It underpins a culture of openness, honesty and transparency and is a duty on the organisation as a whole, as well as individual staff within the organisation. Further information can be found in the Duty of Candour Policy.

## Feedback

Integral to quality assurance and good governance is the feedback from clients, relatives, friends, carers, representatives, and other stakeholders. They will be involved as much as possible in the development and improvement of the service.

BUDDIES will regularly liaise with and actively encourage feedback from both its clients and its stakeholders this is achieved through:

- Clients:
  - Active involvement in their care planning through co-production meetings, staff recruitment and formal support plan reviews.
  - Satisfaction and feedback surveys using a standardised questionnaire. Follow up interviews will then be performed on random samples of clients and their representatives.
  - Complaints and compliments. Themes of which will be raised at monthly Senior Management Team meetings.
  - Accident, incidents and near misses.
- Staff and external stakeholders:
  - Satisfaction and feedback surveys using a standardised questionnaire.
  - Staff surveys.
  - Complaints and compliments. Themes of which will be raised at monthly Senior Management Team meetings.
  - Accidents, incidents and near misses.

All feedback is monitored by the Registered Manager and the Managing Director with any complaints, compliments, accidents, incidents and near misses all dealt with in line with their respective processes and policies. Areas that require further investigation will be subject to an audit review to ensure that areas for improvement are identified and implemented. Findings resulting from any of the above are analysed and incorporated into the business development plan.

The implementation of changes to practice based on the above will be monitored through:

- Staff supervision, including direct observation of care, spot check visits and one to one sessions.
- Continuous audit.
- Timesheets will also be audited against care plan records to ensure care delivery is in line with expectations.

## **Whistleblowing**

BUDDIES recognises that there may be circumstances where a person who wishes to raise a concern would prefer to raise this confidentially with an independent person, or in a way that ensures that their confidentiality is preserved. The whistleblowing process, outlined in the Whistleblowing Policy, is monitored, and reviewed by the Nominated Individual and themes generated from these concerns are collated and raised at a monthly Senior Management Team meeting.

## **Risk Management**

### **How to Conduct a Risk Assessment**

Risk can be assessed by looking at two approaches, the likelihood of the specific risk occurring (a particular situation) and the consequence (severity of the situation) occurring. This can be assessed using Table 1 for the likelihood of a risk situation occurring and Appendix I for the consequence/severity that the risk will cause.

The likelihood of a risk occurring, and the consequence of that risk, is assigned a number from '1' to '5'; the higher the number the more likely it is the consequence will occur. The process for managing risk involves a 5-step process as follows:

- (i) Identifying hazards
- (ii) Assessing the risks
- (iii) Controlling the risks
- (iv) Recording findings
- (v) Reviewing controls

(See section 'Risk Register' for further information and Table 1)

### **Identifying Hazards**

All staff are responsible for identifying hazards in their workspace. A useful place to start would be by walking around the workplace and thinking about any processes or substances that could cause injury to other people or loss or damage to property. As a general guide it is helpful to think about the following: manufacturer instructions, previous incidents and accidents, any operations that are out of normal routine, long term hazards to health, working at height, working with chemicals, working with machinery or asbestos as well as work-related mental ill-health.

## **Assessing the risk**

When assessing the level of risk, it is important to identify which groups of individuals might be harmed by the activity. In doing so this provides a useful basis upon which to identify the best way to reduce the risk. Some staff might face specific risks in their roles, for example lone workers, young workers, new and expectant mothers, people with disabilities, homeworkers, or temporary workers and these should be assessed individually.

It is also important to think about whether members of the public or ad hoc visitors to the workplace might be harmed by the business activity.

Once the risks have been identified and assessed the Registered Manager is responsible for discussing the risks with the team to ensure that nothing has been missed.

## **Controlling the risk**

Risks can be controlled and reduced by taking steps to protect those affected by our activities. This could include, for example, warning signs, restricted access to high-risk areas and workstation adaptations. In many cases, measures will already be in place, such as keypad entry or fire exit signs.

The risk assessment can help to identify which high level risks may need more expansive control measures.

## **Recording findings**

The Registered Manager is responsible for completing risk assessments where risks have been identified. A risk assessment is only required where five or more people are employed.

The risk assessment should cover all groups of people who might be harmed by business activities, including migrant and indigenous workers whose first language may not be English. The assessment should include what the risks are, what is already being done to control the risk and what further action is needed to further reduce the risk.

## **Reviewing controls**

Risk assessments must be reviewed as and when there have been significant changes. For example, if there have been any incidents related to the identified risk or if workers have spotted a problem with the current controls, this would trigger a review and update of the risk assessment. It is the responsibility of the Registered Manager to ensure that the risk assessment remains up to date.

## Risk Register

If a risk assessment identifies a risk which may impact on the operations, strategic ambitions, financial stability, or safety of clients, this should be escalated to the Company's risk register. The maintenance of the register is the responsibility of the Managing Director and is reviewed on at least a monthly basis.

The Senior Management Team are required to identify and record their biggest risks and feedback to the [Managing Director/Board] in order to maintain an up-to-date risk register. The Senior Management Team will be appraised of additions to the risk register monthly. The management of the risk register is a dynamic process, insofar as risks are included on the register as the severity becomes apparent and removed from the register once the risk is deemed to be negligible.

On addition of a new risk to the risk register, each risk will be assigned an initial risk score. At the point of reviewing the risk, monthly, the current score will be assessed against real time circumstances. The expectation would be to see the risk level reducing as the controls and actions relating to the risk are implemented.

The Risk Matrix found in Appendix I will enable a standardised approach to risk assessment and provide an opportunity to mitigate risk wherever possible (*taken from A Risk Matrix for Risk Managers, NPSA, 2008*).

Once a specific area of risk has been assessed and its consequence score agreed, the likelihood of that consequence occurring can be identified by using Table 1. As with the assessment of 'consequence', the likelihood of a risk occurring is assigned a number from '1' to '5'; the higher the number the more likely it is the consequence will occur:

- 1 - Rare
- 2 - Unlikely
- 3 - Possible
- 4 - Likely
- 5- Almost certain

When assessing likelihood, it is important to take into consideration the controls already in place. The likelihood score is a reflection of how likely it is that the adverse consequence described will occur. Likelihood can be scored by considering:

- frequency (how many times will the adverse consequence being assessed actually be realised?) or
- probability (what is the chance the adverse consequence will occur in a given reference period?).

**Table 1: Likelihood scores (broad descriptors of frequency)**

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/circumstances	Will undoubtedly happen/recur, possibly frequently

(Table 1: provides definitions of descriptors that can be used to score the likelihood of a risk being realised by assessing frequency).

### Risk Scoring and Grading

An overall risk score can be assigned to any risk by following the process below:

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use Appendix I to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use Table 1 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a client care episode. If a numerical probability cannot be determined, use probability descriptions to determine the most appropriate score.
4. Calculate the risk score by multiplying the consequence by the likelihood: C (consequence) × L (likelihood) = R (risk score).
5. The risk matrix in Appendix I shows both numerical scoring and colour bandings.

### Assessing the effectiveness of the control(s)

For each of the risks (and especially extreme and high risks) identify the controls that are in place. For example, in an operational setting and where an incident may have occurred the controls may take the form of a policy, guideline, procedure or process etc. For risks that have been identified as preventing achievement of organisational objectives then the control is likely to be a management action plan.

Review the control(s) for each of the risks and apply the following criteria:

Satisfactory: <b>ASSURED</b>	Controls are strong and operating properly, providing a reasonable level of assurance that objectives are being delivered.
Some Weaknesses: <b>PARTIAL ASSURANCE</b>	Some control weaknesses/inefficiencies have been identified. Although these are not considered to present a serious risk exposure, improvements are required to provide reasonable assurance that objectives will be delivered.
Weak: <b>INADEQUATE ASSURANCE</b>	Controls do not meet any acceptable standard as many weaknesses/inefficiencies exist. Controls do not provide reasonable assurance that objectives will be achieved.

The extent of mitigation, controls in place and evidence for their effectiveness will assist the Managing Director when deciding the level of assurance, which may be:

- 'Assured'
- Partially Assured – further actions required
- Inadequate assurance – further and more immediate actions required.

### Determining the residual risk

Taking the risk rating and the assessment of the effectiveness of the control together you can now assess the residual risk that needs to be managed, as follows:

	1. Residual Risk Rating			
Control Effectiveness	Low	Moderate	High	Extreme
Satisfactory	Low	Low	Moderate	High
Some Weaknesses	Low	Moderate	High	Extreme
Weak	Moderate	High	Extreme	Extreme

### Developing an action plan

Once the residual risk is known then a detailed action plan of improved controls should be developed.

## Risk Prioritisation and Action

Where risks have been identified and scored, most likely as a consequence of an incident, then the following escalation arrangements should be used:

Risk Score	Risk Category	Action	Level of Authority
25	Unacceptable	Halt activities <b>IMMEDIATELY</b> and review status	Managing Director attention
15,16,20	Extreme Risk	Significant probability that major harm will occur if control measures are not implemented <b>URGENT ACTION REQUIRED.</b> Managing Director may consider limiting or halting activity.	Managing Director attention
8-12	High Risk	Moderate probability of moderate harm if control measures are not implemented. Action in THE mediate term.	Registered Manager attention
1-6	Low and Moderate Risk	The majority of control measures are in place. Harm severity is low. Action may be long term.	Line Manager attention

## Audit

BUDDIES has a programme of audits in place, each of which follow the audit cycle pictured below:



## Topic selection

Each year the Registered Manager and Senior Management Team, with input from staff, will identify and prioritise several areas for audit to be completed throughout that year. Proposals for audit will be considered from both clients or their advocates/representatives and staff, including, for example:

- complaints
- client satisfaction surveys and feedback
- critical incident reports
- direct observation of care
- national audit projects
- quality concerns
- adverse client outcomes, i.e., medication errors
- cost effectiveness of care

Every audit will have a clearly a defined purpose, including its aims and objectives, criteria and target standards of care, data requirements, data collection method and agreed terms. For an audit to be appropriate and impactful it must be:

- based on evidence
- related to important aspects of care
- measurable.

Overall responsibility for audits and creating the audit programme will fall to the Registered Manager, who is also responsible for feeding back audit results to the Senior Management Team monthly. Staff will be encouraged to actively participate in the completion of audits, both to improve their understanding of the process and importance of audits and to actively involve them in quality improvement. General completion and oversight of audits will be allocated to senior staff with the appropriate skills and expertise.

Additional audits will be also performed, as appropriate, in response to unexpected or unpanned events, including:

- reported incidents
- complaints
- changes to National Institute for Health Care Excellence (NICE) guidance
- changes to National Service Frameworks.

A number of routine audits will be carried out on a consistent basis to ensure that BUDDIES is compliant and safe as well as meeting regulation compliance as per the CQC [Our monitoring approach: what to expect | Care Quality Commission \(cqc.org.uk\)](#) .

The Registered Manager will ensure that a competent, responsible person is identified to undertake each audit, however it remains the Registered Manager's responsibility

to oversee this process. These audits will be undertaken by responsible persons, as identified in the table below:

Audit	Person responsible JAMES DANIEL PAY	Frequency
Quality Management System – Policies and procedures	Registered Manager	Quarterly
Medicine records (MAR)	Registered Manager	Monthly
Health & Safety	Registered Manager	Monthly
Safeguarding	Registered Manager	Monthly
Incidents and accidents	Registered Manager	Monthly
Client related documentation	Registered Manager	Monthly
Fire Safety	Registered Manager	Monthly
Staff training files	Registered Manager	Quarterly
Staff personal files	Registered Manager	Quarterly
Supervision and appraisal files	Registered Manager	Quarterly
Comments, compliments and complaints	Registered Manager	Monthly
Rotas	Registered Manager	Quarterly
Sickness Absence	Registered Manager	Quarterly

### Data collection

To ensure that any data collected are accurate, only essential data should be collected, as such, the following information must be clearly defined at the start of the audit:

- the client group to be included, with any exceptions noted
- the staff involved in the clients' care
- the time period over which the criteria will apply.

Random sampling of client groups should be used wherever possible to reduce the risk of bias. It is essential that every individual who will be involved in data collection understands the purpose of the audit and what data are relevant and required to ensure consistency of information. As per the Data Protection Act 2018, any data collected must either be anonymised or accompanied by fully informed client consent.

## **Implementing change**

Findings from audits will inform the relevant aspects of strategic priorities for change across the business and BUDDIES will encourage a working environment that is open and receptive to positive changes that improve client/staff safety, efficiency, cost and standards and quality of care. This will be achieved through the continual involvement of staff in the audit process. Outcomes from audits will be disseminated to all staff, who will also be encouraged to discuss ideas and options for improvement, which will then be reviewed by the Registered Manager and the Senior Management Team.

All relevant staff will be notified of any changes to practice, along with results from the audit and/or additional discussions to support the decisions being made. Associated policies must be immediately updated by the relevant lead.

Where changes directly impact another healthcare setting or provider, BUDDIES will work together with those individuals/providers to develop shared objectives for quality improvement.

Where changes affect client understanding of care, literature should be made available to explain decisions and how they improve client safety, care or quality, and/or individual discussions should take place with the client where appropriate.

## **Re-Audit**

Once changes have been implemented and appropriately disseminated to both staff and clients, a follow-up audit, based on the characteristics of the original, should be completed to allow for comparisons of data pre- and post-change. This ensures that the required standards of care are being met and that the audit and subsequent change has been impactful. If the targets for change have not been met, further analysis as to the root cause will be undertaken, overseen by the Registered Manager, and additional modifications and/or interventions will be implemented based upon the results.

BUDDIES will also, where possible, implement benchmarking to maintain standards of care, encouraging the comparison of audit data and sharing of information with other applicable healthcare teams. Where other teams demonstrate better performance, analyses will be conducted to determine why to improve BUDDIES services.

Where further changes are needed following audit or benchmarking, an additional audit/comparison must be conducted to review the impact of the changes and to determine whether quality standards are being met, thus achieving a cyclical auditing process.

Errors, near misses, adverse incidents, client / staff feedback, complaints and significant event audits will also be used for continued monitoring of change.

The Registered Manager will be responsible for evaluating the quality of BUDDIES audit programme as a part of the governance agenda.

## **Effectiveness Policies**

A suite of policies is available for all staff to access. BUDDIES will ensure that care is provided to all clients following best evidence-based practice as demonstrated within these policies, as well as following nationally recognised best practice guidelines, such as NICE, alongside any other applicable national guidelines.

BUDDIES acknowledges that that quality and safety standards change over time and will complete regular reviews of any alterations to care in line with its policy ratification process. The Registered Manager holds the responsibility for the review and ratification of the policies in line with company processes. The policy ratification process is designed to promote corporate ownership of the policies. Initially each policy is reviewed by the subject-matter expert within the business and then disseminated out within the business for wider comment on the practicalities of implementation. This process promotes maximum engagement with policy formation and allows for queries and comments to be addressed prior to ratification.

The Registered Manager will also sign up to receive update alerts from any applicable national bodies or guidelines to ensure that any changes affecting practice are identified immediately to allow for the swift implementation of change.

## **Safety Alerts**

The Registered Manager is signed up to the Central Alerting System, managed by the Medicines and Healthcare products Regulatory Agency (MHRA). Upon receipt of a safety alert the document is assessed for its relevance to the service. If it is deemed that the alert relates to the specialism of the service, the alert is shared with the rest of the team, as outlined in the Safety Alert Policy.

## **Professional assistance**

BUDDIES recognises that it is beneficial to its service and business development to seek an external review of its services, and this will be obtained as appropriate. The aim of this is to identify any previously unidentified areas for improvement and ensure that the service continues to operate in line with the Care Quality Commission's 5 Key Questions, demonstrating good governance and a well-led structure that supports client and staff safety and quality of care.

Where areas for improvement are identified, that the Company does not either have the capacity or skills in house to address, external professional/expert advice will be obtained without delay to ensure the implementation of change and improvement.

## **Research and Development**

In addition to complying with current practice standards, staff are responsible for and expected to regularly review NICE and other national guidelines for change, along with keeping up to date on any relevant completed and ongoing research. Where new developments and updates are identified, staff are required to inform the Registered Manager for companywide distribution.

Where possible, staff are encouraged to participate in any research relevant to their practice that will further inform and improve on client care or services.

## **Education and Training**

To deliver safe and effective care, BUDDIES will ensure that suitably trained staff are available in the correct place at the right time. This will involve regular reviews of the clinical and administrative team skillsets and opportunities for development will be offered where appropriate. Staff will be encouraged to work at the higher end of their skillset to ensure efficiency, in that they are not completing tasks that could be carried out by less qualified personnel. Staff interviewing for a position within BUDDIES must be able to demonstrate an understanding of governance.

Clinical staff are professionally duty bound, as a part of their registration and revalidation, to maintain and improve their knowledge and ensure that their skills are up to date and in line with current best practice. Clinical staff are expected to document their training within their personal training records.

BUDDIES is bound by mandatory training requirements and encourages and supports other practice developments, where possible. Any staff attending additional courses or learning are expected to share this learning, as soon as possible, with their colleagues. Senior staff have a responsibility to support other staff through formal teaching sessions and ad hoc advice.

A training matrix is managed by the Registered Manager which outlines the dates of completion of statutory and mandatory training of all staff.

The Registered Manager is also responsible for undertaking a training needs analysis of the team to ensure that any skills gaps are identified and addressed.

## **Information Governance**

In line with the requirements for GDPR, the Data Protection Act 2018, the Caldicott Principles and its ICO registration, it is BUDDIES policy that personal data will be:

- obtained, held and processed fairly
- held for specific purposes and used only for these purposes
- processed in accordance with the rights of the data subject
- relevant, accurate and kept up to date
- corrected if shown to be inaccurate

- kept for no longer than necessary and destroyed when no longer required, in line with best practice
- protected against loss or unauthorised or unlawful processing, accidental loss and destruction or damage using appropriate technical or organisational measures.

Please refer to BUDDIES Information Governance Policy for further information on how it will comply with GDPR requirements, including data quality, adverse IT incidents, IT security, retention of information, personal data rights and record keeping.

### **Record keeping**

Staff are responsible for ensuring that any records relating to the care of a client remain fit for purpose as follows:

- Both written and electronic medical records must be clear in content and completed as soon as is possible after the event, providing current information on the care and condition of the client.
- Records should be factual, consistent, clear and accurate and written in a way that the meaning is clear. They should be formulated, wherever possible, with the involvement of the client and/or their relatives in terms that they can understand.
- [All entries in written records must be written legibly, accurately and in indelible black ink and dated, timed and signed. Amendments or alterations must be written in such a way that the original entry can still be clearly read. Alterations or errors must be scored through with a single line, initialled and dated. Eraser or white out liquid is not permitted and no part of an original entry in a client's record should be permanently removed.

### **Retention of Information**

Personal data for any person, including both staff and clients shall be retained in accordance with the period detailed within the Information Governance Policy. Where a retention period is not specified, personal information will only be retained for the longer of:

- as long as required for its purpose
- as required by law
- as recommended by regulatory bodies

Best practice dictates that healthcare records be retained in line with the NHS Records Management Code of Practice 2023.

## **Regulatory Compliance Care Quality Commission**

BUDDIES aims to engage with the Care Quality Commission on a proactive basis to ensure that client care is the best that it can be. The Registered Manager and Nominated Individuals are the key points of contact with the Care Quality Commission. As a key part of inspection preparation, the Registered Manager is responsible for the collation of evidence of effective quality assurance systems, including the measures outlined in this document.

BUDDIES will ensure that it's latest CQC rating is always easily accessible.

## **Information Commissioner's Office**

BUDDIES registered with the Information Commissioner's office, registration number [ICO number **C1484248**]. The Registered Manager is named as the Data Controller and consequently is the point of contact for all external information governance queries.

**Environmental Health/Health and Safety Executive Visits** - The Registered Manager should be advised of all planned Health and Safety Executive (HSE) visits as soon as the visit has been arranged. Usually EHO/EHP inspections are unannounced. If formal action is mentioned, the Registered Manager is required to take action immediately on any deficiencies, to complete an action plan and to regularly update the Managing Director on progress. The Registered Manager will respond to the officer/practitioner/inspector report directly.

**Fire/Water Assessments** - The Registered Manager is notified of any serious deficiencies and action should be taken immediately if an imminent risk is identified. On receipt of assessments, the Registered Manager must address remedial works within the office or address these with the client and family if within the client's home. Risk assessment outcomes should then be discussed at monthly Senior Management Team meetings. A copy of the risk assessment should also be displayed on the staff notice board, with completed actions signed off by the Registered Manager.

**Coroner's Office Requests for Information** - Coroner's inquest activity is monitored by the Nominated Individual. When a client has died, the Registered Manager will submit an adverse incident report which identifies the client as being either an expected or unexpected death.

The Registered Manager is responsible for reviewing all adverse incidents submitted which relate to unexpected deaths.

Following the inquest, any actions or recommendations are filtered across the business via the Registered Manager at the monthly Senior Management Team meeting. There may be occasions where a Root Cause Analysis (RCA) will have been requested, such as in relation to a fall with a fracture. This enables lessons from the incident to be learned and a reduction of risk as a result of a reoccurrence.

### **Nursing and Midwifery Council**

The NMC database sits with the Registered Manager and contains the name/date of birth/PIN and revalidation dates of all registered Nurses within the business. The database is updated monthly and is cross referenced with the NMC website to ensure the Registered Nurse remains registered with the NMC. The Registered Manager is responsible for adding/removing nurses from the database upon starting or leaving the employment of BUDDIES.

The revalidation date is a three yearly requirement, and this information is checked monthly. The responsibility for ensuring an update to date registration remains with the individual nurse.

### **Related Policies**

- Complaints Policy
- EDHR Policy
- Health and Safety Policy
- Incident Management Policy
- Information Governance and Record Keeping Policy
- Quality Assurance Policy
- Safeguarding Policy
- Training and Induction Policy

### **Legislation and Guidance**

#### **Relevant Legislation**

- Criminal Justice and Courts Act 2015
- Data Protection Act 2018:  
<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
- Enterprise and Regulatory Reform Act 2013

- Health and Safety at Work Act etc. Act 1974: <https://www.legislation.gov.uk/ukpga/1974/37/contents>
- Public Interest Disclosure Act 1998
- Human Rights Act 1998
- Mental Capacity Act 2005: <https://www.legislation.gov.uk/ukpga/2005/9/contents>
- Care Act 2014: <https://www.legislation.gov.uk/ukpga/2014/23/contents>

## Guidance

- Care Quality Commission: The Fundamental standards (May 2017), <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>
- Care Quality Commission: Regulations for service providers and managers (May 2021), <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers>
- Care Quality Commission Regulation 17: Good governance (CQC 2021): <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance#guidance>
- Health and Social Care Act (2008) (Regulated Activities) Regulations 2014: <https://www.legislation.gov.uk/uksi/2014/2936/contents/made>
- Health and Social Care Act (2008) (Regulated Activities) (Amendment) Regulations 2015: [https://www.legislation.gov.uk/uksi/2015/64/pdfs/uksi\\_20150064\\_en.pdf](https://www.legislation.gov.uk/uksi/2015/64/pdfs/uksi_20150064_en.pdf)
- Information Commissioner's Office: Guide to the UK General Data Protection Regulation (UK GDPR) <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013: <https://www.legislation.gov.uk/uksi/2013/1471/contents/made>
- Scally G, Donaldson LJ, *Looking forward: clinical governance and the drive for quality improvement in the new NHS in England* (1998) 317 British Medical Journal 61-5. <https://www.bmj.com/content/317/7150/61/rapid-responses>

## End of Policy Statement

This policy will be reviewed regularly to ensure it remains compliant with current legislation, regulatory standards, and best practice guidance.

The policy is subject to **annual review**, or sooner if there are:

- Changes to relevant legislation or regulation
- Guidance updates from the CQC or other regulatory bodies
- Changes in organisational structure or service provision
- Findings from internal audits or quality assurance processes
- Feedback from staff, service users, or stakeholders

All staff are responsible for ensuring they are familiar with this policy and apply it consistently in their roles. Updates will be communicated to all relevant personnel, and training will be provided as necessary.

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## Policy Review and Version Control

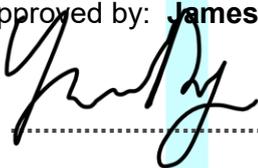
### Version Date Issued Reviewed By Next Review Due Changes Made (Summary)

1.0	07/10/2025	James Pay	07/10/2026	Initial version issued
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### Approval:

Policy approved by: **James Daniel Pay - Registered Manager**

Signed:  (MANAGER)

Date: **7/10/2025**

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**Document Control:**

- This document is a controlled policy. Once printed or downloaded, it becomes an uncontrolled copy and may not reflect the latest version. Please refer to the master version stored on the [policy management system / office file / care management software] for current policy.

