

BUDDIES COMMUNITY CARE LTD.

Governance Statement

Governance, Patient Safety And Quality

Governance in healthcare is referred to as clinical governance, “a system through which healthcare and CQC registered organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”. It involves monitoring systems and processes to provide assurance of patient safety and quality of care across BUDDIES COMMUNITY CARE LTD.

Gathering, Organising and Learning from Feedback -

The service manager provides assurance that services are delivering safe, high quality care. They do this through audits and by monitoring service user and team members experience and satisfaction.

Feedback will be gained proactively via continuous surveys of service user, and team member groups, with an open forum for discussion/reflection and receiving complaints via email/post and in person.

The service manager will act as primary contact for receiving and processing this valuable information and creating strategies that address identified issues – and implement those strategies.

A complaints process should be followed with open and transparent dialogue and follow up, if and when appropriate for events or incidents that require a clearly defined formal investigation. Some feedback can be collated using forms that highlights the core issue and follows a informal process for management – simply tackling the issue, and remedying then recording the outcome – with monitoring for recurrence and patterns that require a more in-depth analysis.

The areas of focus for feedback will include the work environment, service user experience, quality improvement, assurance, infection prevention and control and other metrics.

The Service Managers can provide real-time feedback, share learning from incidents and develop, maintain and monitor action plans following investigations as per



reporting policies. Themes and findings from audits can be used for service improvement. [NHS Improvement recent community care guide](#) to ward and unit accreditation tools that can be adopted and used locally.

Other audits that managers may participate in include the Patient-Led Assessment of the Care Environment (PLACE) and the [15 Steps Challenge](https://www.england.nhs.uk/participation/resources/15-steps-challenge/), <https://www.england.nhs.uk/participation/resources/15-steps-challenge/>

Quality And Safety Performance

Quality includes service user experience, safety and clinical effectiveness and is a key marker of operational performance. The registered manager should monitor quality using the information gathered via the above feedback channels and develop plans to address any area needing improvement. Outcomes of interventions should be monitored and reported – based on the CQC domains.

Performance improvement measures such as a clear process for assessing risk, daily reviews of learning from risk, incidents and complaints and a process for escalating care. Here the service manager should use and develop local quality improvement (QI) strategies.

Service User Safety

Safety in healthcare is everyone's responsibility. Even with the very best intentions, people make mistakes. Improving safety is about reducing risk and minimising mistakes to reduce avoidable harm. BUDDIES COMMUNITY CARE LTDs ambition is to be outstanding in-line with the relevant CQC domain.

The national priorities for patient safety that the service manager should contribute to includes:

1. ensuring good understanding service user safety and the incident management system
2. implementing the [NHS patient safety strategy](https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/) <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/> and supporting [World Patient Safety Day](https://www.who.int/campaigns/world-patient-safety-day/) <https://www.who.int/campaigns/world-patient-safety-day/>
3. attending the patient safety collaborative programme, responding to the patient safety agenda, the Francis Inquiry, developing new patient safety measurements, using the BUDDIES COMMUNITY CARE LTD's incidents policy, using the NHS clinical commissioning group (CCG) and regulatory levers to support service user safety improvement.
4. working with risk management teams via local authorities, collaborating with other national NHS and provider organisations such as NHS Resolution (formerly the NHS Litigation Authority), Medicines and Healthcare products Regulatory Agency, NHS Digital, Health Education England (HEE), independent sector, royal colleges and CQC.

Debriefing And Learning From Practice

Service Managers should lead team members in using debriefing to stop and reflect after challenging situations. Debriefing can be undertaken in organised sessions in work environments, offices or virtually.

Safeguarding All People

BUDDIES COMMUNITY CARE LTD has a safeguarding policy, which should be adhered to - NHS England has developed [12 safeguarding programmes](https://www.england.nhs.uk/safeguarding/) <https://www.england.nhs.uk/safeguarding/> based on national legislation covering adults and children, which every NHS organisation, system leader and practitioner must implement.

The service manager has an essential role here, so must fully understand their duty to report safeguarding incidents to protect their service users, colleagues and the community.

The Service managers should also hold safeguarding advice and supervisory sessions in accordance with NMC professional practice guidance, to help team members through challenging situations or appoint an appropriate professional to do so via the supervision process.

Any prospective safeguarding lead should have a minimum of an up to date Level 3 CSTF aligned Safeguarding course.

Safeguarding incidents that must be reported include:

1. domestic abuse and violence against pregnant women
2. serious violence and sexual exploitation of schoolchildren
3. illegal drug dealing through 'county lines'
4. human trafficking and other incidents, according to the NHS safeguarding policy and procedures.

Information Management (Service User and Team Member Records)- GDPR.

All Service Users and Team Members will have a dedicated file recording relevant care plans and risk assessments (Service Users) and a written record of supervision and appraisals, relevant and mandatory training alongside DBS record.

These will be stored in-line with GDPR requirements, unnecessary documentation will be destroyed as appropriate. Using appropriate mechanical methods – electronic documentation will be stored in dedicated files using PC/Laptop with relevant anti-virus software – in password protected files.

Training/Care Plan and Risk Assessment Review Dates will be collated and monitored using matrixes individualised for that purpose.

Environmental Cleanliness And IPC

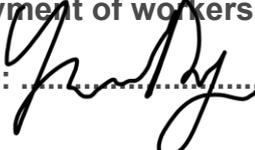
BUDDIES COMMUNITY LTD. will be regulated by the CQC to undertake personal care.

Service managers have a pivotal role in applying the hygiene code and the [Health and Social Care Act](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

to ensure a clean and safe environment, liaising with service users, families and front line team members in improving the environmental infrastructure. Infection prevention and control (IPC) and improving cleanliness in the healthcare setting are part of the patient safety portfolio and reduce healthcare-associated infections. Service managers should lead their staff in improving the clinical environment to meet the requirements of the hygiene code and the Health and Social Care Act to ensure safety of service users, families and carers through:

1. overseeing the domestic, clinical and non-clinical cleaning responsibilities in the area covered
2. leading regular hand hygiene audits, as well as audits, checking and challenging practice
3. leading monitoring of local compliance, with environmental spot checks and audit, followed by updating the risk register with mitigatory actions participating in the 15 Steps process ensuring corridors, walkways and visual display areas are clear, clean and tidy, so that the organisation's infrastructure is safe
4. contributing to the environmental cleaning service-level agreement and cleaning schedules
5. leading the implementation of standards in the area they cover to meet Clostridioides (formerly known as Clostridium) difficile objectives, 16 as well as maintaining zero tolerance of methicillin resistant Staphylococcus aureus (MRSA) bloodstream infection
6. supporting in local outbreak management and action planning
7. contributing to embedding antibiotic prescribing review and stewardship, according to the [Escherichia coli bloodstream infection and antimicrobial resistance strategy](#)
8. contributing to embedding local compliance with IPC-related policy, such as the hand hygiene and uniform policies, which includes ensuring staff are bare below the elbow and hair is tied back when in the clinical area
9. ensuring early identification and appropriate isolation of patients with infection risks
10. embedding compliance with the aseptic non-touch technique for surgical and invasive procedures
11. promoting education and development on all elements of IPC for staff and patients locally, including dedicated campaigns where there is an increased incidence of infections
12. leading staff in monitoring compliance with sharps and waste management, ensuring safe practices across the organisation.

The policy review date is ONGOING. On registration with CQC, and upon employment of workers.

Signed:  (Managing Director)

Date: 22nd OCTOBER 2023

