Governance and Quality Assurance Policy

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

POLICY AT A GLANCE

- **Good governance means knowing how good we are,** with evidence, and fixing what is not good enough.
- **A monthly quality report** goes from the Registered Manager to the Nominated Individual, covering incidents, complaints, missed shifts, training, audits and feedback.
- **A quarterly governance meeting** reviews performance, risk and the action plan, and is minuted.
- **An audit calendar** sets out what is checked, by whom and when, so nothing drifts.
- **Spot checks:** every worker is observed unannounced at least twice a year, and every new worker within their first month.
- **We ask people what they think** at reviews and through an annual survey, and we publish what we changed as a result.
- **Every action has an owner and a date,** and is checked for completion. An action recorded but not done is worse than none.

SERVICE DETAILS (fill in before issuing)

Registered Manager	
Nominated Individual	
Directors / owners	
Office phone	
Date issued	
Next review date	

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") monitors the quality and safety of what we do, uses that information to improve, and holds itself accountable.

1.2 It reflects Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires systems to assess, monitor and improve quality and safety, to assess and mitigate risk, to maintain accurate records, and to seek and act on feedback.

1.3 Governance is not paperwork produced for an inspection. It is how the people running a service know whether it is actually safe and kind, rather than assuming it is.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 It applies to everything we do, in both arms of the business, and to everyone who works for us.

3. ROLES AND ACCOUNTABILITY

Role	Accountability
Directors	Ultimately accountable for the company. Must be fit and proper persons under Regulation 5, provide the resources the service needs, and receive and act on the quarterly governance report.
Nominated Individual	Supervises the way the regulated activity is managed. Chairs the quarterly governance meeting, reviews the monthly quality report, and holds the Registered Manager to account. Escalates risk to the directors.
Registered Manager	Accountable day to day for quality and safety. Produces the monthly quality report, runs the audit calendar, owns the service action plan, and makes statutory notifications.
Field Supervisor / Care Coordinator	Carries out spot checks, record audits and reviews, and reports findings honestly.
All staff	Follow policies, report concerns, incidents and near misses, and take part in supervision, audits and surveys.

3.1 No one may mark their own homework on a serious matter. Where an audit or investigation concerns the Registered Manager, the Nominated Individual carries it out or commissions someone independent.

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4. THE MONTHLY QUALITY REPORT

4.1 The Registered Manager produces a written quality report each month for the Nominated Individual, covering:

- **Safety:** incidents and accidents by type and grade, near misses, medication errors, falls, safeguarding concerns and referrals, and actions outstanding;
- **Timeliness:** missed shifts (target zero), late shifts, shortened shifts, and the reasons;
- **People's experience:** complaints and compliments, themes, how quickly complaints were handled, and feedback received;
- **Workforce:** vacancies, sickness, turnover, training compliance against the matrix, competency sign-offs, supervisions and appraisals completed, spot checks done;
- **Records:** support plans and risk assessments in date, record audit findings, MAR chart audit findings;
- **Risk:** new or changed risks, and the risk register;
- **Actions:** what was agreed last month, what is done, what is not, and why.

4.2 The report gives numbers **and** what they mean. A figure with no interpretation and no action is of no use.

5. QUARTERLY GOVERNANCE MEETING

5.1 The Nominated Individual chairs a governance meeting at least every three months, attended by the Registered Manager and, where appropriate, a director. It is minuted and the minutes are kept.

5.2 The agenda covers: the three monthly quality reports; trends over the quarter; progress on the service action plan; the risk register; policy reviews due; staffing and finances as they affect safety; learning from incidents, complaints and safeguarding; feedback from people we support and staff; and preparation for CQC registration or inspection and for local authority monitoring.

5.3 Decisions, actions, owners and deadlines are recorded, and the previous minutes are reviewed first so that nothing quietly disappears.

6. AUDIT CALENDAR

6.1 The Registered Manager maintains an audit calendar. As a minimum:

Audit	How often	By whom
Support record and daily notes audit (sample)	Monthly	Registered Manager
MAR chart audit (all returned charts)	Monthly	Registered Manager / medicines lead
Support plans and risk assessments in date	Monthly	Care Coordinator
Incident, complaint and safeguarding analysis	Monthly	Registered Manager
Missed and late shift analysis	Monthly	Registered Manager
Training matrix and competency compliance	Monthly	Training lead
Spot checks in people's homes	At least twice a year per worker	Field Supervisor
Infection prevention and control audit	Twice a year	IPC lead
Personnel file and recruitment audit (sample)	Twice a year	Nominated Individual

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Audit	How often	By whom
Health and safety and lone working review	Twice a year	Health and safety lead
Data protection and records security check	Twice a year	Data protection lead
Survey of people we support and their families	Yearly	Registered Manager
Staff survey	Yearly	Nominated Individual
Business continuity test	Yearly	Registered Manager
Policy review programme	Yearly, and on change	Registered Manager

6.2 Every audit produces written findings, an action plan with owners and dates, and a re-check. Audits with no findings are examined too: an audit that never finds anything is usually not being done properly.

7. SPOT CHECKS

7.1 Unannounced spot checks are how we see what actually happens, rather than what is written down. Every worker is spot checked at least twice a year, and every new worker within their first month.

7.2 A spot check observes: punctuality and log-in, ID shown and consent asked, respect and communication, whether the support plan is being followed, hand hygiene and PPE, medicines support, record keeping, and how the person responds to the worker. The person's consent is obtained beforehand, and their view is asked for afterwards.

7.3 Findings are discussed with the worker at the time, recorded, and followed up in supervision. Good practice is recognised as well as poor practice.

8. LISTENING TO PEOPLE

8.1 We seek feedback from:

- people we support, at every review, at spot checks, and through an annual survey in a format they can use;
- families and representatives, with the person's consent;
- staff, through supervision, team meetings, an annual survey and exit interviews;
- professionals and commissioners, including social workers and district nurses;
- complaints and compliments, which are treated as free intelligence about the service.

8.2 Surveys ask plain questions: do you get support at the time you expect, do the workers know how you like things done, are you treated with respect, do you know how to complain, would you recommend us.

8.3 We publish a short "you said, we did" summary to people we support and staff at least once a year. Asking for feedback and then doing nothing visible with it does more harm than not asking.

9. RISK REGISTER

9.1 The Registered Manager keeps a risk register of significant risks to the service and the people we support, for example staffing shortfalls, dependence on a small number of workers, a package we are struggling to staff, cash flow, or a system failure.

9.2 Each risk records what it is, how likely and how serious, what we are doing about it, who owns it, and when it will next be reviewed. It is reviewed monthly and at the quarterly governance meeting, and

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significant risks are escalated to the directors.

10. POLICIES AND RECORDS

10.1 Every policy has an owner, a version number, an issue date and a review date, and is reviewed at least every year or sooner if the law, guidance or our service changes. The Registered Manager keeps a policy register showing status and next review date.

10.2 When a policy is issued or changed, staff are told, the change is explained, and they sign to confirm they have read it. Superseded versions are removed and archived so no one works from an old copy.

10.3 Records are kept accurately, securely and for the periods set out in our Support Records and Record Keeping and Data Protection policies. Accurate records are themselves a Regulation 17 requirement.

11. LEARNING AND IMPROVEMENT

11.1 Learning comes from incidents, complaints, safeguarding cases, audits, spot checks, feedback, staff suggestions, and from other services' published failures. We:

- identify the cause rather than the individual, unless conduct is the issue;
- agree an action with an owner and a date;
- check the action happened and made a difference;
- share the learning with the team, and record that we did;
- look for the same weakness elsewhere in the service before it causes another incident.

11.2 The service action plan brings together every outstanding action from audits, incidents, complaints, inspections and monitoring visits, in one place, with owners and dates. It is reviewed monthly.

12. WORKING WITH REGULATORS AND COMMISSIONERS

12.1 We cooperate fully and honestly with Durham County Council, any other funding authority, and, once registered, the Care Quality Commission. We provide information promptly, welcome monitoring visits, and act on their findings.

12.2 Where an external review or inspection makes recommendations, they go into the service action plan with owners and dates, and progress is reported at the quarterly governance meeting.

12.3 Once registered with CQC, the Registered Manager is responsible for making all statutory notifications, and the Nominated Individual for making sure they are made.

13. BEING HONEST ABOUT PERFORMANCE

13.1 We report our performance honestly, including when it is poor. Managers are expected to raise problems early, and will not be criticised for doing so. Hiding a problem, or presenting a misleading picture to the directors, a commissioner or a regulator, is a serious disciplinary matter.

13.2 We also watch for signs of a closed culture, which is a particular risk where staff work alone: staff who never raise concerns, people we support who never complain, a manager who is the only one who speaks to families, or resistance to visits and observation.

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14. MONITORING AND REVIEW

14.1 The effectiveness of this policy is judged by whether problems are found and fixed, not by whether reports are produced. The Nominated Individual reviews it at least yearly, and after any inspection or serious incident.

15. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 17 (good governance), Regulation 5 (fit and proper persons: directors), Regulation 12, Regulation 18 and Regulation 20
- Care Quality Commission (Registration) Regulations 2009
- Care Act 2014
- Health and Safety at Work etc. Act 1974
- UK General Data Protection Regulation and Data Protection Act 2018
- CQC single assessment framework and quality statements
- CQC guidance on closed cultures
- NICE guideline NG21: Home care
- Skills for Care: leadership and management guidance

16. RELATED POLICIES AND FORMS

Related policies: every Supportive Bridge policy is subject to this one. In particular: Support Records and Record Keeping; Incident Reporting and Duty of Candour; Complaints, Concerns and Compliments; Safeguarding Adults; Missed, Late and Shortened Shifts; Medication; Staff Training and Competency; Supervision and Appraisal; Business Continuity; Data Protection and Confidentiality; Whistleblowing.

Forms: Monthly Quality Report template (Appendix A); Audit Calendar; Service Action Plan (Appendix B); Risk Register; Spot Check Record; Survey templates; Policy Register; Governance Meeting Minutes.

17. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

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APPENDIX A: MONTHLY QUALITY REPORT

Completed by the Registered Manager and sent to the Nominated Individual within 7 days of month end.

Month: _____ Prepared by: _____ Date: _____

Measure	This month	Last month	Comment and action
People supported (number)			
Shifts planned / delivered			
Missed shifts (target 0)			
Late shifts (over 30 minutes)			
Incidents: low / medium / high			
Falls			
Medication errors			
Near misses reported			
Safeguarding concerns raised / referred			
Complaints received / closed in time			
Compliments received			
Support plans in date (%)			
Risk assessments in date (%)			
Mandatory training in date (%) (target 95%+)			
Competency assessments completed			
Supervisions completed			
Spot checks completed			
Staff vacancies / sickness / leavers			
Actions outstanding from last month			

Top three things that went well: _____

Top three concerns, and what we are doing: _____

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APPENDIX B: SERVICE ACTION PLAN

One plan for the whole service. Every action from audits, incidents, complaints, inspections and monitoring visits goes here.

Ref	Where it came from	Action required	Owner	Due	Done / evidence

Reviewed by (Registered Manager): _____ Date: _____ Reviewed by (Nominated Individual): _____ Date: _____

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