



Title
Good Governance Policy
Principle
Homekare community services believes and is committed to maintaining the highest standards of governance across all aspects of our care and operation service. Homekare community services policy and procedures that collectively ensure the delivery of our service ensures the delivery of excellent and ethical standards of service, and their continuous improvements. Homekare community services values, behaviours, decisions process will be open to scrutiny as safe and effective evidence based practices are developed
Objectives
This policy is issued in the compliance with Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This policy sets out the systems, processes and accountabilities by which we ensure that care is delivered to our clients that is safe, effective, caring, responsive and well led Good governance is defined as recognising the accountability, acting upon lessons learned and being open and honest in seeking the best outcomes for clients This policy summarises Homekare community services philosophy to promoting a culture of Good Governance This policy must be read alongside: • Homekare Community Service Aims, KPI's & Appraisal Framework • Homekare Community Service Training Plan • All individual operational policies referenced throughout
Scope
This policy applies to: All team members employed or contracted by Homekare Community services, regardless of role or grade The Director/ Nominated Individual, Registered Manager, HR & Compliance Lead, Care Manager's, Senior team and Care team Any agency, bank or contracted workers carrying out work on behalf of Homekare Community services Volunteers, students and observers working within Homekare Community services

Responsibilities

Role	Key Governance Responsibilities	Governance Frequency
Director / Nominated Individual	Strategic governance; board-level accountability; approves policies; receives monthly governance report; approves serious incident responses; CQC statutory notifications	Monthly governance report review; quarterly strategic meetings; annual policy approval
Registered Manager	Operational governance lead; monthly governance cycle; all CQC compliance; audit oversight; safeguarding lead (DASM); Care Certificate sign-off; KPI review	Monthly governance report; quarterly audit reviews; daily operational oversight
HR & Compliance Officer	Training matrix; internal audit programme; safer recruitment; DBS governance; DSPT compliance; policy calendar; data breach log	Monthly compliance reports to RM; annual DSPT submission; annual audit schedule
Care Coordinator	KPI data collection; visit compliance; incident log; risk assessment currency; supervision scheduling; family liaison; MDT actions	Monthly KPI data by 5th of month; ongoing monitoring
Senior Care Worker	Care Certificate assessor; care plan reviews; first escalation for field incidents; peer mentoring; audit participation	6-monthly care plan reviews; ad hoc incident response; quarterly audits
Care Worker	Care plan delivery; incident reporting; feedback surveys; training completion; supervision engagement	Daily care delivery; immediate incident/concern reporting

Procedure

1. Governance Oversight at Board Level

Regulation 17 requires that our governance systems include scrutiny and overall responsibility at board or equivalent level.

At Homekare Community Service's, this is fulfilled by the Director / Nominated Individual, who:

- Receives the monthly governance report and formally reviews it
- Holds the Registered Manager to account at quarterly strategic meetings
- Approves all policies on an annual basis or when changes are needed due to learning lessons and/or safeguarding

- Reviews the outcome of all serious incident investigations
- Ensures the organisation responds to CQC inspection outcomes and commissioner feedback

2. Independence from Operational Management

Where a safeguarding concern, serious incident or performance matter involves a manager, governance oversight must involve a level of management above that individual. The Director/ Nominated Individual must be notified immediately and will assume governance oversight of the matter.

Where the Director/ Nominated Individual is implicated, an independent governance advisor must be sought.

3. Quality Assurance and Audit

3.1 The Governance Cycle

Homekare Community Service operates a continuous governance cycle in which performance data, audit results, feedback and incident learning are reviewed at regular intervals and used to drive improvement. This cycle is the practical expression of Regulation 17(2)(a)–(f) and underpins the CQC Well-led quality statement.

The monthly governance cycle

By the 5th of each month: Care Manager collates KPI data for the previous month

By the 10th of each month: HR & Compliance Lead completes the compliance summary (training, supervision, appraisals, audit actions)

By the 15th of each month: Registered Manager reviews all data, completes the Monthly Governance Report and presents it at the Governance meeting

By the 20th of each month: Registered Manager sends the completed Governance Report to the Director/ Nominated Individual for review

Following Director/ Nominated Individual review: Any escalated actions are agreed with owner, target date and review point

3.2 Key Performance Indicators

The following KPIs are monitored monthly and reported in the governance report. Full KPI definitions and targets are set out in the Homekare Community Service Aims, KPIs & Appraisal Framework (HK-AKP-001). A breach of any KPI triggers an immediate action plan.

Aim	Primary KPI	Secondary KPI
AIM 1: Independence	≥90% of care plans include an independence/wellbeing goal, reviewed 6-monthly	≥85% service client's feel in control of their care (annual survey)

AIM 2: Safety	Zero preventable serious incidents (Grade 3/4 pressure injuries, medication errors causing harm, falls with serious injury)	≥95% of care visits delivered on time; medication audit compliance ≥98%
AIM 3: Dignity	≥90% clients report being treated with dignity and respect	Zero upheld complaints relating to disrespectful or undignified treatment
AIM 4: Workforce	Training compliance ≥95% at all times; team turnover below 25% annually	≥90% team member's receive 6-weekly supervision and annual appraisal on time
AIM 5: Partnership	100% of hospital discharges acknowledged within 48 hours	100% MDT recommendations documented and actioned within 5 working days
AIM 6: Improvement	Monthly governance report produced and reviewed at the Governance meeting (100%)	All complaints acknowledged within 2 working days; resolved within 20 working days

3.3 Internal Audit Programme

The HR & Compliance leads a structured internal audit programme, overseen by the Registered Manager and reported to the Director/Nominated Individual.

Audits are conducted against the CQC Fundamental Standards (Regulations 4–20A) and Homekare Community Service's own KPIs.

The annual audit schedule is set out in Homekare Community service compliance file on the HCS drive.

All audit activity must comply with the following standards:

- Audits are conducted using agreed audit tools, baselined against current regulations and best practice
- Audit findings are recorded in writing and a copy retained
- Where an audit identifies non-compliance or areas for improvement, an action plan is produced within 10 working days
- Action plans must include: the finding, the required action, the owner, the target date and the evidence of completion
- All action plans are tracked by the HR & Compliance Lead and reviewed at the monthly Governance meeting
- Completed action plans are retained as evidence of improvement and shared with the Director/ Nominated Individual
- Where audit findings indicate a serious risk, the Registered Manager must escalate to the Director/ Nominated Individual immediately and notify CQC if required

Minimum audit frequency:

Audit Area	Frequency and Scope	Responsible
Care plans and independence goals	Monthly — sample of 10% of active care plans	HR & Compliance Lead / Care Manager
Medication records (where applicable)	Monthly — 100% of medication administration records	Registered Manager / Senior Team
Visit time compliance	Monthly — all visits	Care Manager via scheduling system
Safeguarding records	Quarterly — all open and closed concerns in the period	Registered Manager
Training matrix compliance	Monthly — all team members, all modules	HR & Compliance Lead
Supervision and appraisal completion	Monthly — all team members	HR & Compliance Lead
Care records accuracy	Quarterly — sample of 15% of active service users	Senior Team / Registered Manager
Health and safety compliance	Annual — full review	HR & Compliance Lead
Full regulatory compliance audit	Annual — against Regulations 4–20A	Registered Manager / HR & Compliance Lead

3.4 Client and Family Feedback

As required by Regulation 17(2)(e), Homekare Community Service actively seeks and acts on feedback from clients, their families, representatives and other stakeholders.

The following methods are used:

- Annual satisfaction survey to all active clients and family representatives
- Shorter pulse surveys at 6-weekly care plan reviews
- Feedback captured during supervision visits by Senior Team
- Informal feedback recorded in the care diary and reported to the Care Manager
- Post-complaint feedback following resolution

- Team member's survey — annual, covering wellbeing, support, values and improvement suggestions

Survey results are collated by the Care Manager, analysed by the Registered Manager and included in the monthly governance report. Results showing a decline in satisfaction scores trigger an immediate review.

The Director/ Nominated Individual reviews annual survey results.

3.5 CQC Compliance and Inspection Readiness

Under the CQC Single Assessment Framework, ratings can be updated at any time based on continuously gathered evidence. Homekare Community Services operates on the principle of being always inspection ready. This means:

- Governance records — audits, action plans, risks, incident learning — are maintained, up to date and accessible at all times
- The Registered Manager maintains a Well-led evidence pack, updated monthly, covering all seven Well-led quality statements
- Data submitted to CQC via the Provider Portal is accurate, current and submitted on time
- All notifications required by the CQC Registration Regulations are submitted within statutory timescales
- Team member's can account for their role in governance and the service's approach to quality and safety

4 Risk Management

4.1 Risk Management Framework

Regulation 17(2)(b) requires providers to assess, monitor and mitigate risks relating to the health, safety and welfare of our clients and others. Homekare Community Service's risk management framework is structured around the HSE's HSG65 model: Plan → Do → Check → Act.

Risk management at Homekare operates at three levels:

- Clients risk level: individual risk assessments, completed before first care visit and reviewed following any incident or change in need
- Workforce level: lone working risk assessments, manual handling assessments, health and safety risk assessments
- Organisational level: the organisational risk register, maintained by the HR & Compliance Lead and reviewed monthly

4.2 Clients Risk Assessments

A risk assessment must be completed for every client before the first care visit takes place.

No team member may commence unsupervised care without a risk assessment being in place.

Risk assessments must:

- Identify all risks relevant to the individual and their home environment
- Set out control measures for each identified risk
- Be communicated to all team members allocated to the client before the visit
- Be reviewed following any incident, change in the person's condition or change in care plan
- Be reviewed as part of the 6-monthly care plan review process
- Be stored securely and accessible to the team member at the time of the visit

4.3 Incident Reporting, Investigation and Learning

All incidents, accidents, near misses, and safeguarding concerns must be reported immediately by the team member who witnesses or becomes aware of them.

The Registered Manager is responsible for ensuring all incidents are investigated and that learning is embedded.

Incident management process:

- Team members report the incident to their Care Manager and/or the Registered Manager immediately (on the same day)
- The incident is recorded in the incident log — date, time, people involved, what happened, immediate action taken
- Registered Manager assesses the severity of the incident and determines whether it triggers further obligations (RIDDOR, CQC notification, safeguarding referral, Duty of Candour — see Sections 7, 8 and 9)
- For serious incidents (Grade 3/4 pressure injuries, medication errors causing harm, falls with serious injury): the Registered Manager conducts a full investigation within 48 hours and completes a written incident review
- The Root Cause Analysis is completed where the incident is serious or where a pattern has been identified
- Learning from the incident is shared with relevant team members through team meetings, supervision or a written briefing
- The action plan arising from the investigation is tracked by the HR & Compliance Lead
- All incident data is included in the monthly governance report and trends are reviewed quarterly

4.4 Organisational Risk Register

The HR & Compliance Lead maintains a live organisational risk register. Each risk is recorded with:

- A description of the risk and its potential impact
- Likelihood and severity ratings (producing a risk score)
- Current control measures in place
- Further actions required to reduce the risk
- The owner of the risk and the review date

The risk register is reviewed at the monthly management meeting by the Registered Manager.

Risks rated as high are escalated to the Director/ Nominated Individual.

The risk register is available for CQC inspection at any time.

5 Health and Safety Governance

5.1 Legal Obligations

Homekare Community Services health and safety obligations are governed by the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. Our employer's duty is to ensure, so far as is reasonably practicable, the health, safety and welfare of all our team member's and of clients and others cannot be delegated to individual workers. Health and safety governance sits with the Registered Manager and Director/ Nominated Individual.

As a service with more than five employees, Homekare Community Service must maintain written risk assessments for all significant risks. These must be reviewed following any incident and at least annually. The HSE's HSG65 framework provides the governance model for Homekare Community Service's health and safety management.

5.2 Health and Safety Policy and Annual Review

Homekare Community Service maintains a standalone Health and Safety Policy, reviewed annually by the HR & Compliance Lead and approved by the Director/ Nominated Individual. The governance cycle includes a formal annual health and safety review which covers:

- Review of all workplace risk assessments
- Review of incident and near-miss data for health and safety themes
- Training compliance for all health and safety mandatory modules
- Fire safety and evacuation drill records
- Manual handling competency records
- COSHH (Control of Substances Hazardous to Health) assessment review
- Equipment safety checks

5.3 Lone Working — Governance Framework

Community team members are lone workers by definition — they visit client's in their homes without direct supervision. Lone working represents one of the most significant risk areas for Homekare Community Service's. The HSE requires employers to assess risks to lone workers and implement controls. This governance framework must be applied consistently.

Lone Working Governance Requirements

Written lone working risk assessment maintained for all direct care roles (HSE INDG73)

Client risk information communicated to all team members before every visit, including any known risks associated with the individual, household members or the address

A check-in/check-out system is in place for all lone workers visiting clients — Care Manager monitors compliance daily

Clear protocol for action if a team member fails to check in or check out within the agreed timeframe

Team member's trained in dynamic risk assessment — the ability to identify and respond to changing hazards in the field

New Team members in their first four weeks must not undertake unsupervised lone working

All lone working incidents and near misses must be reported and recorded on the same day

RIDDOR 2013: accidents involving lone workers must be reported to the HSE where they meet RIDDOR thresholds

Lone working safety is reviewed as part of supervision and in the annual health and safety review

5.4 RIDDOR Reporting

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require Homecare Community Services to report specified incidents to the Health and Safety Executive (HSE). RIDDOR applies to both team members and client incidents.

RIDDOR-reportable incidents relevant to Homecare Community Service's include:

- Deaths of team member's resulting from work-related accidents
- Specified injuries to team member's (fractures other than to fingers/thumbs/toes; amputations; loss of sight; crush injuries; burns over 10% of the body; injuries requiring resuscitation or admission to hospital for over 24 hours)
- Over-7-day incapacitation injuries (where a worker cannot do their usual job for more than 7 consecutive days, not counting the day of the accident)
- Injuries to non-workers (clients) where they are taken from the scene to hospital for treatment following a work-related incident
- Dangerous occurrences (specified near misses)

RIDDOR reports must be made to the HSE online (hse.gov.uk/riddor/report.htm) as soon as practicable.

The Registered Manager is responsible for making RIDDOR reports and for retaining a copy of each report. RIDDOR incidents must also be notified to CQC as required.

5.5 Manual Handling

Manual handling is one of the highest-risk activities in community care.

Governance requirements:

- All care team members, senior team and Care Manager complete manual handling training (theory and practical) before working unsupervised — face-to-face assessment is mandatory; e-learning alone does not satisfy this requirement
- Annual manual handling refresher training with face-to-face competency reassessment is required for all direct care team member's
- Individual manual handling risk assessments are completed for client where moving and handling activities form part of the care plan
- Compliance with manual handling training is tracked in the training matrix and reported monthly

5.6 Medication Safety

Where Homekare Community Service team member's administer or assist with medication, a robust medication governance framework applies:

- Only care team members who have completed medication training and a competency assessment may administer medication
- Monthly medication audit compliance rate target: $\geq 98\%$
- All medication errors must be reported immediately, recorded and investigated
- A medication error causing harm is a serious incident and triggers the full incident management process and CQC notification where applicable
- Annual medication competency assessment (face-to-face) is required for all team members with medication responsibilities

6 Safeguarding Governance

6.1 Statement of Commitment

Homekare Community Service is committed to safeguarding the adults in its care. Safeguarding is a governance priority, not solely an operational one. The governance of safeguarding at Homekare Community Service means ensuring that systems are in place to prevent abuse and neglect, to respond effectively when concerns arise, and to learn from safeguarding activity to prevent recurrence.

Homekare Community Services operates in Nottinghamshire and is bound by the joint Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults Procedures, approved by the Nottinghamshire Safeguarding Adults Board (NSAB). Compliance with these procedures is mandatory for all our team members.

6.2 Regulatory and Statutory Framework

Safeguarding governance at Homekare Community Service's is founded on the following framework:

Care Act 2014 (Sections 42–47)	Places adult safeguarding on a statutory footing. Section 42 requires local authorities to make enquiries where an adult with care and support needs is at risk of or experiencing abuse or neglect. Providers must not obstruct these enquiries and must cooperate fully.
CQC Regulation 13	Providers must have systems to safeguard service users from all forms of abuse and improper treatment.
CQC Regulation 17	Safeguarding governance data must be included in quality assurance systems and monthly governance reporting.
NICE NG189	Guidance on safeguarding adults, covering identification of abuse indicators, safeguarding processes and section 42 enquiry documentation.
NSAB Multi-Agency Procedure	The joint Nottingham and Nottinghamshire procedure that all organisations must follow when they have a concern that an adult at risk may be experiencing or at risk of abuse or neglect.
NSAB Strategy 2025–2028	Homekare Community Service's must contribute to NSAB's four prevention priorities: neglect and self-neglect; domestic abuse and coercive control; exploitation; and institutional and organisational abuse.

6.3 The Six Safeguarding Principles

The Care Act 2014 statutory guidance and SCIE establish six principles that must underpin all safeguarding activity at Homekare Community Services. These principles must be embedded in practice, not just documented:

Principle	What it means	How Homekare applies it
Empowerment	People are supported and encouraged to make their own decisions and give informed consent.	Team member's support our clients to understand their options, rights and risks. Safeguarding is never used to override a person's wishes without lawful justification.
Prevention	It is better to take action before harm occurs.	Proactive risk management, team training, and regular reviews identify and address risks before harm occurs.
Proportionality	The least intrusive response appropriate to the risk presented.	Responses to safeguarding concerns are proportionate. Documentation must evidence proportionate decision-making.

Protection	Support and representation for those in greatest need.	Team members advocate for clients who are unable to protect themselves. An Independent Mental Capacity Advocate (IMCA) is requested where required.
Partnership	Local solutions through services working with communities.	Homekare Community services works with NSAB, MASH, social workers, health professionals and community partners to provide joined-up safeguarding responses.
Accountability	Safeguarding practice and arrangements must be accountable and transparent.	All safeguarding activity is documented, overseen by the Registered Manager and included in governance reporting. Team members can raise concerns without fear of reprisal.

6.4 Types of Abuse

All our team member's must be trained to recognise the indicators of all forms of abuse. The types of abuse recognised under the Care Act 2014 and NSAB procedures are:

- Physical abuse — including assault, hitting, slapping, pushing, misuse of medication, inappropriate restraint
- Domestic abuse — including psychological, physical, sexual, financial and emotional abuse between intimate partners or family members
- Sexual abuse — including rape, indecent exposure, sexual photography, subjection to pornography
- Psychological or emotional abuse — including threats, humiliation, blaming, controlling, intimidation, isolation
- Financial or material abuse — including theft, fraud, internet scamming, coercion in relation to money, property or wills
- Modern slavery — including trafficking, forced labour and domestic servitude
- Discriminatory abuse — including racist, sexist or other forms of abuse based on protected characteristics; harassment
- Organisational or institutional abuse — including neglect and poor practice occurring within an institution or care setting
- Neglect and acts of omission — including ignoring medical, emotional or physical care needs; failure to access care
- Self-neglect — broadly covering a wide spectrum of behaviour such as neglecting to care for personal hygiene, health or surroundings

6.5 Safeguarding Referral Procedure — NSAB/MASH

When any member of Homekare Community Services team member has a concern that an adult at risk may be experiencing or at risk of abuse or neglect, the following procedure must be followed immediately. The full procedure document and MASH contact details are found in Homekare's community service Safeguarding Vulnerable Adults. A brief over view is as follows:

- Ensure the immediate health, safety and welfare of the adult at risk. If there is an immediate risk to life, call 999.
- Do not investigate the concern yourself. Do not alert the alleged perpetrator.
- Report your concern to the Registered Manager immediately — on the same day.
- The Registered Manager makes a referral to the Nottinghamshire MASH (Adult Safeguarding Contact Officer for the relevant district) within the same working day — within 4 working hours for urgent concerns. If there is an emergency, refer immediately.
- The referral must include: the date and time of the incident or concern; the name and details of the adult at risk; the nature of the concern; the name of the alleged perpetrator where known; any immediate action already taken; and the adult's desired outcomes where known.
- The Registered Manager records the referral in the safeguarding log and notifies the Director/ Nominated Individual on the same day.
- The Registered Manager follows all NSAB instructions received after the referral and cooperates fully with any Section 42 enquiry.
- The outcome of the safeguarding concern is recorded and fed into the monthly governance report.

RIDDOR and CQC Notification

If the safeguarding concern also constitutes a notifiable safety incident (Duty of Candour — Section 9) or a RIDDOR-reportable incident (Section 7.4), the relevant additional notifications must be made alongside the safeguarding referral. These are separate obligations.

6.6 Persons in a Position of Trust (PiPoT)

Where the alleged perpetrator of abuse or neglect is a member of Homekare Community Service team member, the Persons in a Position of Trust procedure applies. This procedure is governed by NSAB. The Registered Manager acts as the Designated Adult Safeguarding Manager (DASM) for PiPoT cases unless the Registered Manager is the subject of the allegation, in which case the Director/ Nominated Individual takes on this role.

PiPoT governance requirements:

- The PiPoT concern must be handled separately from, and independently of, the normal line management process
- The Director/ Nominated Individual must be notified of all PiPoT concerns on the same day
- The Registered Manager must follow the NSAB PiPoT procedure document
- Suspension or redeployment pending investigation must be considered and documented
- A referral to the Disclosure and Barring Service (DBS) must be made where the team member has been removed from working with vulnerable adults because they have harmed or put at risk of harm a vulnerable adult — this is a legal obligation under the Safeguarding Vulnerable Groups Act 2006
- All PiPoT cases are included in the quarterly safeguarding audit

6.7 Safeguarding Adults Reviews (SARs)

SARs are conducted by NSAB when a vulnerable adult dies or is seriously injured and abuse or neglect is known or suspected to be a factor. Homekare Community service will:

- Cooperate fully and promptly with any SAR involving a current or former Homekare Community service client
- Provide all information requested by NSAB for SAR purposes, including confidential records where required under the duty to share information
- Review all SAR learning published by NSAB and assess its relevance to Homekare Community service's practice
- Implement relevant SAR recommendations through a documented action plan, with owner and target date
- Share SAR learning with all relevant team meetings through team meetings, supervision and training
- Record SAR implementation in the governance report

6.8 Safeguarding Governance Oversight

Safeguarding governance is maintained through:

- Quarterly safeguarding audit: review of all concerns raised in the period — referral timescales, outcomes, documentation quality, learning
- Monthly governance report: number of concerns raised; number of referrals made; outcome data where available; patterns and themes
- Annual safeguarding training compliance review: 100% of team members must complete Level 1 and 2 Safeguarding Adults training annually — tracked in the training matrix
- NSAB inter-agency training: relevant team members attend NSAB multi-agency training and training events — attendance recorded in team members training files
- The Registered Manager reviews safeguarding activity at each monthly governance meeting

7 Duty of Candour

7.1 Statutory Obligation

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 places a legal duty on Homekare community services to act in an open and transparent way with client's receiving care and treatment. This duty applies whether or not a complaint has been made. When a notifiable safety incident occurs, specific and mandatory obligations are triggered.

A notifiable safety incident is an unintended or unexpected incident that, in the reasonable opinion of a health or social care professional, has resulted in or could result in:

- The death of the client (where the death relates directly to the incident, not to the natural course of an illness or underlying condition)
- Severe harm to the client

- Moderate harm to the client
- Prolonged psychological harm to the client

Important

An apology given under the Duty of Candour is not an admission of liability. Providing an apology is a legal requirement. Failure to do so is a breach of Regulation 20.

7.2 The Duty of Candour Procedure

When the Registered Manager determines that a notifiable safety incident has occurred, the following steps must be taken.

- As soon as reasonably practicable after the incident is identified, notify the client (or their representative) in person. The Registered Manager must carry out this notification.
- During the in-person notification: provide a truthful account of all facts known about the incident at that time; advise on any further enquiries that will be undertaken; and offer a sincere apology.
- Provide reasonable support to the client and/or their family in relation to the incident, including during the notification.
- Create a written record of the in-person notification, signed by the member of team member who carried it out, and retained securely.
- Follow up with a written notification to the client or their representative containing: the information provided in person; details of any further enquiries to be undertaken; the results of any further enquiries once complete; and a written apology.
- Where the client cannot be contacted in person or declines to speak to a representative of Homekare Community services, document this fully. The duty to provide written notification still applies.
- Notify CQC via the Provider Portal or website in accordance with the statutory notification obligations.
- The Registered Manager notifies the Director/ Nominated Individual on the same day the incident is identified.
- All Duty of Candour actions are recorded in the incident log and included in the monthly governance report.

7.3 Culture of Openness

The Duty of Candour reflects Homekare Community services commitment to a culture of openness and transparency.

This culture is embedded through:

- Team training: all team members are trained in the Duty of Candour as part of their induction and mandatory refresher training
- Leadership modelling: managers at all levels model open and transparent communication
- Whistleblowing: team members are supported and encouraged to raise concerns without fear of reprisal through the Whistleblowing Policy

- No blame culture: the governance framework focuses on systemic learning, not individual blame, except where an individual has acted recklessly or dishonestly

8 Complaints Governance

8.1 Regulatory Requirement

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires Homecare Community services to have an accessible and effective complaints system. Governance of complaints means not only managing individual complaints well, but using complaint data and themes to drive organisational improvement.

8.2 Complaint Handling Standards

Acknowledgement	All complaints must be acknowledged within 2 working days of receipt, whether received verbally, in writing or by any other means.
Investigation	An investigation proportionate to the seriousness of the complaint must be conducted. The complainant must be kept informed of progress.
Resolution	Complaints must be resolved and a full written response provided to the complainant within 20 working days. Where this is not possible, the complainant must be informed of the delay and the new expected timescale.
Escalation	Where a complaint cannot be resolved informally or within 20 working days, the Registered Manager must review and the Director/ Nominated Individual must be notified. The complainant must be advised of their right to escalate to the Local Government and Social Care Ombudsman or CQC.
Record keeping	All complaints and their outcomes must be recorded in the complaints log, maintained by the HR & Compliance Lead. Records must be retained for a minimum of 6 years.
Learning	Each complaint is reviewed at the monthly governance meeting for learning. Themes from complaints are reviewed quarterly and used to inform service improvement.
Annual report	The annual complaints summary (number received, nature of complaints, resolution times, outcomes and learning) is included in the annual governance review presented to the Director/ Nominated Individual.

8.3 Complaints Governance Oversight

The following KPIs are monitored as part of the governance cycle:

- 100% of complaints acknowledged within 2 working days
- ≥90% of clients and families report they would recommend Homekare Community Services to others (annual survey)
- Zero upheld complaints relating to disrespectful or undignified treatment
- All audit findings result in an action plan with owner and target date within 10 working days

8.4 Compliments and Positive Feedback

Compliments and positive feedback are recorded alongside complaints. Positive feedback is shared with relevant team member's and teams, used to recognise excellent practice and referenced in the governance report. It informs the narrative in the CQC Well-led evidence pack.

9 Records and Data Governance

9.1 Record Keeping Obligations

Regulation 17(2)(c) and (d) require Homekare Community services to maintain securely an accurate, complete and contemporaneous record in respect of each client, and records relating to persons employed and the management of the regulated activity.

These are governance obligations, not merely administrative ones.

All records maintained by Homekare Community services must be:

- Accurate — factual, objective and complete
- Contemporaneous — written as soon as practicable after the event, not retrospectively
- Legible — clearly written or typed
- Attributable — signed or attributed to the individual who created the record
- Securely stored — protected from unauthorised access, loss or damage
- Accessible — available for CQC inspection at any time

9.2 Client Records

Each client must have a care record that includes, as a minimum:

- The home care plan, including personal priorities, outcomes, preferences, cultural and communication needs
- Risk assessments — completed before the first visit and updated following any change
- A daily care diary or care record; a detailed log of all care and support provided, including the person's condition, any changes observed and decisions made
- Consent records
- Medication administration records (where applicable)

- Records of all reviews and any changes to the care plan
- Records of all incidents, safeguarding concerns and complaints involving the service user
- MDT correspondence and recommendations

Client's records must be accessible to the team member at the time of the visit. NICE NG21 requires that a care diary is kept in the person's home and that information is kept up to date. Care records must not contain personal information about third parties that is not necessary to the delivery of care.

9.3 Team Member Records

The HR & Compliance Lead maintains a secure HR file Individual team member file for every member of the team.

Each file must include:

- Application form, references and pre-employment checks
- DBS disclosure and any renewal records
- Right-to-work verification
- Contract of employment
- Training certificates and competency sign-offs, including the Care Certificate
- Supervision records
- Appraisal records
- Any disciplinary, capability or performance management records
- Entries in the training compliance matrix

9.4 Data Protection

All personal data held by Homekare Community service is subject to the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Data protection governance requires:

- All personal data processed lawfully, fairly and transparently with a lawful basis for processing
- Data minimisation — only the personal data necessary for the stated purpose is collected and held
- Data accuracy — records are kept up to date and corrected where necessary
- Storage limitation — data is not kept longer than necessary (minimum retention for care records is the duration of service plus 8 years; for staff records, duration of employment plus 6 years)
- Integrity and confidentiality — data is protected against unauthorised access, loss or destruction
- A privacy notice is provided to all clients explaining how their data is used
- Team members are trained in data protection at induction and every 2 years thereafter
- Any personal data breach is reported to the Information Commissioner's Office (ICO) within 72 hours where it meets the reporting threshold

Homekare Community services comply with the NHS Digital Care Hub Data Security Protection Toolkit (DSPT) for adult social care services. Annual DSPT

submission is completed by the HR & Compliance lead and reviewed by the Registered Manager.

9.5 Record Retention

Clients care records	Duration of service plus 8 years (or 26 years if the person was a child at the time of receiving care)
Team members Individual team file records	Duration of employment plus 6 years
Training records	Duration of employment plus 6 years
Incident records	10 years minimum
Safeguarding records	Duration of service plus 8 years; longer where subject to a SAR
Complaints records	6 years minimum
Governance reports	6 years minimum
Risk assessments	Duration of relevant activity plus 6 years

10 Workforce Governance

10.1 Workforce Governance Principles

Regulation 18 (Staffing) and Regulation 19 (Fit and Proper Persons Employed) sit alongside Regulation 17 in Homekare Community service governance framework. A skilled, compliant, well-supported workforce is the foundation of safe and effective care. Workforce governance means maintaining oversight of all aspects of the employment lifecycle, from recruitment to leaving.

Full details of training requirements are set out in Homekare community service Workforce Training Plan.

This section sets out the governance oversight requirements.

10.2 Safer Recruitment

All recruitment must follow Homekare's safer recruitment procedure, which includes:

- Advertising with clear values-based criteria
- At least two references taken up before an offer of employment is confirmed (including the most recent employer)
- Enhanced DBS check with the adults' barred list check, completed before the person begins work with service users
- Right-to-work verification for all staff, documented and retained
- Identity verification in person
- Declaration of any previous disciplinary or criminal matters

The HR & Compliance Officer is responsible for ensuring all safer recruitment checks are completed and recorded before any new member of staff begins unsupervised work. No member of staff may work unsupervised with service users without a completed DBS check on file. Any gap in safer recruitment compliance is reported to the Registered Manager immediately.

10.3 Training Compliance Governance

Training compliance is a core governance KPI: ≥95% compliance across all mandatory modules at all times (as set out in the Aims, KPIs & Appraisal Framework). Governance of training compliance operates as follows:

- The HR & Compliance Officer maintains the live training compliance matrix for all staff, reviewed monthly
- Renewal reminders are sent to line managers at least 6 weeks before a certificate is due to lapse
- Where a staff member's mandatory training has lapsed, the HR & Compliance Officer notifies the Registered Manager immediately
- A staff member with lapsed mandatory training is removed from unsupervised duties in the relevant area until refresher training is completed, unless a documented risk assessment by the Registered Manager confirms otherwise
- A refresher training date must be confirmed within 5 working days of the lapse being identified
- Persistent non-completion is addressed through the performance management procedure
- Compliance data is included in the monthly governance report and reviewed by the Director annually

10.4 Supervision and Appraisal Governance

Supervision and appraisal are governance tools as well as support mechanisms. NICE QS123 (Quality Statement 6) requires practice-based supervision discussions with home care workers at least every 3 months.

Homekare Community Service target — 6-weekly supervision for all direct care team members — exceeds this standard.

Supervision frequency	All direct care team members: at least every 6 weeks. All managers and leads: at least every 6 weeks. New team members at least every 4 weeks during probation.
Supervision format	Formal, documented supervision — not a casual conversation. Must include: performance review, training needs, wellbeing, any concerns or incidents, objectives.
Appraisal	Annual, linked to the Aims, KPIs & Appraisal Framework. Completed by the line manager. Copies retained in the individual team members file.

Compliance monitoring	The HR & Compliance Lead tracks all supervision and appraisal dates in the governance matrix. KPI: ≥90% of team members receive 6-weekly supervision and annual appraisal on time.
Failure to complete	Where a supervision or appraisal is overdue, the HR & Compliance Lead notifies the Registered Manager.

10.5 DBS Renewal and Workforce Compliance

DBS checks for all direct care team members and managers must be renewed at least every 3 years. The HR & Compliance lead maintains a DBS renewal schedule and initiates renewal at least 8 weeks before the check is due to expire.

A team member whose DBS has lapsed must not work unsupervised until a renewed check is in place.

The Registered Manager is notified immediately of any DBS concern or lapse.

10.6 Team Member Wellbeing as a Governance Indicator

Team member wellbeing data from the annual team member survey is a governance indicator. Where fewer than 80% of team members report feeling supported and valued in their role, the Registered Manager must develop an action plan and report it to the Director/Nominated Individual. High team turnover is a governance concern — the KPI target is below 25% annually (sector benchmark: approximately 35%).

11 Statutory Notifications

11.1 Overview

Homekare Community service is required by law to notify a number of external bodies within specified timescales when certain events occur. Failure to make required notifications is a regulatory breach and, in some cases, a criminal offence. The Registered Manager is responsible for ensuring all statutory notifications are made. The Director/ Nominated Individual must be informed of all notifications on the day they are submitted.

11.2 CQC Notifications

The following events must be notified to CQC via the Provider Portal or downloaded forms from CQC website. Timescales are set out in the CQC Registration Regulations 2009:

Event	Description	Timescale
Death of a service user	Where the registered provider becomes aware of the death of a service user	Without delay — as soon as reasonably practicable
Serious injury to a service user	Any injury to a service user that requires medical treatment beyond first aid or results in hospitalisation	Without delay
Abuse or allegation of abuse	Any allegation of abuse of a service user	Without delay
Unexpected death of a service user	Death that was unexpected given the service user's known health condition	Without delay
Events preventing or jeopardising care	Any event that prevents or may prevent the provider from carrying on the regulated activity safely	As soon as reasonably practicable
Extended absence of the Registered Manager	Where the Registered Manager will be absent for 28 days or more	Before the absence begins where possible; otherwise without delay
Changes to registration	Change of Nominated Individual, address, regulated activity or conditions	At least 28 days before the change (or without delay where the change is unplanned)
RIDDOR incidents	Any incident that meets the RIDDOR reporting threshold	As required by RIDDOR 2013 — also report to HSE

11.3 NSAB / MASH Notifications

All safeguarding referrals to the Nottinghamshire MASH must be made within 1 working day of a concern being raised (within 4 working hours for urgent concerns; immediately in an emergency).

Homekare Community Services must also notify NSAB as requested in the course of any safeguarding enquiry, SAR or audit activity. Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested — including information that would otherwise be confidential where a lawful basis exists.

11.4 HSE RIDDOR Notifications

RIDDOR-reportable incidents must be reported to the HSE at hse.gov.uk/riddor/report.htm. The Registered Manager retains a copy of every RIDDOR submission.

11.5 ICO Data Breach Notifications

Where a personal data breach occurs that is likely to result in a risk to the rights and freedoms of individuals, it must be reported to the Information Commissioner's Office (ICO) within 72 hours of the organisation becoming aware of it. The HR & Compliance leads data breach assessment. All breaches — whether or not they meet the ICO reporting threshold — must be recorded in the data breach log.

11.6 DBS Referrals

Homekare Community services is legally required to refer to the Disclosure and Barring Service (DBS) where a team member has been removed from working with vulnerable adults because they have harmed, or put at risk of harm, a vulnerable adult. This is a legal obligation under the Safeguarding Vulnerable Groups Act 2006. The Registered Manager initiates DBS referrals; the Director approves them. All DBS referrals are recorded and reported to the HR & Compliance Lead.

12 Partnership Governance

12.1 Partnership Governance Principles

Effective partnership working is one of Homekare Community service's six organisational aims and is assessed under the CQC Well-led quality statement 'Partnerships and Communities'. Governance of partnerships means maintaining formal records of relationships, ensuring MDT recommendations are acted upon within agreed timescales, and representing Homekare Community Service professionally at external forums.

12.2 Commissioner Relationships

- The Director/ Nominated Individual maintains strategic relationships with commissioners, the local authority and NHS Integrated Care Boards
- All formal contracts and service level agreements are approved by the Director/ Nominated Individual and copies maintained by the HR & Compliance leads
- At least 2 structured engagement meetings per year with the local authority commissioning team are required (KPI)
- The Registered Manager leads day-to-day commissioner relationship management

12.3 NHS and Health Professional Partnerships

- Formal referral relationships are maintained with at least 5 GP practices or hospital discharge teams (KPI)
- 100% of hospital discharges and new referrals are acknowledged and assessed within 48 hours of referral (KPI)
- The Care Manager liaises with GP surgeries, district nurses and discharge teams on a day-to-day basis
- 100% of MDT recommendations are documented and actioned within the care plan within 5 working days (KPI)

12.4 Families and Representatives

- ≥90% of families and representatives report feeling kept informed and involved (KPI — annual survey)
- Families and representatives are informed of any significant change in their relative's condition on the same day
- Families are involved in care plan reviews where the client consents

12.5 Records of Partnerships

The HR & Compliance lead maintains records of all external relationships, contracts, accreditations and commissioner agreements. The Registered Manager maintains a log of referral pathway arrangements. Partnership governance is reviewed as part of the annual governance review.

13 Learning, Improvement and Innovation

13.1 The Improvement Cycle

Continuous improvement is one of Homekare Community service six organisational aims and underpins the CQC Well-led quality statement 'Learning, Improvement and Innovation'. Governance of improvement means ensuring that learning from all sources — incidents, audits, complaints, feedback, SARs, NICE updates and CQC feedback — is translated into measurable improvements in practice.

At least 2 measurable service improvements are implemented per quarter as a result of feedback, audit or learning (KPI). Improvement activity is always documented with: the learning that prompted the improvement; the change made; the owner; the date implemented; and the outcome.

13.2 Learning from Incidents

- Every serious incident results in a Root Cause Analysis and a written learning summary
- Learning is shared with relevant staff within 5 working days of the investigation being completed

- Lesson-learnt exercises are conducted after significant incidents — including a review of whether the event was preventable and what systemic changes are needed
- Incident trends are reviewed quarterly and reported to the Director/ Nominated Individual

13.3 NICE Guidance Updates

The Registered Manager, with support from the HR & Compliance Lead, monitors the NICE guidance portal (nice.org.uk) for new and updated guidance relevant to Homekare's service. New NICE guidance is reviewed within 30 days of publication. Where NICE guidance requires changes to Homekare Community service's policies, procedures or training, an action plan is produced with the relevant changes implemented within an agreed timescale.

Key NICE guidance that Homekare currently monitors includes: QS123 (Home Care for Older People); NG21 (Home Care); NG189 (Safeguarding Adults); NG97 (Dementia); NG31 (End of Life Care).

13.4 NSAB Safeguarding Adults Reviews — Learning

NSAB publishes the findings and learning from Safeguarding Adults Reviews on its website (nsab.nottinghamshire.gov.uk/reviews). The Registered Manager reviews all published SAR learning and assesses its relevance to Homekare Community service within 20 working days of publication. Where SAR learning is relevant, it is implemented through a documented action plan and shared with team members. SAR learning review is recorded in the governance report.

13.5 CQC State of Care and Sector Intelligence

The Registered Manager reviews the annual CQC State of Care report and any sector-specific guidance updates published by CQC. Skills for Care's annual State of the Adult Social Care Sector report is also reviewed. Themes from these sector reports that are relevant to Homekare Community care are incorporated into the annual quality improvement plan.

13.6 Annual Quality Improvement Plan

The Registered Manager produces an Annual Quality Improvement Plan, approved by the Director/ Nominated Individual, which sets out the service's improvement priorities for the coming year. The plan is informed by: KPI performance data; audit findings; complaint themes; feedback; incident learning; NICE updates; CQC feedback; and SAR learning. Progress against the plan is reviewed quarterly and reported to the Director/ Nominated Individual.

14 Policy Review

This policy is reviewed annually by the HR & Compliance Lead and Registered Manager, and approved by the Director/ Nominated Individual. The review must check that the policy remains compliant with current legislation, CQC guidance, NICE standards, NSAB procedures and Skills for Care best practice.

This policy must also be reviewed without waiting for the annual review date if any of the following trigger events occur:

- A significant change in legislation, CQC guidance or regulation
- A new or updated NICE quality standard or guideline relevant to Homecare's service
- A Safeguarding Adults Review (SAR) published by NSAB that identifies learning relevant to Homecare Community service
- A serious incident or pattern of incidents that identifies a gap in this policy
- A CQC inspection that identifies concerns relating to governance
- A significant change in the structure or size of Homecare Community service

All versions of this policy are retained for a minimum of 6 years. The version number and date of each review are recorded in the document control table on the cover page.

The CQC rating of Good or above must be maintained at all inspections. This policy is a key component of Homecare Community service evidence for the Well-led key question. Any CQC inspection outcome of Requires Improvement or below triggers an immediate review of this policy.

Key contacts for notifications

CQC Provider Portal: www.cqc.org.uk/aboutproviderportal

NSAB / MASH Safeguarding Referral: Via Adult Safeguarding Contact Officers — see nsab.nottinghamshire.gov.uk/procedures

Report Abuse Concern (Nottinghamshire):

www.nottinghamshire.gov.uk/care/safeguarding/reporting-abuse

NSAB Strategic Team: safeguarding1.adults@nottscg.gov.uk

HSE RIDDOR Online Reporting: hse.gov.uk/riddor/report.htm

ICO Data Breach Reporting: ico.org.uk/make-a-complaint/data-security-breach-guidance

DBS Referral: gov.uk/make-referral-disclosure-barring-service

Linked Legislation and Guidance

CQC Regulation 17 (Good Governance), Regulation 20 (Duty of candour), Regulation 12 (Safe Care), Regulation 16 (Complaints), Regulation 18 (Staffing), Regulation 19 (Fit and Proper Persons)

Health and Social Care Act 2008 (Regulated activities) Regulations 2014

Care Act 2014

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

RIDDOR 2013

Mental Capacity Act 2005

[illegible]