Good Governance Policy and Procedure

Effective Date(s)	Nov 25 – Oct 2026
Approved By	**Trustees**
Approval Date	**01 November 2025**
Policy Owner/Dept	Caroline Reid
Policy Author	Caroline Reid - Manager , Gary Reid - Trustee
Review Date	Oct 2026
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1. Purpose

This policy sets out Cadrene Supported Living's (CSL) approach to good governance — ensuring clear accountability, effective leadership, transparency, and continuous improvement across all aspects of our supported living services.

It ensures compliance with:

- The **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
- **CQC Single Assessment Framework (2023–2025)**
- **Charity Commission Governance Code (2024)**
- **Data Protection Act 2018 and UK GDPR**
- **Equality Act 2010 (as amended 2023)**

Good governance at CSL ensures that leadership, management, and staff act in the best interests of service users while meeting our legal, ethical, and professional obligations.

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2. Scope

This policy applies to:

- Trustees and Directors
- Registered Manager and Deputy Manager
- Team Leaders, Coordinators, and administrative staff
- All employees, volunteers, and representatives of CSL

It provides a framework for how governance is embedded, monitored, and improved across all services, ensuring accountability from Board level through to front-line staff.

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3. Our Values

CSL's governance framework is rooted in our organisational values:

Value	What it Means in Practice
Empowerment	Supporting individuals to make informed choices and lead fulfilling, independent lives.
Respect	Treating everyone with dignity, kindness, and fairness.
Integrity	Acting with honesty, professionalism, and ethical responsibility.
Collaboration	Working in partnership with service users, families, and professionals.
Quality	Delivering safe, person-centred, and responsive care.

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4. Governance Objectives

CSL's governance aims to:

- Ensure leadership is **accountable, transparent, and effective**.
- Maintain compliance with **CQC Fundamental Standards** and relevant legislation.
- Promote a **learning culture** where feedback leads to improvement.
- Enable all staff to understand and act upon their roles and responsibilities.
- Ensure service users and their families influence decisions and service design.
- Use data, feedback, and audit findings to drive continuous improvement.

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5. Governance Structure and Accountability

Role	Governance Responsibilities
Board of Trustees / Directors	Provides strategic direction, ensures compliance with legal and charitable duties, monitors performance, and challenges decisions to promote improvement.
Registered Manager	Holds operational accountability for quality, safety, and compliance with CQC regulations. Leads service delivery and implements governance processes.
Nominated Individual	Provides oversight between CSL and CQC, ensuring regulatory compliance and effective governance reporting.
Team Leaders / Coordinators	Manage day-to-day operations, implement policies, and monitor service user outcomes.

Role	Governance Responsibilities
Staff and Volunteers	Deliver care and support in accordance with CSL's values, policies, and CQC standards.

Accountability is maintained through regular supervision, team meetings, quality audits, and governance reviews.

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6. Policies, Procedures, and Risk Management

6.1 Policy Development

- Policies are developed collaboratively and approved by the **Board of Trustees** or **Registered Manager**.
- All policies are reviewed **annually** or sooner if there are legislative or service changes.
- Policy updates are communicated to all staff through supervision and team meetings.

6.2 Key Governance Policies

The following policies underpin effective governance:

- **Code of Conduct Policy** – ensuring professionalism, respect, and ethical behaviour.
- **Conflict of Interest Policy** – requiring all staff, managers, and trustees to declare any conflicts and withdraw from related decisions.
- **Risk Management Policy** – identifying, assessing, and mitigating organisational, financial, and operational risks.
- **Whistleblowing Policy** – providing a safe route for raising concerns without fear of reprisal.
- **Complaints and Feedback Policy** – encouraging open feedback from service users and using this data to improve services.
- **Quality Assurance Policy** – monitoring outcomes, audits, and compliance.
- **Information Governance Policy** – ensuring confidentiality and compliance with UK GDPR.

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7. Leadership, Training, and Development

Strong governance depends on knowledgeable, skilled, and supported staff. CSL will:

- Provide **mandatory and role-specific training** for all staff.
- Offer **governance and leadership development** to senior staff, managers, and trustees.
- Conduct **regular supervision and annual appraisals** for all staff.
- Promote a **learning culture** by reflecting on incidents, audits, and feedback to improve services.
- Ensure all leaders understand their obligations under **CQC Regulation 17 (Good Governance)** and **Regulation 19 (Fit and Proper Persons)**.

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8. Information Governance and Data Protection

- CSL adheres to the **Data Protection Act 2018** and **UK GDPR**.
- Confidentiality agreements are signed by all staff and trustees.
- Access to data is limited to authorised personnel only.
- Service user information is stored securely and shared only when legally and ethically appropriate.
- Any data breaches are reported and managed in accordance with CSL's **Data Protection and Confidentiality Policy**.

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9. Monitoring, Reporting, and Continuous Improvement

CSL's governance performance is monitored through:

- **Internal audits** and compliance checks.
- **Service user and family feedback.**
- **Staff surveys and engagement sessions.**
- **Learning from incidents, complaints, and safeguarding reviews.**
- **Regular governance meetings** where findings and actions are reviewed.
- **Annual Governance Review**, presented to the Board and used to set improvement targets.

Findings from governance reviews are shared with all staff to ensure transparency and collective learning.

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10. Review of Policy

This policy will be reviewed **annually** or following any major organisational or legislative change. Updates will be approved by the **Board of Trustees** and communicated to all staff.

Related Documents

- Risk Management Policy
- Whistleblowing Policy
- Complaints and Feedback Policy
- Quality Assurance Policy
- Code of Conduct
- Data Protection and Confidentiality Policy
- Trustee Skills Audit
- Risk Matrix

References

- Care Quality Commission (Registration) Regulations 2009
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- CQC Single Assessment Framework (2023–2025)
- Charity Commission Governance Code (2024)
- Equality Act 2010 (as amended 2023)
- Data Protection Act 2018 and UK GDPR