



Serenity House – Supported Living Service

Good Governance Policy and Procedure

Policy Start Date: 02 April 2026

Review Frequency: Annual or sooner if required

Review Date: 02 April 2027

Reason for Review:

1. Purpose

1.1 About Serenity House – Women's Supported Living Service

Serenity House is a women-only, trauma-informed supported living service providing person-centred care, support and treatment for women with complex trauma, emotional and mental health needs, and associated risks. The service provides regulated personal care as part of an individual's assessed needs and agreed package of support.

Serenity House is committed to delivering care, support and treatment that is compassionate, respectful, trauma-informed and recovery-focused. The service recognises the impact that trauma, abuse, neglect, exclusion, mental ill health and adverse life experiences can have on women's wellbeing, relationships and ability to engage with support. Staff therefore work in a way that promotes safety, choice, collaboration, empowerment and dignity.

Serenity House provides a stable and relational environment with consistent staffing, clear boundaries and meaningful involvement of women in decisions about their care, support and treatment.

What are the Aims and Objectives of Serenity House?

The aim of Serenity House is to provide safe, women-only, trauma-informed supported living within a CQC-registered framework for the regulated activity of personal care. The service is designed to support women with complex trauma and



complex emotional needs to achieve stabilisation, develop emotional regulation and progress towards recovery and greater independence.

The objectives of Serenity House are to provide a safe and psychologically informed environment; deliver high-quality, person-centred care in line with CQC fundamental standards; support women to develop daily living skills and resilience; monitor and respond to changes in mental and physical health; reduce crisis presentations and avoidable breakdowns in placement; and work in partnership with health and social care professionals to promote positive and sustainable outcomes.

Values of Serenity House

Offer skilled, compassionate and trauma-informed care and support to enable women to achieve the best possible outcomes for their health, wellbeing and independence.

Treat all women using the service, staff and visitors with dignity and respect always.

Uphold the human rights, privacy, individuality and citizenship of all people who use, work in or visit the service.

Promote choice, control and shared decision-making in all aspects of care and support.

Recognise and respect the individual experiences, strengths, identities and needs of each woman.

Provide care and support in a way that is safe, non-judgemental, respectful and responsive.

Support women to build confidence, daily living skills, emotional regulation and greater independence.

Promote recovery, inclusion and meaningful opportunities which reflect each woman's goals and aspirations.

Ensure information is shared in a way that is accessible, understandable and sensitive to communication needs and the impact of trauma.

1.2 Meeting Regulation 17: Good Governance

This policy ensures the implementation of robust governance systems and processes, including:

- Continuous quality improvement
- Effective risk management
- Audit and monitoring systems
- Clear accountability and leadership oversight

Serenity House maintains strong governance arrangements to ensure compliance with all regulatory requirements and to support the delivery of safe, high-quality, person-centred care.

1.3 Meeting Regulation 20: Duty of Candour

Serenity House is committed to openness, honesty and transparency in all aspects of care and support.

Where incidents occur:

- Women (and where appropriate, families or representatives) will be informed promptly and sensitively
- A clear explanation and apology will be provided
- Appropriate actions will be taken to address the issue and prevent recurrence
- Learning will be embedded into practice and governance systems

1.4 Good Governance at Serenity House

At Serenity House, good governance is understood as a structured and proactive approach to quality, safety and continuous improvement.

This includes:

- A clear quality management framework
- Regular audits and monitoring systems
- Oversight through management and governance meetings
- Learning from incidents, complaints and feedback
- Ensuring compliance with CQC regulations and best practice guidance

This policy should be read in conjunction with the Quality and Quality Assurance Policy and Procedure.

1.5 Accountability and Continuous Improvement

Serenity House has clearly defined roles and responsibilities to ensure accountability, including:

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- The Registered Manager – overall responsibility for quality, safety, compliance and day-to-day operational leadership
- The Nominated Individual/Directors – strategic oversight, governance and regulatory accountability
- The Staff Team – responsibility for delivering safe, trauma-informed and person-centred care and support

In addition to formal accountability structures, women using the service, and where appropriate their families, carers and advocates, play a vital role in strengthening accountability and continuous improvement.

They contribute by:

- Providing feedback on their experiences of care and support
- Participating in reviews, keywork sessions and service development discussions
- Raising concerns, complaints or suggestions
- Contributing to co-production and service improvement

Serenity House recognises that meaningful involvement of women and their support networks is essential to ensuring the service remains safe, responsive and aligned to individual needs and outcomes.

Feedback from women, families, carers and advocates is:

- Actively encouraged
- Taken seriously
- Analysed for themes and trends
- Used to inform improvements in care, practice and governance systems

Continuous improvement at Serenity House is driven through a range of governance processes, including:

- Audit findings
- Feedback from women using the service
- Safeguarding and incident reviews
- Staff supervision and reflective practice

This approach ensures that accountability at Serenity House is not only driven by leadership and governance structures, but also shaped by the voices, experiences and outcomes of the women who use the service, alongside robust systems for learning, reflection and improvement.

1.6 Related Policies and Procedures

This policy should be read alongside:

- Quality and Quality Assurance Policy and Procedure
- Stakeholder Surveys
- UK GDPR Policy and Procedure
- Accident and Incident Reporting Policy and Procedure
- Record Keeping Policy and Procedure

1.7 Key Question and Quality Statements

This policy supports the following CQC key question:

- Well-led – ensuring the service is effectively governed, with clear leadership, accountability and a culture of openness, learning and improvement

1.8 Relevant Legislation

- Care Act 2014
- Health and Social Care Act 2008
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- Medicines Act 1968
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- General Data Protection Regulation 2016
- Data Protection Act 2018
- UK GDPR
- Health and Care Act 2022

2. Scope

2.1 Roles Affected

This policy applies to:

- Registered Manager
- Support Workers / Senior Support Workers
- Administrative staff
- Directors / Nominated Individual

2.2 People Affected

- Women living at Serenity House
- Women being assessed for admission to the service

2.3 Stakeholders Affected

- Commissioners
- Local Authorities
- NHS services (including Community Mental Health Teams and Complex Emotional Needs pathways)
- External health and social care professionals
- Advocates and representatives

3. Objectives

3.1 To ensure the implementation of robust governance systems and processes, including:

- Continuous quality improvement
- Effective risk management
- Compliance with all regulatory and legislative requirements

These systems support the delivery of safe, effective, caring, responsive and well-led services.

3.2 To demonstrate the role Serenity House and its leadership team play in strategically leading and managing the service, using governance and continuous learning to drive improvements in quality, safety and outcomes for women.

3.3 To ensure all staff understand:

- The governance structures and processes in place
- Their individual roles and responsibilities within those systems
- How they contribute to quality, safety and continuous improvement

3.4 To ensure that evidence-based, trauma-informed care and support is used to continuously improve quality through:

- A culture of openness, reflection and transparency
- Learning from audits, incidents, complaints and feedback
- Engagement with all stakeholders

3.5 To create a structure that facilitates meaningful engagement and co-production with women using the service, ensuring their voices shape care, support and service development.

4. Policy

4.1 CQC Regulated Activities, Service Type and Service User Group

Serenity House is registered with the Care Quality Commission (CQC) to deliver:

Regulated Activity:

- Personal care

This ensures Serenity House delivers care and support that is:

- Safe
- Effective
- Caring
- Responsive
- Well-led

In line with the CQC Single Assessment Framework and Fundamental Standards.

Service Type:

- Supported living service

Service User Group:

Serenity House supports:

- People with Mental health needs
- People with Physical Disabilities
- People with a Sensory Impairment
- People with an Eating Disorder
- People Mis-using Drugs or Alcohol

4.2 Company Structure and Accountability

Serenity House operates with a clear governance framework to ensure accountability, leadership and oversight.

Governance and Responsibilities

- The Directors / Provider are responsible for overall strategic direction, governance and regulatory compliance

- The Nominated Individual oversees compliance with regulatory standards and ensures quality and safety across the service
- The Registered Manager is responsible for the day-to-day management of the service, implementation of policies and operational leadership
- All staff are responsible for delivering safe, person-centred care and reporting concerns appropriately

Accountability Framework

Accountability flows as follows:

- Staff → Registered Manager
- Registered Manager → Nominated Individual
- Nominated Individual → Provider / Directors

All staff are required to understand and work within this framework.

Organisational Structure

An organisational structure is maintained which:

- Clearly defines roles and responsibilities
- Identifies reporting lines
- Supports effective governance and communication

This is reviewed regularly to ensure accuracy.

4.3 Serenity House Responsibilities and Leadership

The Registered Manager and Nominated Individual have overall responsibility for:

- Governance systems and processes
- Quality and safety of care and support
- Regulatory compliance

Serenity House will ensure at all times:

- The service is well-led and effectively governed
- Systems are in place to assess, monitor and improve quality
- Records are accurate, complete and securely stored
- Compliance with UK GDPR and Data Protection legislation
- Care and support are consistent, safe and person-centred

4.4 Serenity House Statement

Serenity House is committed to providing safe, high-quality, trauma-informed, person-centred care and support, underpinned by strong governance and continuous improvement.

Serenity House will:

- Take a human rights-based and trauma-informed approach
- Promote safety, dignity, choice, control and empowerment
- Encourage and respond to the views of women, staff and stakeholders
- Promote a culture of openness, honesty and learning in line with Duty of Candour
- Ensure staff feel confident to raise concerns and challenge poor practice
- Identify, assess and reduce risks across the service
- Monitor quality through audits, reviews and data analysis
- Learn from incidents, complaints and feedback
- Ensure accurate, secure and timely record-keeping
- Continuously review governance systems to improve effectiveness

Serenity House aims to create an environment where recovery, safety and excellence in care can flourish.

4.5 Accountabilities – Provider / Nominated Individual

The Nominated Individual is responsible for:

- Implementation and oversight of governance systems
- Quality assurance and audit processes
- Continuous improvement of the service
- Ensuring a clear organisational structure
- Promoting engagement with women and staff to shape the service

4.6 Responsibilities – Registered Manager

The Registered Manager is responsible for:

- Overall day-to-day management of Serenity House
- Ensuring regulatory compliance and high-quality care

This includes:

- Completing pre-admission assessments
- Ensuring each woman has a person-centred support plan

- Regularly reviewing needs and updating plans
- Engaging with women, professionals and stakeholders
- Delegating tasks and holding staff accountable
- Implementing governance systems including audits and reviews
- Reporting statutory notifications where required
- Submitting required data (including Capacity Tracker where applicable)
- Promoting values-based recruitment and staff retention
- Ensuring sufficient staffing levels and skill mix
- Learning from incidents, safeguarding, complaints and audits
- Producing and monitoring action plans
- Sharing learning with staff
- Using data to inform service improvements
- Working collaboratively with external professionals
- Acting as a positive role model

Contingency arrangements will be in place to always ensure management cover.

4.7 Responsibilities – Administrative Staff

Administrative staff are responsible for:

- Following policies and procedures
- Maintaining accurate and secure records
- Working within their role and training
- Supporting governance systems
- Raising concerns appropriately
- Maintaining confidentiality at all times

4.8 Responsibilities – Support Workers

All support staff are responsible for:

- Delivering care and support in line with plans
- Working within policies, procedures and training
- Maintaining accurate and timely records
- Raising concerns, risks and safeguarding issues
- Promoting a trauma-informed, respectful approach
- Identifying their own learning and development needs
- Supporting women in a safe, consistent and relational manner

4.9 Information Governance

Serenity House is committed to compliance with:

- UK GDPR
- Data Protection Act 2018

The service will ensure:

- Personal data is processed lawfully, fairly and securely
- Appropriate technical and organisational measures are in place
- Compliance with Information Commissioner's Office (ICO) standards
- Alignment with the Data Security and Protection Toolkit

4.10 Regulatory Inspections

Serenity House is regulated by the Care Quality Commission (CQC).

The service will:

- Maintain governance systems that support safe and effective care
- Provide evidence of how quality and safety are assessed and improved
- Respond to CQC requests in a timely and transparent manner
- Align practice with the Single Assessment Framework, focusing on outcomes and experiences of women

4.11 Clinical Effectiveness

Serenity House ensures that care and support are:

- Evidence-based
- Trauma-informed
- Regularly reviewed

Systems are in place to:

- Monitor outcomes
- Review practice
- Improve quality continuously

4.12 Policy Accessibility

Serenity House recognises that individuals access information in different ways.

This policy is available in:

- Easy-read formats
- Large print

- Audio versions
- Multiple languages

Additional support can be provided to ensure women understand:

- Their care and support
- Their rights
- How the service operates

5. Governance Processes and Operational Oversight

5.1 Defining Roles and Responsibilities

The Registered Manager and Nominated Individual at Serenity House must ensure that all staff understand their roles, responsibilities and lines of accountability.

This will be achieved by ensuring that:

- Job descriptions clearly set out duties, reporting lines and accountability expectations
- Staff induction and ongoing training reinforce understanding of roles, responsibilities and the governance structure
- Staff understand when and how to escalate concerns, risks or incidents
- Any gaps, overlap or duplication in responsibilities are identified and addressed promptly

Accountability Flow

- Staff report concerns, incidents or operational issues to their line manager or the Registered Manager
- The Registered Manager escalates significant risks, safeguarding concerns, regulatory issues or strategic matters to the Nominated Individual
- The Nominated Individual reports wider governance, regulatory or high-risk matters to the provider/directors

Organisational Structure Maintenance

Serenity House will maintain an up-to-date organisational chart which clearly shows:

- Leadership roles
- Staffing structure
- Reporting lines
- Accountability channels

This chart will be reviewed at least annually or sooner if organisational changes occur and will be shared with staff as part of induction and ongoing governance arrangements.

Monitoring Compliance

Managers will monitor staff understanding of roles and accountability through:

- Supervision
- Appraisal
- Competency assessment
- Team meetings
- Observation of practice

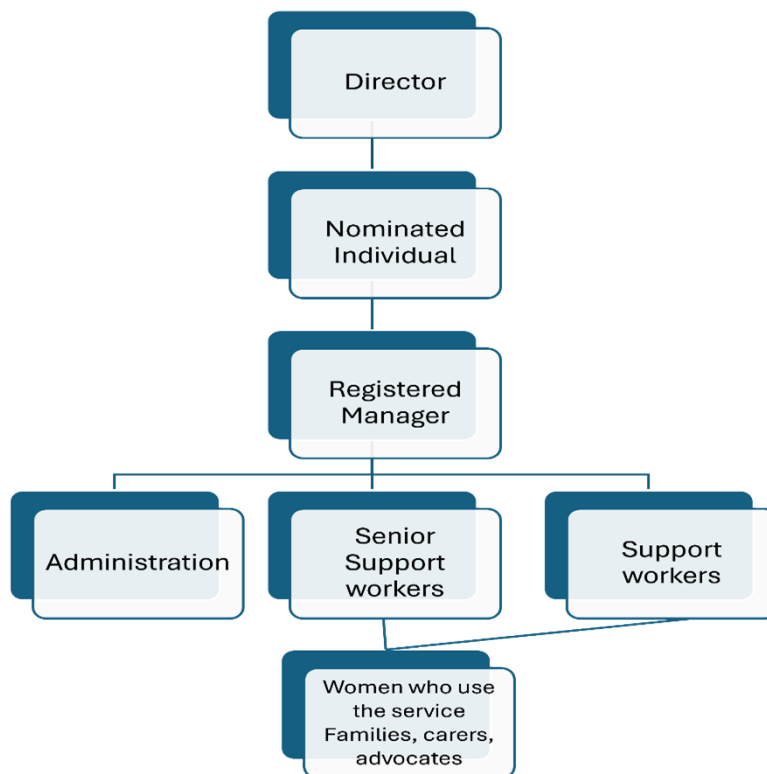
Any uncertainty regarding roles or accountability will be addressed without delay.

5.2 Organisational Chart

Serenity House will maintain a clear organisational chart showing the staffing and management structure of the service.

This chart will:

- Reflect the service's leadership and management arrangements
- Demonstrate reporting lines and accountability
- Support staff to understand who they report to and who is responsible for key areas of the service



Staff should also refer to the Business Plan and staffing structure documents for further detail regarding staffing arrangements, management oversight and strategic plans.

5.3 Accountability

The Registered Manager and Nominated Individual of Serenity House have overall management responsibility for this policy and procedure and for ensuring the proper governance of the service.

Serenity House will maintain a clear and structured approach to governance by ensuring that:

- All staff have a line manager and clearly defined accountabilities within their job description
- All staff, including managers, receive regular supervision and annual appraisal
- Responsibilities for communication with external bodies, including CQC, NHS partners and Local Authorities, are clearly documented
- Staff always work within their professional codes of conduct
- Safeguarding responsibilities are clearly understood, and poor practice is addressed through appropriate management processes

Contingency arrangements will be in place to manage any short or long-term absence of the Registered Manager. These arrangements will identify who holds delegated operational responsibility during the absence and ensure continuity of leadership and service delivery.



Where required, statutory notifications will be made to the Care Quality Commission, including any notifiable absence of the Registered Manager.

The Registered Manager may delegate elements of operational oversight, such as:

- Supervision
- Appraisals
- Audits
- Rota monitoring
- Specific areas of quality assurance

However, accountability remains with the Registered Manager for ensuring that delegated responsibilities are completed to the required standard.

Delegation will also be used to support succession planning, career development and leadership progression for suitable staff.

5.4 Communication

The leadership team at Serenity House will ensure that there are clear, transparent and effective communication systems throughout the service.

Communication with women using the service, their representatives, staff and external professionals will be:

- Appropriate
- Timely
- Accessible
- Relevant to need
- Provided in a format that the individual can understand

Serenity House will comply with the Accessible Information Standard and make reasonable adjustments where necessary to support effective communication and engagement.

Internal systems, documents and service information will be kept up to date to ensure staff and stakeholders have access to current information.

Further guidance can be found in the Communication Policy and Procedure.

5.5 Involvement of Women Using the Service, Their Families, Carers and Advocates

Serenity House is committed to working in partnership with women using the service, and where appropriate their families, carers, advocates and professionals, to ensure best practice and positive outcomes.

To ensure governance is meaningful and person-centred, women will be involved in shaping the quality, timing and nature of the support they receive.

This will include:

- Involvement in reviews of care and support
- Opportunities to give feedback on the service
- Participation in discussions about changes or developments within the service
- Support to communicate their views in ways that are accessible and meaningful to them

Serenity House will ensure that:

- Systems such as surveys, keywork sessions and reviews are used to gather women's views at least annually, and more frequently where appropriate
- Feedback is listened to, analysed and used to improve the service
- Women are informed of any changes made because of their feedback
- Feedback processes support the principles of person-centred care, co-production and continuous improvement

Formal reviews of support will be carried out at least every 6 months or sooner where needs change.

Serenity House will work in line with the Mental Capacity Act 2005, always presuming capacity unless assessed otherwise, and supporting women to make their own decisions wherever possible.

Accessible information will be provided in formats suited to individual need, including for example:

- Easy read
- Simplified information
- Audio
- Visual prompts
- Translated materials where required

Serenity House will make any reasonable adjustments necessary to ensure meaningful involvement and engagement.

Staff will receive training to support women to express their views, exercise choice and actively influence the service.

5.6 Involvement of Staff and Relevant Agencies

As well as seeking feedback from women using the service, Serenity House will actively engage with staff, professionals, commissioners and partner agencies.

This may include:

- Meetings
- Surveys
- Review processes
- Informal and formal consultation
- Partnership discussions with health and social care professionals

Feedback will be recorded, reviewed and analysed to identify themes, strengths, concerns and opportunities for improvement.

The Registered Manager and Nominated Individual will ensure that stakeholders receive feedback where appropriate on how their views have informed service development and improvement.

Further information can be found in the Quality Assurance, Feedback, Engagement and Continuous Improvement Policy and Procedure.

5.7 Quality and Safety Management

The Registered Manager will ensure effective systems are in place to assess, monitor and improve the quality and safety of the service.

This will include:

- Ongoing monitoring of care and support delivery
- Spot checks and observation of practice
- Supervision and competency assessment
- Review of records and support plans
- Feedback from women using the service and other stakeholders
- Review of incidents, complaints, compliments and safeguarding concerns
- Monitoring mental capacity decision-making and best-interest processes
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- Use of performance indicators such as medication errors, missed support, incidents, staff training compliance and safeguarding trends

These systems will be used to identify areas of strength and areas requiring improvement.

5.8 Incident Management

Serenity House will ensure that all incidents, accidents, safeguarding concerns, complaints and near misses are reported, reviewed and analysed in a structured way.

The Registered Manager and Nominated Individual will oversee investigations and ensure that:

- Root causes are identified where appropriate
- Corrective and preventative actions are implemented
- Learning is shared with staff
- Outcomes are monitored for effectiveness

Lessons learnt will inform:

- Risk assessments
- Support planning
- Policy review
- Training
- Audit activity
- Wider service improvement

Further detail can be found in the following policies:

- Safeguarding Adults Policy and Procedure
- Complaints, Suggestions and Compliments Policy and Procedure
- Accident and Incident Reporting Policy and Procedure

5.9 Quality Assurance and Audit

The Registered Manager is responsible for quality assurance within Serenity House.

Quality assurance systems will be used to assess whether standards are being met and where improvement is required. These standards will be informed by:

- Legislation
- CQC regulations

- Best practice guidance
- Trauma-informed principles
- Feedback from women using the service and other stakeholders

Audit activity may include:

- Health and safety
- Medicines management
- Infection prevention and control
- Support planning and documentation
- Safeguarding
- Staff files and recruitment
- Environment and premises
- Training compliance
- Incidents and complaints

The Registered Manager will complete regular audit activity throughout the year and report findings to the Nominated Individual and senior leadership for scrutiny and action.

This will include:

- Reviewing themes, trends and risks
- Implementing action plans
- Monitoring progress
- Evidencing continuous improvement

Further detail can be found in the Quality and Quality Assurance Policy and the Auditing Policy and Procedure.

5.10 Risk Identification and Management

Risks to women using the service, staff and the organisation will be identified through:

- Pre-admission assessment
- Ongoing risk assessments
- Incident reporting
- Audit
- Feedback
- Safeguarding review
- Complaints and whistleblowing processes

The Registered Manager will ensure that:

- Risks are documented appropriately, including on a risk register where required
- Control measures are implemented and reviewed
- Learning is shared with staff
- Risks are escalated in a timely way where necessary

At Serenity House, risk management is understood as balancing safety, recovery, empowerment and least restrictive practice.

Risk will be managed by:

- Identifying hazards and concerns early
- Understanding contributing factors
- Learning from adverse events and near misses
- Reviewing how care and support are delivered
- Putting action plans in place to reduce recurrence
- Monitoring women's physical, emotional and mental wellbeing and escalating concerns promptly

Staff should also refer to the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure.

5.11 Staff Management

Serenity House will ensure that staff are recruited, supported and managed in a way that promotes safe, effective and compassionate care.

This includes:

- Safe recruitment processes, including DBS, references and right to work checks
- Regular review of staffing levels, deployment and skill mix
- Supervision in line with policy
- Appraisal and competency assessment
- Spot checks and observation of practice
- Values-based management and performance monitoring
- Support for staff to raise concerns, reflect on practice and contribute to service development

Supervision will support governance by identifying:

- Good practice
- Development needs
- Concerns about performance

- Areas requiring further support or oversight

5.12 Staff Training and Continuing Professional Development

Staff will receive the training and development necessary to carry out their roles safely and effectively.

Training will include:

- Induction
- Mandatory training
- Care Certificate, where relevant
- Role-specific training
- Trauma-informed practice
- Safeguarding
- Mental health awareness
- Risk management
- Medication, where relevant
- Positive behaviour support, de-escalation and relational practice

Serenity House will:

- Identify training needs through supervision, appraisal and service review
- Provide induction and mandatory training for all staff
- Offer ongoing development opportunities relevant to role and service need
- Encourage reflective practice, mentoring and peer learning
- Monitor training compliance and address gaps promptly
- Evaluate the impact of training on practice and outcomes

Specific training may also be introduced following incidents, complaints, safeguarding concerns or identified service needs.

5.13 Assuring and Monitoring Clinical Effectiveness

Although Serenity House is a supported living service, it will ensure that all care and support are evidence-based, outcome-focused and informed by current good practice.

Assuring Effectiveness

The Registered Manager will ensure systems are in place to monitor quality, safety and effectiveness through:

- Audit

- Review of support plans and risk assessments
- Supervision and competency assessment
- Monitoring incidents, complaints and safeguarding concerns
- Review of outcomes and progress
- Oversight from senior leadership

Action plans will be developed where improvement is required and monitored to ensure progress is achieved and sustained.

Monitoring Effectiveness

Effectiveness will be monitored through:

- Support plans that are person-centred, strengths-based and regularly reviewed
- Risk management strategies that are proportionate and support independence
- Monitoring of key indicators such as incidents, medication errors, safeguarding, physical health concerns, missed support and engagement outcomes
- Use of national guidance and recognised best practice, including relevant NICE guidance where applicable
- Timely involvement of external professionals where a woman's needs are outside the competence of the staff team

Review Outcomes

Where themes or concerns are identified, actions may include:

- Policy changes
- Additional training
- Changes to care planning or risk management
- Increased audit or oversight
- Additional supervision or mentoring
- Involvement of specialist professionals
- Review of staffing levels or skill mix

Learning from feedback, incidents and outcomes will be used to strengthen service delivery and improve support.

5.14 Remediating Underperformance

Any shortfalls in care, support or governance will be identified through the governance framework.

Where underperformance is identified:

- Causes will be analysed
- Action plans will be implemented
- Staff may receive additional supervision, training or performance management
- Disciplinary action will be taken where necessary
- Policies, support plans and working practices will be reviewed
- External advice or specialist support may be sought where appropriate

Staff are expected to remain familiar with current policies and procedures and to work in accordance with them at all times.

Management are responsible for ensuring that policies are service-specific, current and understood by staff.

5.15 Record Keeping and Personal Information

Serenity House will maintain accurate, complete, contemporaneous and secure records relating to:

- Women using the service
- Staff
- Governance systems
- Incidents and investigations
- Training and supervision
- Quality assurance and audit activity

Records may include:

- Assessments
- Support plans
- Reviews
- Daily records
- Consent and capacity assessments
- Risk assessments
- Best-interest decisions
- Recruitment and training records
- Governance and management documentation

All personal information will be processed lawfully and confidentially in line with:

- UK GDPR
- Data Protection Act 2018

Serenity House will ensure that:

- Records are accurate, legible and completed promptly
- Only authorised staff create or amend records
- Paper records are securely stored
- Electronic records are password-protected and access-controlled
- Staff only access information relevant to their role
- Information is retained and disposed of in line with legal and organisational requirements
- Data breaches are reported and managed appropriately

Where a woman lacks capacity, the assessment process and any subsequent decision-making will be clearly recorded.

Further detail can be found in the Record Keeping Policy and Procedure.

5.16 Learning and Continuous Improvement

Serenity House will promote a culture of openness, reflection, learning and continuous improvement.

This will include:

- Investigating incidents, complaints and near misses
- Identifying root causes and contributory factors
- Developing and monitoring action plans
- Sharing learning with staff
- Reviewing trends and themes
- Using stakeholder feedback to improve practice and service delivery

Continuous improvement will be embedded into everyday practice, leadership oversight and governance review.

5.17 Evaluation and Feedback

The Registered Manager and Nominated Individual will ensure that information gathered through audit, review and feedback is properly analysed and used to improve the service.

Serenity House will actively seek, record and respond to feedback from:

- Women using the service
- Families, carers and advocates where appropriate
- Staff

- Commissioners
- Health and social care professionals

Feedback may be gathered through:

- Surveys
- Reviews
- Meetings
- Keywork discussions
- Telephone contact
- Compliments and complaints
- Informal day-to-day engagement

Reasonable adjustments will be made to support women to express their views.

Feedback will be analysed for themes and trends and considered alongside incidents, complaints and audits.

Actions arising from feedback will be:

- Recorded
- Implemented
- Monitored
- Shared with staff
- Fed back to women and stakeholders where appropriate

This supports transparency, responsiveness and continuous improvement.

5.18 Evaluation of the Governance Process

The effectiveness of the governance framework at Serenity House will be reviewed at least annually, or sooner if required due to service changes, legislation or identified concerns.

The review will consider:

- Audit findings
- Incident and safeguarding data
- Complaints and compliments
- Risk management outcomes
- Staff and stakeholder feedback
- Regulatory findings
- Performance indicators

The purpose of this evaluation is to:

- Identify strengths and areas for improvement
- Update systems and policies where required
- Develop and monitor improvement plans
- Share learning with staff and stakeholders
- Evidence accountability and oversight

Where additional scrutiny is needed, Serenity House may seek support from an external health and social care professional or consultant.

Records of review activity, findings and actions will be maintained.

5.19 Care and Support at Serenity House

Serenity House provides trauma-informed, person-centred care and support to women with complex emotional and mental health needs in a safe, lawful and respectful way.

All staff must follow this policy alongside each woman's individual support plan and risk management documentation to ensure that assessed needs, preferences, rights and outcomes are met.

At Serenity House:

- Every woman is treated with dignity, compassion and respect
- Care and support are tailored to individual needs, strengths, preferences and goals
- Staff work in accordance with legal, regulatory and professional requirements
- Support is designed to promote recovery, choice, independence and wellbeing
- Trauma-informed and psychologically informed approaches underpin all aspects of care and support

To support this approach, staff must also follow all relevant policies and procedures, including those relating to:

- Person-centred care and support planning
- Safeguarding adults
- Raising concerns, whistleblowing and Freedom to Speak Up
- Mental Capacity Act 2005
- Consent to care, support and treatment
- Equality, diversity and human rights
- Medicines management

- Positive behaviour support and least restrictive practice
- Restrictive practice and physical intervention, where relevant
- Relationships, boundaries, dignity and privacy
- Record keeping
- Risk management

This list is not exhaustive. Staff must seek guidance from their line manager or the Registered Manager if there is any uncertainty.

Staff working with specialist needs will receive appropriate induction, training and competency assessment to ensure women receive safe, responsive and person-centred support.

6. Definitions

6.1 Clinical Governance

Clinical governance is a framework through which services are accountable for continuously improving the quality, safety and effectiveness of care and support. It helps to create an environment in which high standards of care can flourish through clear oversight, reflective practice, learning and continuous improvement.

At Serenity House, clinical governance includes oversight of areas such as medication, physical health monitoring, risk management, safeguarding, incident review, staff competence and the quality of care and support provided to women using the service.

6.2 Root Cause Analysis

Root Cause Analysis is a structured method of reviewing an incident, error, complaint, safeguarding concern, accident or near miss in order to identify the underlying causes.

It is used to understand:

- What happened
- Why it happened
- What contributed to it
- What actions are needed to reduce the risk of recurrence

At Serenity House, root cause analysis may be used following significant incidents, safeguarding concerns, complaints, medication errors or repeated themes identified through governance processes.

6.3 Information Governance

Information Governance is the framework for managing information lawfully, safely, confidentially and appropriately.

This includes:

- Recording information accurately
- Storing information securely
- Sharing information on a lawful and need-to-know basis
- Respecting confidentiality
- Ensuring personal data is protected

At Serenity House, information governance applies to all records relating to women using the service, staff, incidents, governance systems and operational processes.

Information Commissioner's Office (ICO)

The Information Commissioner's Office is the UK's independent authority for upholding information rights and promoting data privacy and openness.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to measure performance against national data security standards.

UK GDPR

UK GDPR is the legal framework that governs how personal information is used, processed, stored and shared in the United Kingdom.

6.4 Accessible Information Standard

The Accessible Information Standard is a legal requirement for organisations providing NHS care and publicly funded adult social care to identify, record, flag, share and meet the information and communication needs of people with a disability, impairment or sensory loss.

At Serenity House, this means information must be provided in ways women can understand and use, with reasonable adjustments made to support communication, engagement and involvement.

6.5 Organisational Structure

An organisational structure is the system used to define how leadership, management and accountability are arranged within a service.

It shows:

- Roles within the organisation
- The function of each role
- Reporting lines
- Who is accountable to whom

At Serenity House, the organisational structure supports clear leadership, safe decision-making and effective governance.

6.6 Risk Register Summary

A risk register summary is a document used to record identified organisational and service-level risks.

It usually includes:

- The nature of the risk
- The level or rating of the risk
- Control measures in place
- Actions required
- The person responsible for oversight

At Serenity House, the risk register supports monitoring, escalation and review of significant risks affecting women using the service, staff or the wider organisation.

7. Key Facts – Professionals

Professionals working with Serenity House should be aware of the following:

- Governance is the overall framework through which the provider, Nominated Individual and Registered Manager direct, monitor and improve the service so that decision-making is effective, risk is managed and positive outcomes are achieved
- Clinical governance forms part of this wider governance framework and focuses specifically on the quality, safety and effectiveness of care and support
- Serenity House uses governance systems to identify, review, monitor and improve practice across the service
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- All staff have defined roles and responsibilities within the governance framework and are expected to work within policies, procedures and professional standards
- Accurate, timely and secure record-keeping is an essential part of safe care, good governance and accountability
- Staff receive regular supervision, support and appraisal to ensure they understand their responsibilities and areas of accountability
- Serenity House maintains secure, accurate and up-to-date records relating to women using the service, staff and operational activity
- Full records are maintained in relation to recruitment, training, supervision, development and performance management
- Governance processes are used to support reflective practice, continuous learning and service improvement

8. Key Facts – People Affected by the Service

Women using the service, and where appropriate their families, carers and advocates, should be aware of the following:

- Your views, experiences and feedback matter and will be used to help improve the service
- Serenity House will listen to concerns, suggestions and compliments and respond appropriately
- There is a complaints procedure in place and this will be shared in a way that is easy to understand and access
- Policies and procedures are reviewed regularly to make sure the support provided is safe, effective, caring and responsive
- Information about you will be kept securely and handled in line with data protection law
- Serenity House will support you to understand information in a format that meets your communication needs
- You have the right to be involved in decisions about your care and support and to have your voice heard

Further Reading

Useful resources that support good governance, leadership and service improvement include:

- Skills for Care – resources on leadership, governance, roles and responsibilities in adult social care
- NHS England – guidance on root cause analysis and learning from incidents
- The King's Fund – resources on leadership, governance and organisational development

- Quality and Quality Assurance Policy and Procedure at Serenity House
- Auditing Policy and Procedure at Serenity House
- Record Keeping Policy and Procedure at Serenity House

Outstanding Practice

To demonstrate outstanding practice in this area, Serenity House should be able to evidence that:

- Accountability and responsibility for governance are clearly understood across the service
- Staff are confident in their roles and actively contribute to quality improvement
- Governance arrangements are regularly reviewed to ensure they remain effective, proportionate and responsive to risk
- Quality and safety information, such as incidents, complaints, safeguarding, audit findings and key performance indicators, is reviewed routinely and informs decision-making
- Service improvements can be clearly linked to governance activity, feedback and learning
- The service demonstrates a strong culture of openness, transparency and continuous improvement
- Mistakes, shortfalls and concerns are addressed promptly, openly and effectively
- Risks are proactively identified, reviewed and managed through robust risk management systems
- Learning from incidents and near misses is captured, shared and used to strengthen practice
- Root cause analysis is used appropriately to understand themes, contributory factors and lessons learnt
- Best practice guidance, research and external resources are used to inform development and improve quality
- There is an up-to-date organisational structure in place which is accessible to staff
- Staff know who their line manager is and understand their own responsibilities and accountability
- Delegated responsibilities are clearly defined, supported and monitored
- External professionals and partner agencies contribute appropriately to quality oversight and service development
- Compliance with regulatory, contractual and statutory requirements is monitored and acted upon
- The Accessible Information Standard is embedded in practice so women are supported to understand information, express their views and influence the service
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- Governance systems support not only compliance, but also better outcomes, safer care and a more responsive, relational service for women