# Richmond House

**Social Care Services** CIC

**Governance Policy**

**Richmond House** Social Care Services CIC

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## Scope

This Policy applies to all staff and all departmental/Registered Managers/Leadership Teams

## Objectives

● To provide guidance to Registered Manager/Leadership Teams and staff on the Governance Policy .

● To review the effectiveness of the Quality System to ensure it is meeting the stated objectives of the care service and the requirements of its service users.

● To identify areas where the Quality System can be improved and thereby improve the quality of service to its service users, families and advocates.

## Purpose

● Richmond House Social Care Services will use regular formal meetings of all key managers to close the loop in the Quality Assurance process and ensure continuous improvement by active planning and review.

● To support an active developmental culture.

● To provide the employees and Service Users of Richmond House Social Care Services with a simple framework through which the elements of Governance will be met. It plays a key part in operation governance, service planning and performance management.

● It is therefore of paramount importance to ensure that services are efficiently managed, and that appropriate policies, procedures and management accountability provide a robust governance framework for quality management.

● To comply with statutes, regulations and quality standards

**There are 4 key interlinked strands to the governance policy:**

• Openness, transparency and trace-ability

• Legal compliance

• Security

• Quality assurance

**Duties**

- The governing body is responsible for the management, policies and strategic development of Richmond House Social Care Services.

**Procedure**

- It is recommended that a Meeting Coordinator be agreed, who will be responsible for receiving all reports between meetings and bringing them to the meeting, adding new items to the Action Plan, moving completed actions to the end of the rolling Action Plan, end copying out the Plan to all participants and the public notice board.
- The standard agenda for the meeting will include, as a minimum set:
    - Review of Action Plan from previous meeting
    - Review of audits:
        - ✓ Administration (Including Health and Safety);
        - ✓ Care;
        - ✓ Personnel,
- Review of stakeholder survey action plans
- Review of Mock Inspection action plans
- Review of Quality Team meeting reports
- Review of statutory inspection reports
- Review of quality accreditation reports
- Review of complaints, complements and customer surveys
- Review of Service User's Handbook
- Review of planned activities
- Review of Health and Safety
- Review of accidents:
    - To Service Users;
    - To employees;
    - To others.
- Review of Data collection, processing and storage, against Data Protection statues
- Review of financial and performance reports:
    - Enquiries, admissions, discharge and occupancy;

- Cost reports;
- Financial results;
- Business Plan (annual review);
- Training Plan (annual review);

- Recruits, terminations, absenteeism and staffing levels;
- Review of ethnic, cultural, religious and language range of current Service User group.
- The meeting will end with a review of the modified action plan, checking that each matter considered for action has been included, and that all present are clear as to responsibilities for action and attendant timescale.
- The modified action plan will be distributed to all participants in the meeting within 48 hours of the close of the meeting.

## Meeting Minutes, Best Practices

Minutes are required to be made for all meetings of the board, the members and the board committee. Such minutes form part of the permanent records of the corporation and should be kept indefinitely.

Minutes should be signed by the chair.

There is no requirement to have minutes formally approved by the board or members at a subsequent meeting, but it is a good practice to do so. Once signed by the chair, the minutes are considered to be evidence of the proceedings taken unless the contrary is proved. Approval of the minutes reduces the risk of subsequent challenge to the minutes.

# Richmond House Social Care Services CIC

## Management Meeting Agenda

| Meeting Date/Time/Place: | | | |
|---|---|---|---|
| **Present:** | | | |
| **Agenda Item** | | **Nothing to report** | **Discussed and actioned as appropriate** |
| Review of Action Plan from previous meeting | | | |
| Review of audits | Administration | | |
| | Care | | |
| | Personnel | | |
| Review of stakeholder survey action plans | | | |
| Review of Mock Inspection action plans | | | |
| Review of Quality Team meeting reports | | | |
| Review of quality accreditation reports | | | |
| Review of complaints, complements and customer surveys | | | |
| Review of Service User's Handbook | | | |
| Review of Health and Safety | | | |
| Review of accidents | To Service User | | |
| | To employees | | |
| | To others | | |
| Review of Data collection, processing and storage, against Data Protection statues | | | |
| Review of financial and performance reports | Enquiries, admissions, discharge and occupancy | | |
| | Cost reports | | |
| | Financial results | | |
| | Review of staffing levels (quarterly review) | | |
| | Business Plan (annual review) | | |
| | Training Plan (annual review) | | |
| | Review of accommodation (annual review) | | |
| Review of legislative and regulatory changes (annual review). | | | |
| Review of policies and procedure (annual review). | | | |
| Review all attendee's diaries to ensure co-ordination. | | | |
| Check agreement on Action Plan rolled forward before meeting close | | | |

## Management Meeting Agenda - Regular Items Diary

| Frequency | Item | Last date considered |
|---|---|---|
| **Weekly/Monthly** | Review of Action Plan from previous meeting | |
| | Review of stakeholder survey action plans | |
| | Review of Mock Inspection action plans | |
| | Review of Quality Team meeting reports | |
| | Review of quality accreditation reports | |
| | Review of complaints, complements and customer surveys | |
| | Review of Service User's Handbook | |
| | Review of Health and Safety | |
| **Quarterly** | Review of Audits; | |
| | Care audit | |
| | Training audit | |
| | Staffing levels | |
| | Environment risk assessments | |
| | Service Users' Handbook | |
| **Annual** | Business Plan | |
| | Training Plan | |
| | Policies and procedures | |
| | Legislative and regulatory changes | |
| | Administration accommodation | |
| | Receipt of annual Service User lifting equipment test certificate | |

## Management Meeting Action Plan

| Ref | Details | Who | When | Progress |
|-----|---------|-----|------|----------|
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## Meeting Evaluation

| Meeting Evaluation | | |
|---|---|---|
| **Question** | **Agree** | **Disagree** |
| Date of meeting: | | |
| 1.   Today's meeting started on time. | | |
| 2.   The agenda was clear and realistic for the allotted meeting time. | | |
| 3.   I had a clear understanding of the objectives for today's meeting. | | |
| 4.   Agenda topics were appropriate (i.e., reflected Terms of Reference or board role and annual work plan). | | |
| 5.   Adequate background information was provided for each agenda item. | | |
| 6.   The time spent on each item was appropriate. | | |
| 7.   I felt supported and valued as a member of this committee/board. | | |
| 8.   I was encouraged to discuss and share my opinions openly. | | |
| 9.   Disagreements were handled openly, honestly and directly. | | |
| 10.  The chair kept discussions on track. | | |
| 11.  The chair was prepared for the meeting. | | |
| 12.  Meeting participants were prepared for the meeting. | | |
| 13.  Follow up action item responsibilities were clear to all meeting participants. | | |
| 14.  Today's meeting finished on time. | | |
| 15.  Overall, we accomplished a lot at this meeting. | | |

## Chief Executive - Head of Services

The Head of Services has overall accountability:

- For ensuring that there are appropriate arrangements are in place for governing.
- Responsible for advising on appropriate sharing of personal identifiable information throughout the organisation and is lead for the Confidentiality and Data Protection Assurance Agenda in the Information Governance Toolkit.

## Managers/Leadership Team

All managers/Leadership Team are responsible for ensuring that their staff are adequately trained and conform to the House Governance Policy and this associated strategy.

Maintain securely an accurate, complete and contemporaneous record of each service user, including care plan and treatment provided

## All Staff

All staff have a responsibility to adhere to all Governance Policies standards which is written in the duty of confidence statement and as per their terms of employment.

## The review process and annual quality report

The Board of Directors and the Performance Team will carry out an annual review of the Quality System and its performance and produce a report of the outcome for the Management Review Meeting.

The report will include:

- The results following the review of the Quality Policy, requirements and standards to verify that these are correct and the service operates in accordance with any external regulations or guidance, and to ensure these are accounted for within the Quality Manual and Procedures.
- Review of Richmond House Social Care Services objectives and key performance indicators.
- Follow-up action from previous management reviews.
- Analysis of Quality Audit Reports.
- Analysis of summary of suggestions, comments and complaints.
- Analysis of Service Users'/Relatives' Satisfaction Surveys and feedback from any Service

User's meetings.

- Analysis of staff training, appraisal and supervision.
- Analysis of suppliers' performance.
- Analysis of recommendations for improvements to Quality system.
- Status of preventative actions.

### Annual management review meeting

The purpose of the meeting is to consider the results of the review, and verify that the Quality System is meeting the stated quality objectives, and to identify any amendments which may be required to the Quality System.

To consider any improvement to the Quality System and targets for implementation.

### Communicating the outcome of the management review

A copy of the Management Review will be provided to the Board of Directors. A copy of the report is available on the House Share Drive.

### Interim quality management report

The Quality Manager to produce a progress report for the Board of Directors six months following the annual review, detailing achievements and progress towards the identified goals. On consideration of the report, the directors will determine whether an interim Quality Management review meeting is required.

### Recording

The details of the Management Review and related documents should be kept in the Management Review File.

### Risk Prevention and Opportunities

All staff are responsible for reporting to the Manager/senior member of staff on duty that they or any other member of staff have not been able to meet the quality requirements of the Richmond House .

The Management Representative will investigate where staff report that quality requirements cannot be met and decide on the appropriate action to resolve the problem which will be recorded on the non-conformance report.

Any activity that becomes necessary, which deviates from the requirement of procedures outlined in the Quality Manual will be authorised only by the manager.

### Routine Monitoring of quality and corrective action Plan

All non-conformance including Service User complaints will be reviewed to evaluate the effectiveness of any preventive measures in place.

When planning new service delivery or any changes to Richmond House operations, the management will consider what preventive actions are required. These will be recorded in the minutes of any planning meetings and actions reviewed to assess effectiveness of preventive actions taken.

### Business Planning

At management review potential issues that will affect delivery of the quality objectives will be identified and specific preventive actions included in the minutes.

### IT

The backup tapes have been labelled in four sets, these being Week 1, Week 2, Week 3 and Week 4. Full backups are made from 11:30pm Monday to Friday. In addition to this a backup is made on Saturday and Sunday for the out of hour's team and these are backed up to a shared network drive. If there is a failure of the actual tape drive, the high capacity Network Attached Storage (NAS) device can be used as a fallback. On running a scheduled backup, the system has been configured to send an email alert to the IT Team, these alerts are archived as part of the process. In the event that there has been an issue with a backup these alerts are picked up by the IT Team to resolve. Successful backup alerts are archived as part of the backup process.

Full backups, including system states, are made of the server and all the data necessary to run the business are targeted and transferred to the removable backup tapes.

The server and associated equipment including the telephone system are protected via banks of uninterruptable power supplies (UPS) units that will keep the systems running for 20 minutes in the event of a power outage. The system is configured to send email and SMS text alerts to IT Team/Registered Manager/Leadership Teams to notify of a power outage. Using installed remote access technology, the servers can then be shut down in a controlled manner therefore protecting the integrity of the information systems.

The data for the entire business is kept on the main server at our Head Office and the staff members in the other offices connect to this data via Microsoft Terminal servers. The links between the offices are connected to a resilient private MPLS data network which is provided as a managed service. This secures the data from outside snooping and the network can be rerouted to any of the sites in the company, so in effect any of the sites has the capability to host the servers and run the business. All remote sites are accessible and configurable over these connections so a minimum of personal would be needed to switch the systems over to another site.

In the event of a disaster at the Head Office in East Riding the data that has been stored on the backup tapes will be used to restore the key components required to continuing operations within The Richmond House Social Care Services. We currently have a number of backup servers that can be restored in the event of a server issue.

As the needs of the business grow and more systems are added to the infrastructure the backup plans will be revised to include these additions so the data and functionality they host or provide will be safe guarded against failure.

Hardware is refreshed every 3 years to maintain the availability of the replacement parts and to keep any warranty active for the server. The desktops are all provided by one supplier and are all readily available if we need to buy in more to replace any lost during a disaster situation. Printers are also installed and are provided by several suppliers.

**Local Emergency Planning Procedure (Traffic Light System)**

In the event of an emergency, a full review of customer vulnerability according to the Traffic Light scheme will be undertaken each month. Service Users will be identified as RED, AMBER or GREEN, which identifies their requirement for continued care in the event of an Emergency event, including bad or severe weather conditions.

**Service Users with Critical Support Needs are designated as Red.**

Red Service Users are prioritised to receive service in the event that an emergency plan is in operation. This includes Service Users with time critical medication needs, no family or other informal support, and who are unable to maintain health and wellbeing without support for even a short period. Red Service Users receive essential services unless they are inaccessible and Emergency Services and Council Officers will be advised that assistance is required.

**Service Users with some Essential Need are designated as Amber**

Amber Service Users may have some needs which have to be met, but not time critical. The call will be done, but rescheduled to a time that can be delivered with current resources. These Service Users might have family members to help support them with specific tasks if prompted and confirmed.

**Service Users with no Immediate Essential Need are designated as Green.**

A Green Service User may have a need which is not immediate, such as a planned activity visit or has a live in relative who can ensure health and wellbeing during the emergency. These Service Users will not receive support for the duration of the emergency unless all RED and AMBER designated Service Users have been cared for.

Staff location is the key indicator in which staff will attend Service Users in the event of extreme weather events or other issues which affect access. Those staff living closest to the Service Users who require support should be assigned to work with them, whilst the emergency period lasts, to facilitate the continuity of essential care for the most vulnerable people.

In the event of staff shortages, the following steps must be taken to ensure continuity of service;

    i.      Utilise available bank staff.

    ii.     Utilise staff on scheduled rest days,

    iii.    Cancel leave if possible and call in staff who are on pre-booked annual leave

    v.      Assign office staff to care duties if necessary

    vi.    If these measures do not provide sufficient staffing capacity, approach our Housing Support recruitment division to secure source temporary staff with a DBS disclosure, references and appropriate experience, with permission from the relevant Local Authority.

Where staff resources are reduced by a major incident, and we are not able to make up the shortfall by the methods given, emergency service plans will be invoked. Commissioning officers must be advised, and informed that emergency measures are being activated.

When Emergency plans are in place, individual services may be reduced or amalgamated, according to the professional judgement of the Registered Manager, in order to ensure that ALL Service Users who cannot supported by other means receive the essential care needed to see them through the duration of the emergency. Reasons for these decisions must be documented and justifiable.

## Risk Assessment Framework Agenda Planner

| | Risk | Internal Audit | Committee Agenda Plan | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | Aug | Oct | Dec | Feb | Apr | Jun |
| **Finance – Legal/Regulatory Compliance** | | | | | | | | |
| Taxes (Payroll, Commodity, Property) | 🟢 | x | | | | | | ⚑ |
| Financing | 🟢 | | ⚑ | ⚑ | | ⚑ | | ⚑ |
| Pension Plan | 🟡 | | | ⚑ | | | | |
| **Finance – Operational** | | | | | | | | |
| Operating Results & Forecasting | 🟢 | x | ⚑ | | ⚑ | ⚑ | | ⚑ |
| Working Capital Management | 🟢 | | ⚑ | | ⚑ | ⚑ | | ⚑ |
| Procurement Management (Contracts, etc.) | 🟡 | x | ⚑ | | | | | |
| Accounts Receivable & Revenue Management | 🟢 | x | | | | | | |
| Signing Authority & Delegations | 🟢 | x | | | | | | |
| Investments (Decisions, Policy) | 🟢 | | | | | | | ⚑ |
| Legal Claims | 🟢 | | | | | | | ⚑ |
| Insurance (Comprehensive, Asset) | 🟢 | | ⚑ | | | | | ⚑ |
| **Facilities & Infrastructure – Legal/Regulatory Compliance** | | | | | | | | |
| Fire and Building Code | 🟢 | | | ⚑ | | | | |
| Occupational Health & Safety Act | 🟢 | | | | ⚑ | | | |
| **Facilities & Infrastructure – Operational** | | | | | | | | |
| Facilities Management – Repairs & Maintenance | 🟢 | | | | ⚑ | | | |
| **IT – Operational** | | | | | | | | |
| Privacy Legislation | 🟡 | x | | ⚑ | | | | |
| IT Infrastructure & Operations (Networking) | 🟢 | x | ⚑ | | | | | |
| Data Quality & Integrity | 🟢 | x | | | | | | |
| IT Partnership Management | 🟡 | x | | | ⚑ | | | |

**Legend:**

| | |
| --- | --- |
| Low Risk | 🟩 |
| Medium Risk | 🟨 |
| High Risk | 🟥 |

## Chief Executive Officer Annual Priorities Review

| Priorities | Status | | | | Comments | Primary Strategic Indicator Linkage |
|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | | |
| 1. Realizing Quality and Efficiency | | | | | | |
| | | | | | | |

| Priorities | Status | | | | Comments | Primary Strategic Indicator Linkage |
|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | | |
| 2. Building HR and Organisation | | | | | | |
| | | | | | | |

| Priorities | Status | | | | Comments | Primary Strategic Indicator Linkage |
|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | | |
| 3. Leading Governance Excellence | | | | | | |
| | | | | | | |

| Priorities | Status | | | | Comments | Primary Strategic Indicator Linkage |
|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | | |
| 4. Balancing Budget through process streamlining | | | | | | |
| | | | | | | |

**Chief Executive Officer Confidential Board Panel Appraisal Form**

| Criteria | Rating (1-5)<br><br>5 Outstanding<br>4 Exceeds Expectations<br>3 Meets Expectations<br>2 Below Expectations<br>1 Unacceptable | Comments |
|---|---|---|
| Leadership<br>• Strategic vision and planning<br>• Board support and effectiveness<br>• Executive directions | | |
| Operations Management<br>• Quality and service results<br>• Resource use<br>• Administrative controls | | |
| Financial Management<br>• Operating costs<br>• Financial reporting<br>• Capital reserves and planning<br>• Risk management | | |
| People Management<br>• Management team development<br>• Motivation and communications<br>• Staff morale<br>• Labour relations | | |
| Relationship Management<br>• Funders and Ministry<br>• Community leaders<br>• Other related organizations | | |

## Assessing Board Performance

| Board Functions | What Needs to be Assessed | Board Approach to Performance Assessment |
|---|---|---|
| Approve Goals and Strategic Directions | • Quality of strategic plan<br>• Implementation of the strategic plan | • Need to assess qualitatively and quantitatively the progress in accomplishing goals (outcomes) and implementing the strategic initiatives |
| Establish Framework for Performance Oversight | • Performance measurement and indicators<br>• Performance reporting | • Board needs performance measures/indicators to monitor performance against standards, targets and history |
| Oversee Programs and Quality | • Program effectiveness<br>• Client experience<br>• Access and flow | • Process Improvement Plan assessment<br>• Performance indicators for client outcomes<br>• Compliance with policies and best practices related to quality |
| Oversee Financial Condition & Assets | • Financial health – operating and balance sheet<br>• Financial risk management<br>• Financial controls and information | • Assessment of reliability/adequacy of reserves and operating revenues<br>• Client/industry opinions<br>• Policy/process audit |
| Enterprise Risk Management | • Risk identification & assessment<br>• Risk prevention & protection<br>• Broadly defined | • Quality and completeness of risk management plan<br>• Risk reporting and review process |
| Supervise Management | • Performance of chief executive officer through annual evaluation<br>• Quality of management talent | • Evaluation against annual objectives and organizational results<br>• Evaluation of skills and behaviors |
| Stakeholder Relations | • Quality of stakeholder relationship<br>• Level of stakeholder support and approval | • Qualitative assessment of quality of relationships and stakeholder approval<br>• Feedback and surveys of stakeholders |
| Manage Board's Own Governance | • Conditions for good governance in place<br>• Effective board behaviour and use of board practices | • Governance quality indicators |

## Board of Directors Skills Matrix and Inventory

Synopsis of key board requirements:

- List any key board requirements for next three to five years, for example, construction and project management skills, if the corporation will be completing a capital project.

| Board Members | | Knowledge, Skills, and Experience<br>Please indicate your knowledge, skills, and experience for each category<br>Advanced = 3          Good = 2          Fair = 1          None = 0 | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | Years on Board | Finance | Business Mgmt | Human Resources Mgmt | Industry Specific | Government & Gov Relations | Political Acumen | Construction & Project Mgmt | Legal | Strategic Planning | Risk Management | Information Technology | Accounting | Education | Research | Quality & Performance Mgmt | Labour Relations | Board & Governance | Public Affairs & | Ethics | Advocacy | Diversity Issues |
| | | | | | | | | | | | | | | | | | | | | | | |
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| Total Rating: | | | | | | | | | | | | | | | | | | | | | | |

## Governance Audit Questionnaire

| Checklist of Governance Practices | Status of Governance Practices & Recommendations |
|---|---|
| **ARTICLE I – LEGAL STRUCTURE BACKGROUND INFORMATION** | |
| a. Constating documents: letters patent and supplementary letters patent/articles and articles of amendment or special Act. Review for special provisions. | |
| b. Date of most recent by-law review: Provide by-laws. | |
| c. Identify any special issues or challenges facing the organization (i.e., member | |

| Checklist of Governance Practices | Status of Governance Practices & Recommendations |
|---|---|
| communication, resources, board stability). | |
| d. Date of most recent governance review.    Provide report. | |
| **ARTICLE II – ROLE OF THE CORPORATION AND ACCOUNTABILITIES** | |
| a. Role of the corporation (provide copies of: objects/purpose, mission, vision and values, strategic directions). | |
| b. Date of last strategic plan. Date of next review. | |
| c. Identify a corporation's accountabilities and key stakeholder relationships. Is there a formal statement of corporate accountability? Date of last review. | |
| **ARTICLE III – THE BOARD'S GOVERNANCE ROLE** | |
| **3.1 Define the role of the board** | |
| a. Board exercises a governance role in the following areas: strategic planning, financial oversight, risk/quality, chief executive officer supervision and succession planning, stakeholder relations, communication, governance. Has the board expressly adopted a statement of the board's role? Provide copies. Date of last review. | |
| b. Is there an annual board work plan? Provide copies. | |
| **3.2 Provide an outline of how the board performs its responsibilities for the following areas of board performance** | |
| a. Strategic planning – ensuring a strategic plan is developed with board participation and ultimate board approval, ensure annual review takes place and participate in annual review of strategic plan. | |
| b. Oversight of management (chief executive officer) – develop and approve chief executive officer job description; select the chief executive officer, review and approve chief executive officer's annual performance goals; review chief executive officer performance; ensure succession plans are in place for chief executive officer and senior management; and exercise oversight of chief executive officer's supervision of senior management as part of chief executive officer's annual review. | |
| c. Quality and risk identification and management – ensure performance standards and indicators are established and approved by the board; ensure board monitors performance against indicators; ensure board understands its role in relation to quality and risk; ensure processes are in place for identifying risks; and that plans | |

| Checklist of Governance Practices | Status of Governance Practices & Recommendations |
|---|---|
| are developed and implemented to monitor and manage risks. | |
| d. Financial oversight – stewardship of financial resources including setting policies for financial planning; approving annual budget; monitoring performance; approving investment policies; monitoring investment performance and approving audited financial statements. | |
| e. Governance – the board is responsible for the quality of its own governance; the board establishes and periodically accesses policies regarding board conduct and processes; the board reviews its governance structures (board size and composition, committee mandates and composition, officers, meeting effectiveness, etc.) at periodic intervals; the board is appropriately responsible for board succession and on-going quality (education) and to monitor board and individual directors effectiveness through annual evaluations. | |
| f. Stakeholder relations, communication and accountability – ensure organisation appropriately communicates with its stakeholder in a manner consistent with accountability to stakeholders. | |
| **ARTICLE IV – DUTIES, OBLIGATIONS AND EXPECTATIONS OF INDIVIDUAL DIRECTORS** | |
| a. Fiduciary obligations to adhere to and observe the standard of care expected of a director and to obey the "Rules of Fiduciary Conduct". The standard of care is to act honestly and in good faith and in the best interests of the corporation and to meet the applicable standard of care. Is there a formal policy with respect to directors' duties? How are directors made aware of their duties and obligations? | |
| b. Rules of fiduciary conduct:<br>• Avoid conflict of interest;<br>• Corporate obedience – solidarity, board speaks with one voice;<br>• Confidentiality;<br>• Loyalty – act in interest of corporation as a whole and not any one group or representative body.<br>Is there a board Code of Conduct that describes the rules of fiduciary conduct? | |
| c. Describe expectations regarding the level of attendance and participation at board and committee meetings. How are these expectations communicated? | |
| d. Describe participation in board and individual director evaluation (self- evaluation and/or peer review). | |

| Checklist of Governance Practices | Status of Governance Practices & Recommendations |
|---|---|
| e. Is there a process to deal with underperforming directors? Is the role of the chair clearly understood with respect to director performance and discipline? | |
| **ARTICLE V– BOARD GOVERNANCE POLICIES** | |
| a. Has a formal board Governance Policy Manual been prepared? Provide copies. | |
| b. Date of last review. | |
| c. Process for updating. | |
| **ARTICLE VI – BOARD COMPOSITION & RECRUITMENT** | |
| **6.1  Board size and composition** | |
| a. Identify number of elected/appointed/*ex officio* directors. List *ex officio* directors by office. | |
| **6.2  Board quality** | |
| a. Is there a process to identify skills required of board members? | |
| b. Is a board profile or skills matrix of the current board maintained? | |
| c. How are prospective board nominees identified? Is a roster of eligible candidates maintained? | |
| d. How are prospective candidates advised with respect to role and expectations of directors? | |
| e. How are prospective candidates evaluated? | |
| f.  Who makes the recommendation of approved candidates? | |
| g. How is election conducted at annual meeting? | |
| **6.3  Term of office** | |
| a. Board term (initial, renewal and maximum terms). | |
| b. Committee chair terms (initial, renewal and maximum terms). | |
| c. Officer terms (initial, renewal and maximum terms). Identify officers. | |
| **ARTICLE VII – OFFICERS** | |
| a. There is a clear process for selecting officers and committee chairs. Describe the process. | |
| b. Are position descriptions prepared and periodically reviewed? | |
| **ARTICLE VIII – BOARD COMMITTEES** | |
| a. Do committees have written mandates? Provide committees' Terms of Reference. | |
| b. Are committee mandates reviewed periodically? | |
| c. How are committees established? Committees are established pursuant to governance principles (committees do board work not management work). | |

| Checklist of Governance Practices | Status of Governance Practices & Recommendations |
|---|---|
| d. Describe how committees report to the board. | |
| e. Is the Audit Committee comprised of independent directors or a majority of independent directors? | |
| f. Are there any committees required under applicable legislation and have such committees been established? | |
| g. Is there an Executive Committee and how does it report to the board?   Describe the decision-making role of Executive Committee. | |
| **ARTICLE IX  – BOARD ORIENTATION, EDUCATION AND EVALUATION** | |
| a. Is board orientation mandatory? How is orientation conducted? Provide index of orientation manual. | |
| b. Is there a written manual for new board members? Provide index. | |
| c. Is there a clear process for directors to participate in external education programs? Describe process. | |
| d. How is board education conducted? | |
| e. What is the frequency of continuing education for directors? | |
| f. Is an annual board retreat held? Date of last retreat, attendance and sample agenda. | |
| g. Is there an annual evaluation of the performance of individual directors and the board as a whole? Provide a copy of the evaluation tool and describe the process for providing feedback and acting on results. | |
| **ARTICLE X  – BOARD MEETING PRACTICES** | |
| a. Provide sample board agendas. Is board work aligned with the annual board goals and work plan and strategic directions? | |
| b. Are decision items separated from information items? | |
| c. Is specific time allocated for agenda items and is time adhered to? | |
| d. What is the process for bringing forward board committees' recommendations and reports? Is a board briefing report or decision support document used?   Provide examples. | |
| e. Are meetings regularly evaluated? Provide copy of evaluation tool. | |
| f. Are meetings open and is there a proper use of *in camera* sessions? (Relevant where open board meetings are required by law or are in furtherance of transparency). Is there a formal policy for *in camera* meetings? Is there a policy for the attendance of the public at board meetings? | |

| Checklist of Governance Practices | Status of Governance Practices & Recommendations |
|---|---|
| g. Does the board (independent directors) meet without management from time to time? Is there a written policy? | |
| h. Is there a clear policy that allows the board to obtain independent advice (legal or financial or other)? | |
| i.  Is a consent agenda used and is there a policy? | |
| **ARTICLE XI – MEMBERS –** describe the following | |
| a. Composition (categories or classes, qualifications and process for admission as a member) | |
| b. Term | |
| c. Termination | |
| d. Role | |
| e. Voting Rights | |

**Richmond House** Social Care Services CIC

## Short Breaks Information / Agreement
## Child / Young Person's Details

| | | | |
|---|---|---|---|
| **Family Name** | | | |
| **Young Person's First Name** | | **Date of Birth** | |
| **Home Address** | | | |
| **Postcode** | | **Tel No.** | |
| **School/Child Care Arrangement** | | **First Language Communication method** | |
| **Ethnic Origin** | | **Ref Number** | |
| **Legal Status** | | | |
| **Worker Completing Form** | | | |
| **Date form Completed** | | | |

### Members of the Household

| Name | Relationship to Young Person | Date of Birth | Ethnic Origin |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

### Other Significant Family Member

| Name | Relationship to Young Person | Address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Key Professionals

| OT | Physiotherapist | CAHMS |
|---|---|---|
|  |  |  |
| **Community Nurse** | **Link at School** | **Others** |
|  |  |  |

| **Richmond House Short Breaks worker Frequency and Duration** |
|---|
|  |

## Brief Description of Young Person

| | |
|---|---|
| **Diagnosis** | |
| **Disability** | |
| **Illness** | |
| **Physical Abilities** | |
| **Learning Abilities** | |
| **Personality** | |

| **Transport Arrangement** | |
|---|---|
|  |  |

| Short Break Comments | |
|---|---|
| | |

| Activities enjoyed by YP | |
|---|---|
| | |

| Short Break Comments | |
|---|---|
| | |

| Yong Person's Dislikes | |
|---|---|
| | |

| Short Break Comments | |
|---|---|
| | |

| Yong Person's Health | |
|---|---|
| | |

| Medication | |
|---|---|

| Short Break Comments | |
|---|---|
| | |

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Governance Policy Reviewed on 23/02/2018

| | |
|---|---|
| **Yong Person's Daily Routines** | |
| | |
| **Night Time Routine** | |
| | |
| **Short Break Comments** | |
| **Yong Person's Diet and Feeding** | |
| | |
| **Personal Care & Toileting** | |
| | |
| **Mobility and Moving & Handling Issues** | |
| | |
| **Equipment needed** | |

|  |
| --- |
|  |
| **Young Person's Social Skills** |
|  |
| **Young Person's Skills** |
|  |
| **Communication** |
|  |
| **Behavioural Issues** |
|  |
| **Safety** |
|  |
| **Friendships** |
|  |
| **Short Break Comments** |

|  |
| --- |
| **Young Person's Views** |
|  |
| **Parents / Carers Views** |
|  |

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| Has a referral for short breaks or activity been made to another agency? |
|---|
| |

| Social Worker's assessment and Recommendation of Short Break required |
|---|
| |

| Level of services agreed by Service Manager (Health & Disabilities) |
|---|
| **Signed**

**Date:** |

| Update Sheet |
|---|
| **Date Updated:** |

**Registered Manager**          **Signed**          **Date**

**Placement Worker**          **Signed**          **Date**

**Richmond House Social Care Services**
**Missing Person Information Form**

**Name**

**Date of birth**

**Address**

In the first instance please contact **Richmond House Social Care Services**, North Frodingham, East Riding YO25 8LJ. Tel. 01262 481518 on call 07484371525

Alternative parents address on

**Contact numbers and name**

**Diagnosis**

**Due to the nature of my disability I am extremely vulnerable**

**Physical description**

**Richmond House** Social Care Services CIC

## Richmond House Short Break Services
### Short Breaks Consent Forms

Dear Parents

**Consents for Children Taking Short Breaks**

Thank you for filling in the Short Break Information / Agreement forms with your Social Worker, the information is very necessary.

We would ask for the following consents to be given where appropriate, to supplement the instructions given so far.

I/we give consent for Richmond House's staff to the following:-

**Administration of Prescribed Medication**

I/we give consent for Richmond House's Carer...................................................... to administer prescribed medication to …………………………... my/our child.   I/we undertake to supply all medications in their original packaging, clearly labelled with …………………………… Name, the dosage, strength and frequency.
I/we are aware that medication **will not be administered** from unsuitable containers.

**Administration of Non-Prescribed Medication**

I/we give consent for Richmond House's Carer...................................................... to administer non prescribed medication to …………………………….. my/our child.   I/we understand that only proprietary medication such as Paracetamol will be given and that I/we would usually be consulted prior to its administration.

**Seek medical Attention**

I/we give consent for Richmond House's Carer...................................................... To seek medical attention for my/our child in the event of a medical emergency, and that my/our child may be given any treatment considered necessary for their welfare including the administration of a general anaesthetic and surgery if recommended by a medical practitioner. I understand that the Short Breaks Carer will not be required to sign any consents to medical treatments for my/our child.

- For my/our child's school/Richmond House/Local Authorities/ Health and Education to share information about my/our child with Richmond House's Carer ................................................to assist in their care.
- For Richmond House's Carer ................................................ To take my/our child on outings, trips, camps or activities during the visit.
- **I/We do/do not agree t**hat Richmond House Social Care Services can take photographs of my child to contribute

towards photographic life books/newsletters/ notice boards.

- I/we have received a copy of the Behaviour Management document for Richmond House Social Care Services. Understanding the terms 'sanctions and restraints' I/we agree for …………………………….. my/our child being sanctioned or restrained as described.

- **I/We do/do not agree** to inform Richmond House of any changes in my /our child's health

- **I/We do/do not agree** to inform Richmond House for any changes in my/our child's behaviour.

- **I/We do/do not agree** to keep Richmond House informed of any change of phone number.

- **I/We will ensure** that at all times when looking after my/our child the Richmond House's Carer will have an emergency contact number for us and that I/We will be available on that number.

- **I/We do/do not agree** to store this agreement and other information needed by Richmond House Carer in the file provided and to make it available to the Carer as needed. I will also take responsibility for storing the carer's recording book and will make it available during the links.

- **I/We do/do not agree** to contact Social Workers/ Lead Professional if we have any concerns about the service provided.

- **I/We do/do not agree** have received and understood the information for families information sheet.

- **I/We do/do not agree** to sign off time sheets to ensure Richmond House's Carer are paid for the time spent supporting my child.


**Signed** …........................................................…………………………….. **Dated** ……………………