

SES KITE

RESIDENTIAL ACCOMMODATION

GOVERNANCE POLICY

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*SES Kite Ltd (12634002) is a subsidiary company of
Specialist Education Services Topco Ltd (13159680)*

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1 INTRODUCTION

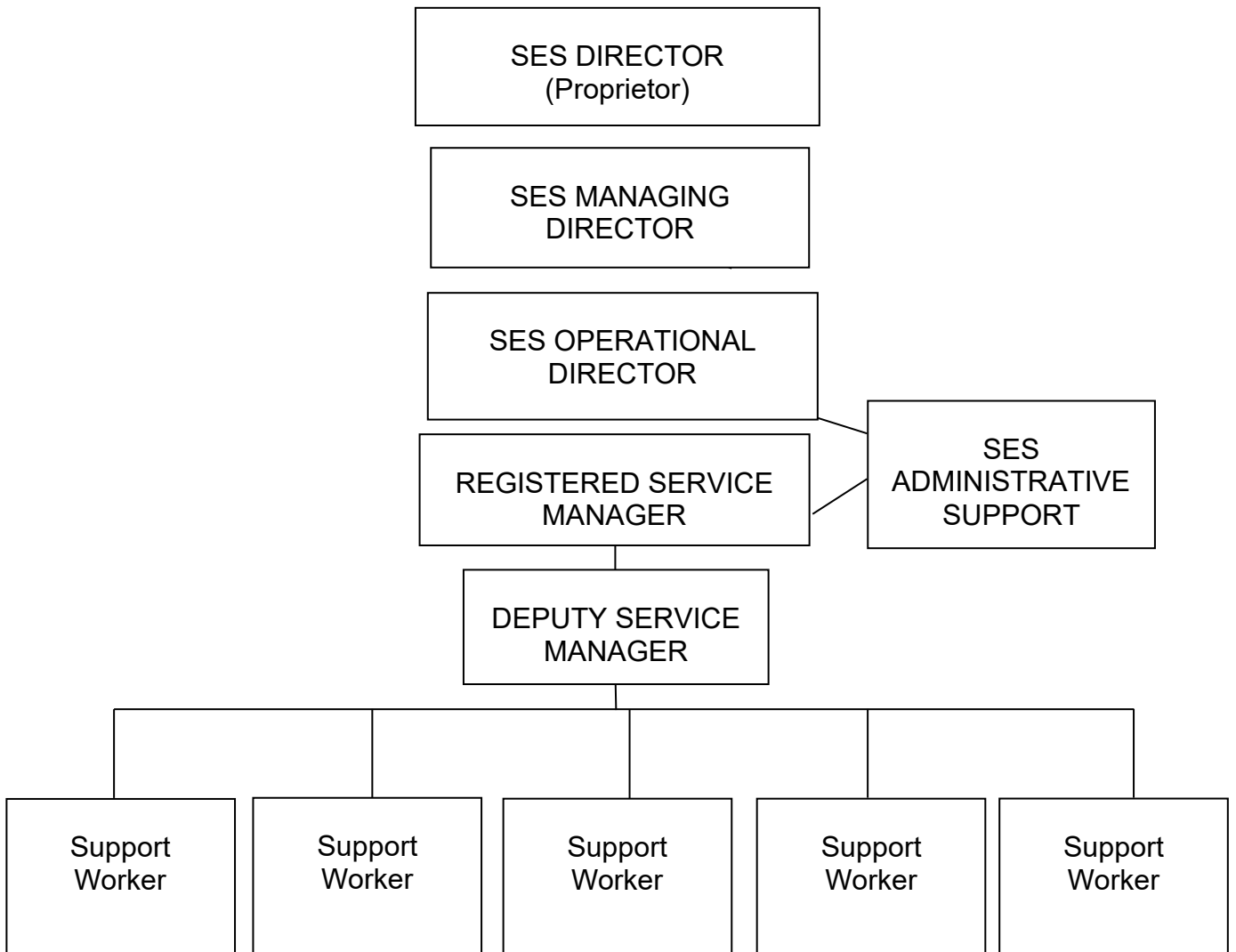
This policy sets out how SES Kite Ltd ensure robust governance arrangements are in place to comply with Regulation 17: Good Governance of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014, as well as the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. It applies to all SES Kite Ltd services, staff, and operations, and details the systems for monitoring quality, managing risks, ensuring accountability and driving continuous improvement.

2 ORGANISATIONAL STRUCTURE

SES Kite is owned by one director/proprietor. The Directors provide leadership and management support and advice to the Registered Service Manager (RSM), and underpins the drive for a high quality care and support for young adults. The Registered Service Manager of Tower Hill (Residential) is in overall charge of the day to day operation and reports to the SES Kite Operational Director. The Deputy Service Manager facilitates the implementation of the day-to-day operations and reports to the RSM.

Support Workers work under the direction of the RSM and DSM to provide, care, learning development and advocacy for the young adults at Tower Hill (Residential). Clear lines of accountability are maintained to ensure that responsibilities are understood and carried out effectively.

Beneath the basic visual of this structure and in practice, lies a high quality and sophisticated blend of care, health and learning development which are so seamless in operation and which create the holistic approach.



Governance and quality assurance are subject to oversight at provider level. The Directors hold scheduled governance meetings with the Operational Director, Registered Service Manager, and deputy service manager, ensuring that all aspects of the service are monitored in a structured and accountable way. These meetings review the quality of care, safeguarding, regulatory compliance, staffing, and overall performance of the service. Financial oversight is maintained through regular monitoring of budgets and expenditure, ensuring the service remains sustainable and resourced to meet the needs of young adults.

In addition to quality and safety, the Directors receive updates on referrals and admissions to ensure that placements are appropriate and in the best interests of each young adult. Reports on staffing cover recruitment, retention, training, and supervision, ensuring that the workforce is competent, supported, and sufficient to meet the needs of the service. Young adults' progress and experiences are shared, ensuring their voice and outcomes remain central to governance decisions.

Other areas of oversight include regulatory compliance with CQC requirements, attendance monitoring and the service's external profile, including marketing activity. Meetings conclude with any other business,

providing an opportunity to escalate emerging risks or address new opportunities. All meetings are formally minuted, with agreed actions tracked through to completion, ensuring that provider-level governance is transparent, effective and focused on continuous improvement.

3 QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

SES Kite maintains robust systems to assess, monitor and improve the quality and safety of services:

- Internal Audits are carried out to measure the compliance with CQC Key Lines of Enquiry and internal policy requirements.
- Progress reviews are conducted in accordance with individual care and support plans, with oversight ensuring that outcomes are tracked, targets reviewed, and interventions adapted as needed.
- Feedback mechanisms include obtaining views from young adults, families, staff and professionals via meetings, reviews and surveys. These are analysed to identify patterns and areas for improvement.
- Complaints and concerns are recorded, investigated, and reviewed at the leadership level to ensure learning is implemented and practice improved.
- Leadership meetings are held to review quality data, incident trends and audit findings, with documented action plans monitored to completion.

Our governance and quality assurance systems are explicitly mapped to the CQC key questions:

- Safe – Risk management, safeguarding processes, and staff training ensure people are protected from harm.
- Effective – Care plans, progress reviews and staff competence monitoring help to ensure people achieve positive outcomes.
- Caring – Feedback mechanisms, supervision and reflective practice support a compassionate and respectful culture.
- Responsive – Complaints, concerns, and young adult feedback inform service adjustments and responsive care delivery.
- Well-led – Leadership oversight, internal audits and reviews ensure accountability, transparency and continuous improvement.

Governance arrangements actively involve young adults in shaping the service. This includes regular meetings, individual keywork sessions, and having a say on how services run. Feedback from young adults is formally reviewed and directly informs policy updates, training priorities and quality improvement planning.

4 RISK MANAGEMENT FRAMEWORK

At SES Kite we ensure that risks to health, safety and welfare are effectively identified, managed and mitigated. This includes:

- Comprehensive risk assessment processes for individuals, premises, and activities, reviewed regularly or in response to incidents.
- Safeguarding oversight, ensuring policies are implemented and statutory duties are met. The RSM is the Designated Safeguard Lead, with a clear escalation pathway to the Operational Director and external agencies when required.
- Health and Safety Checks on the building, equipment and environment, with monitoring of compliance and remedial action.
- Dynamic risk assessment training for staff, ensuring proactive management of emerging risks.

5 RECORD KEEPING

SES Kite will securely maintain accurate, complete and detailed records of each young adult using the service, to ensure safe, effective and accountable care delivery. SES Kite recognises that well-maintained records are a key source of evidence for decision-making, safeguarding and meeting the statutory requirements such as the General Data Protection Act (GDPR). Records are:

- All records are factual clear, relevant and written contemporaneously to reflect what has occurred, avoiding personal opinion unless clearly documented as such.
- Records contain all information necessary to plan, deliver, and review care safely, including assessment data, risk assessments, support plans, progress reviews, incident reports and communication logs.
- The leadership team will conduct regular audits of records to identify gaps, inconsistencies, or inaccuracies, with corrective actions assigned and followed up.
- Records are stored securely in both paper and digital formats, in compliance with UK GDPR and the Data Protection Act 2018, with access strictly limited to authorised personnel. Digital systems are password protected with role-based access controls.
- Records are kept for the statutory minimum period (or longer if contractually required) and then securely destroyed through crosscut shredding for paper and certified data wiping for electronic files.
- All staff are trained in record keeping standards during induction and receive periodic refresher training, including updates when legislation or organisational policy changes.
- All entries include the date, time and name/signature of the person making the record, and digital systems maintain audit logs to ensure traceability of any edits or deletions.

These arrangements ensure that records are a reliable source of information for regulatory inspection, internal decision-making, safeguarding investigations and performance monitoring.

Oversight includes regular audits of record to ensure accuracy, completeness, and compliance with legal and regulatory standards. Full details of this are available in the following policy and procedure documents:

SES Data Protection, SES Data Subjects Right Process, SES Personal Data Breach Response and Notification Procedure, SES Personal Data Retention and Erasure, SES Kite Recruitment Policy.

6 LEARNING FROM INCIDENTS, MISTAKES AND COMPLAINTS

SES Kite is committed to maintaining a culture of openness, accountability and continuous improvement where incidents, mistakes and complaints are viewed as opportunities to learn and strengthen the quality and safety of our services. All such events are recorded, investigated, reviewed and acted upon in a structured and transparent way.

- All staff are required to report incidents, near misses, errors, complaints and safeguarding concerns immediately in line with SES Kite policies. This includes completion of standardised incident or complaint forms and prompt notification to the Registered Service Manager (RSM).
- Each report is logged and investigated without unnecessary delay. The scope of the investigation is proportionate to the seriousness of the event, and may involve interviews, evidence gathering and consultation with relevant stakeholders.
- For significant events, structured analysis is undertaken to identify underlying causes rather than just surface issues, ensuring that actions address the source of the problem and not only the symptoms.
- Findings are shared at leadership team meetings, with lessons learned clearly documented. Action plans are created with named responsible persons, realistic timeframes and measurable outcomes.
- All action plans are tracked until completion, with follow-up checks to confirm that implemented changes have been embedded into practice and are delivering the desired improvements.
- Where appropriate, feedback is provided to the complainant or person affected, outlining actions taken and changes made. Staff teams are also informed of learning points through handovers, team meetings and training sessions.
- Serious incidents or statutory notifications are reported to relevant external bodies, including the Care quality Commission, safeguarding teams and other regulatory agencies as required by law.

Through these arrangements, SES Kite ensures that the experiences of people using our services and the outcomes of incident and complaint investigations, directly influence improvements in practice, policy and staff training. This not only reduces the likelihood of recurrence but also promotes trust, accountability and a responsive organisational culture.

Governance arrangements ensure that equality, diversity, and human rights are integral to service delivery. Monitoring of complaints, incidents and feedback includes reviewing for any patterns of discrimination or inequality.

Staff receive training on EDI principles, and leadership ensures that governance decisions uphold the rights, dignity and individual needs of all young adults.

7 STAFF TRAINING, SUPERVISION AND COMPETENCE

SES Kite recognises that the quality and safety of our services depend of the skills, knowledge and confidence of our staff team. All staff are recruited, trained, supervised and supported to meet professional standards, legal requirements and the needs of the young adults we support.

- All new staff complete a structured induction programme that covers the organisations values, policies, procedures, safeguarding responsibilities and essential health and safety requirements. This includes the Care Certificate for those new to care, as well as shadowing experienced staff to gain practical insight into our ways of working.
- Staff must complete core training in areas such as safeguarding, first aid, infection prevention and control, moving and handling, fire safety, equality and diversity and data protection. Refresher training is provided at intervals defined by policy or regulation, with completion monitored through our training records system.
- Training tailored to the specific needs of the people we support, such as supporting individuals with learning disabilities, autism, complex behaviours, or mental health needs. This ensures staff are equipped to provide care that is both safe and person-centred.
- All care staff are required to hold or work towards a Level 3 Diploma in Residential Care (or equivalent), and managers are expected to hold a Level 3 Health and Social Care qualification or higher. Support is provided for staff undertaking formal qualifications.
- Staff receive regular formal supervision sessions, usually monthly, to review performance, provide feedback, identify training needs and support development. These supervision sessions with either be a professional development meeting (PD), or professional support meeting (PS). PD meetings will focus on developing staff's skills, knowledge and training needs etc. whereas PS meetings are an open agenda for any personal and professional issues, providing a forum to address feelings arisen by working with other staff and young adults in stressful situations. An annual appraisal process ensures a structured review of progress, achievements and goals.
- Practical skills and theoretical knowledge are assessed through observation, feedback from colleagues and young adults, and review of work performance. Where gaps are identified, additional support and training are provided.
- The RSM monitors training compliance, supervision completion, competence records, recording regularly to leadership meetings. Any areas of non-compliance are addressed promptly with targeted actions.

By embedding training, supervision and competence checks, SES Kite ensures that staff are consistently capable of delivering high-quality, safe, and

responsive care in line with both regulatory requirements and our organisations values.

8 INFORMATION GOVERNANCE AND DATA PROTECTION

SES Kite is committed to protecting the privacy, rights and freedoms of all individuals whose personal information we hold, ensuring that data is processed lawfully, securely and transparently in compliance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018, and any relevant sector guidance.

- All personal data is collected and processed on a lawful basis, including consent, contractual necessity, legal obligation, or legitimate interest, as applicable.
- Data is only collected for specific, explicit, and legitimate purposes directly related to the provision of care, the operation of our services, or our legal and contractual obligations.
- We only collect and retain the minimum amount of personal information required to fulfil our purposes.
- We take all reasonable steps to ensure that personal data is accurate, complete, and kept up to date. Inaccurate data is rectified without delay once identified.
- Personal information is stored securely in both electronic and paper formats. Electronic records are held on password protected systems with role-based access controls and encrypted backups. Paper records are kept in locked cabinets within secure areas accessible only to authorised staff.
- Records are retained for the minimum statutory period or as required by contractual obligations, after which they are securely destroyed.
- Only staff who require information to carry out their role have access to it. All staff receive confidentiality and data protection training on induction and at regular intervals thereafter.
- All suspected data breaches are reported immediately to the RSM, who is responsible for ensuring they are investigated and, where necessary, reported to the Information Commissioner's Office (ICO) within statutory timeframes.
- People whose data we hold are informed of their rights under UK GDPR, including the right to access, rectify, erase, restrict processing, and object to processing. Requests are handled in line with our Data Subject Rights Procedure.
- Leadership meetings review compliance reports, training completion rates and any data protection issues to ensure the policy is implemented effectively across the service.

Through these arrangements, SES Kite ensures that personal data is protected at all stages of its lifecycle, supporting the rights, safety, and dignity of the people we support and maintaining public trust in our organisation.

Detailed procedures are contained in the SES data protection Policy, Data Subjects Rights Process, personal Data Breach Procedure, and Rata

Retention and Erasure Policy. The RSM has overall responsibility for ensuring compliance.

9 POLICY REVIEW

This Governance Policy is reviewed annually, or sooner if required by legislative or regulatory changes. The RSM is responsible for initiating the review and ensuring that updates are communicated to all staff.