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DUTY OF CANDOUR POLICY

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Summary

This Policy sets out the intention of Longhurst Group Care and Support services to be open and candid with service users in all aspects of our business, by informing the specific service user of any incident that may have put them at risk or harm in an open, transparent and timely manner.

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PART TWO

Policy

Intent

The Longhurst Group is committed to ensuring that the organisation and its employees and Boards are open, transparent and candid about any and all incidents involving the health, safety, care and support of all our service users.

We will promote a culture of openness and honesty at all levels, ensuring that our colleagues are confident to raise concerns appropriately and provide all relevant information immediately. We ensure that the Terms of Reference of our Group Board has a clear commitment to duty of candour, ensuring that this commitment runs throughout the organisation and its governance structures and is clearly translated into the Group's culture and service delivery.

This policy ensures we provide a consistent approach across the Group.

Principles

The Group will ensure that all incidents which may affect the health and wellbeing of any of our service users are reported at the earliest opportunity.

Although the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour, applies specifically to Registered Care Services, we will apply the principles of the regulation and the definitions used by Robert Francis in his report, across all our Care and Support services:

- Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
- Transparency – allowing information about the truth about performance and outcomes to be shared with staff, customer/service users, the public and regulators.
- Candour – any customer/service user harmed by the provision of our service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

Scope

The terms “Longhurst Group” and “the Group” include subsidiaries.

This policy applies to all Care and Support services delivered by the Group.

The duty applies to actual or suspected service user safety incidents that occur during service provision that result in, or are suspected to result in, a notifiable incident.

In relation to the provision of **registered care services**, a “notifiable safety incident” means any unintended or unexpected incident that occurs in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional. i.e.:

(a) any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in—

(i) an impairment of the sensory, motor or intellectual functions of the service user, which is not likely to be temporary,

- (ii) changes to the structure of a service user's body,
 - (iii) the service user experiencing prolonged pain or prolonged psychological harm, or
 - (iv) the shortening of the life expectancy of the service user;
- (b) any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent—
- (i) the death of the service user, or
 - (ii) an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph

Policy details

Our Approach

The Group will:

- Provide all of the appropriate training and support throughout all levels of the business to ensure that the organisation operates a culture of openness and transparency, where colleagues understand their individual responsibilities in relation to the duty of candour.
- Ensure that all incidents are recorded promptly and that a consistent approach to investigating and reporting is in place.
- Maintain full written records on file of incidents, information, outcomes and notifications to service users.
- Ensure that Service Managers make certain that the service user understands:
 - The notification of the incident
 - The outcome of the investigation
 - The nature of any apology

If the person is unlikely to understand or does not have capacity, the service manager will contact/write to the designated next of kin/family member, statutory keyworker and/or advocate, to ensure that the explanation is presented as clearly and openly as possible.

- Assess any identified risks/near misses
- Undertake learning from mistakes
- Implement service improvements following a full review of all incidents and provide appropriate written feedback to the service user, issuing an apology where appropriate. (This communication will be provided in writing and in a suitable format to meet the specific communication needs of the individual).

All staff providing registered care services will be familiar with the CQC regulatory framework and understand their responsibility and the expectations of our organisation in meeting the regulatory standard with regard to Duty of Candour.

Where colleagues have been involved in, or have dealt with a significant incident, training and appropriate support will be provided. They will be given the opportunity for a de-brief of the incident and any support needed to complete any relevant information when contributing to an investigation.

The Group, its Board and its employees will follow the definitions within the CQC Regulation as follows:

Act in an Open and Transparent Way

Clear, honest and effective communication with service users, their families and carers throughout their care, including when things go wrong, in line with the definitions below.

The Group will use the definitions of openness, transparency and candour used by Robert Francis in his report, The Francis Enquiry 2013, detailed under Principles on page 3:

<https://www.health.org.uk/about-the-francis-inquiry>

Apology

An 'apology' is an expression of sorrow or regret in respect of a notifiable safety incident; It is not an admission of guilt.

Appropriate Written Records

Records are complete, legible, accurate and up to date. Every effort must be made to ensure records are updated without any delays.

Training Requirements

All Care and Support colleagues and volunteers will receive training to ensure that they understand and follow the requirements for the proper reporting and recording of incidents. Colleagues in other areas of the Group will be made aware of the requirements of this policy and their role in raising concerns if any are noted.

All Care and Support colleagues will be referred to this policy as part of their induction to the Group.

Service User Awareness of Duty of Candour Policy

All colleagues will ensure that all service users are aware that we operate a policy of openness and candour and of what to expect from the organisation when an incident occurs that may put them at risk or harm. This commitment will be advertised on our website, in leaflets and information for service users taking up our services.

Audit

All incidents are reviewed and reported as set out in the Accident, Incidents and Near Miss procedure and Safeguarding Policies and Procedures and reviewed as and when they arise by the Group Board. An annual report will also be provided.

All service user safety incidents that are subject to Duty of Candour will be reported to Commissioners as part of agreed contract monitoring.

Roles and Responsibilities

All colleagues have a responsibility to raise any concern appropriately and provide all relevant information immediately.

Managers of registered care services must ensure all notifiable safety incidents are reported to CQC and **all** concerns raised are investigated, recorded and full feedback provided to the service user.

Monitoring, Evaluation and Review

This policy will be reviewed at least every 3 years and in line with the Group's policy framework.

Equality and Diversity

This Policy adheres to the Group's approach to Equality, Diversity and Inclusion.

Summary of Local Variations

None.

PART THREE

Appendices

- A. Policy Approval Control
- B. Policy Development Plan