**DUTY OF CANDOUR POLICY – PP06**

**1. INTRODUCTION**

This policy refers to the need for Phoenix Support to at all times be open, honest and transparent with our service users about their support and treatment. It is relevant to all our staff and special attention to this policy must be bought to all levels of managmetn to ensurethat a culture of openness is bred through the company.

**2. POLICY STATEMENT**

The aim of this policy is to ensure that this organisation is fully compliant with the proposed Duty of Candour and embraces a culture of openness and truthfulness in all of its dealings with service users, their carers and their families. We will always welcome knowledge of our faults with the proposal of improving them, Phoenix Support will aim to improve and develop its culture to reflect its full values in a truly transparent way

**3. DEFINITION**

The Francis Inquiry proposed that providers should be under a statutory Duty of Candour to inform the service user, or other duly authorised person as soon as practicable, when they believe or suspect that treatment or care provided has caused death or serious injury.

**4 PURPOSE**

The Duty of Candour will be part of the new set of registration requirements that together will set out the outcomes that health and social care providers must meet in order to be registered and able to practice, as ever Phoenix Support endeavours to exceed expectations in this field

**5. CONTEXT**

The policy is written to be compliant with proposed new regulations being laid before Parliament in England and due to be introduced to Care Quality Commission registered providers in April 2015. This organisation understands that the Care Act 2014 places a duty on the Government to include a statutory duty of candour on providers registered with the CQC, the Social Care Act 2008 (Registered Activities) Regulations 2014 will impose the Duty of Candour on adult social care providers from April 2015.

**6. IMPLEMENTATION**

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**6.1 DUTY OF CANDOUR PROCESS**

6.1.1 The “statutory duty of candour for health and adult social care providers” consultation document set out the proposals to impose the Duty of Candour on all providers where any harm to a service user from their care or treatment is above a certain harm threshold.

6.1.2 Where the harm threshold is breached providers will need to follow specific reporting requirements, such as notifying the service user and including an apology, providing all information directly relevant to the incident, and providing reasonable support to the service user.

6.1.3 This organisation fully supports a culture of openness and transparency in all of its dealings with service users and their relatives or representatives. In this respect it welcomes the proposed Duty of Candour and embraces the philosophy behind the new duty.

6.1.4 The organisation believes that being open and promoting a culture of openness and truthfulness is a prerequisite to providing safe, high quality care. The organisation has a well-developed framework for incident reporting which it expects all staff to comply with and always strives to provide the highest standards of care at all times. It believes that, in the event of these standards not being met, it should apologise sincerely to the service users concerned and provide a full explanation as to what went wrong and why.

6.2 RESPONSIBILITIES IN THIS ORGANISATION

6.2.1. Managers and staff will be expected to develop and maintain an open, transparent, candid and honest working culture at all levels and at all times.

6.2.2 The culture of honesty and transparency should include service users, their carers, relatives and representatives, and staff. Service users will be informed in a timely manner when particular incidents have occurred.

6.2.3 Managers will provide a truthful account of the incident and an explanation about the enquiries and investigations that they will carry out. A sincere apology will be offered in writing wherever appropriate.

6.2.4 Managers and staff will be expected to provide all reasonable support and assistance to those involved after any incident.

6.2.5 All untoward incidents, errors and accidents must be reported as soon as they occur and appropriate records made and investigations conducted.

6.2.6 A thorough and open investigation will be conducted into any incident, accident or mistake where a service user suffers moderate or severe harm, or may have suffered such harm but for a near miss, with the organisation committed to reassuring service users, their families and carers that lessons will be learnt that will be used to help prevent such an event recurring.

6.2.7 As well as the specific duty of candour which is focussed on a particular safety incident, the draft regulations also include a more general obligation on CQC registered persons to "act in an open and transparent way in relation to service user care and treatment”.

6.2.8 The regulation applies to the service user themselves and, in certain situations, to people acting on their behalf, for example when something happens to a person who lacks the capacity to make decisions about their care.

6.2.9 The new regulations on candour will be used by inspectors to confirm or encourage good practice through the ratings given to providers, rather than being enforced directly, however, if a provider fails to do any of the things above, CQC will be within its powers to move directly to prosecution without first serving a warning notice.

6.2.10 The default position should be to be open, honest and candid, unless there are justifiable reasons for not being so – for example, because the service user affected actively says that they do not want further information about the incident.

6.3 RELATED POLICY

1. the organisation’s policies and procedures on, accident and incident reporting
2. the organisation’s policies and procedures on investigation
3. the organisation’s policies and procedures on whistleblowing
4. the organisation’s policies and procedures on dealing with complaints.

6.4 REVIEW

6.4.1 The policy will be reviewed on an annual basis. All untoward incidents and accident reports will be subject to regular review to look for trends and patterns and to ensure that all are fully investigated and followed-up, including "near misses" where an accident was narrowly averted.

6.4.2 Responsibility for the implementation, monitoring and review of this policy lies with the registered manager.

**6.5 COMMUNICATION**

6.5.1. Open and effective communication with the Service user and family is likely to include meeting Service users practical and emotional needs e.g. the names of people who can provide assistance and support to the Service user (Service users consent would be required before information can be given).

6.5.2 Key Background Information service users/families must be given open, honest and timely communication following moderate, severe harm and death incidents. Staff must report any incident via the electronic incident reporting system and to senior staff immediately.

6.5.3 A discussion to decide the appropriate response will agree how the service user and/or family will be informed of the incident and given an apology. Face to face discussion is best or a telephone call if the service user is not in available. Verbal communication should always occur before a letter is sent.

6.5.4 It is useful to identify an appropriate senior staff member to be a single point of contact. Make Initial Disclosure and Apology with the service user/Family as Soon As Possible and Within 10 Working Days of Incident, delay in disclosure must be avoided.

6.5.5 The initial communication must occur even if details are not yet clear, this communication can occur by any appropriate means – face-to-face is best, but it can be a telephone call or invitation to a meeting. Reference should be made to the investigation which may provide different or further information.

6.5.6 This initial communication must be recorded with a heading “Duty of Candour meeting” – Date, time, people present, apology, what was discussed, concerns raised, arrangements for further communication/support etc. The communication is mainly disclosing that an incident has occurred and offering apology and sympathetic support. It is important to avoid giving too much detail about the incident until the incident investigation has been completed.

6.5.7 Any investigation that is required will be treated in the same way as any other, please refer to the Investigation Policy (HR09) for further detail.