PHSSL CARE LIMITED

CONTROLLED POLICY

C03 – STAFF CONDUCT, CAPABILITY AND DISCIPLINARY ARRANGEMENTS POLICY

Policy Reference	C03
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Policy Owner	PHSSL Care Limited
Approved By	Lade Awosika, Director
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Status	Controlled Document
Applies To	All PHSSL Care Limited staff, workers and relevant contractors
Supersedes	New policy

1. Purpose

This policy sets out PHSSL Care Limited's expectations for staff conduct, capability and fair management of performance or disciplinary concerns. It supports safe care, professional standards, staff development and consistent employment practice.

2. Scope

This policy applies to PHSSL Care Limited employees and, where appropriate to the contractual relationship, workers and relevant contractors. Employment procedures will be applied according to the individual's employment status, contract and applicable law.

3. Policy Statement

Staff are expected to behave professionally, safely, honestly and respectfully. PHSSL Care Limited will address concerns promptly and fairly, distinguish where appropriate between misconduct and capability, and seek improvement while protecting people receiving care and the organisation.

4. Legal and Regulatory Framework

This policy will be applied with regard to applicable employment law; the Employment Rights Act 1996; Equality Act 2010; Health and Safety at Work etc. Act 1974; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 13, 17, 18 and 19 where relevant; UK GDPR and Data Protection Act 2018; safeguarding requirements; ACAS guidance and current CQC expectations.

5. Standards of Conduct

Staff must act with integrity, respect dignity and rights, follow lawful instructions and PHSSL Care Limited policies, work within competence, maintain confidentiality, protect people from harm, keep accurate records and maintain appropriate professional boundaries.

6. Attendance and Reliability

Staff are expected to attend work as agreed, be punctual, follow absence-reporting arrangements and communicate promptly about circumstances affecting their ability to work safely or fulfil scheduled duties.

7. Professional Behaviour

Bullying, harassment, discrimination, intimidation, abusive language, deliberate disrespect, dishonesty, retaliation against a person who raises concerns, or behaviour that undermines safe care or professional trust is unacceptable.

8. Confidentiality and Information

Staff must protect confidential information and use records, devices, messaging, photography and social media only in accordance with PHSSL Care Limited policies and lawful instructions.

9. Safeguarding Conduct

Any abuse, neglect, exploitation, deliberate mistreatment or failure to report a safeguarding concern may result in safeguarding action and may also be considered under disciplinary arrangements.

10. Professional Boundaries

Staff must not exploit people receiving care or enter inappropriate financial, sexual, personal, online or secretive relationships with them. Gifts, loans, money and personal communications must follow the Professional Boundaries and Gifts Policy.

11. Working Within Competence

Staff must only undertake tasks for which they are trained, competent and authorised. They must seek guidance when unsure and must not falsify competency, training or care records.

12. Capability

Capability concerns arise where a staff member is unable to meet required standards of performance, skill, competence or attendance for reasons that are not primarily deliberate misconduct. PHSSL Care Limited will normally seek to identify causes, support improvement and set reasonable expectations.

13. Informal Improvement

Where appropriate, minor conduct or capability concerns may initially be addressed through discussion, coaching, supervision, additional training or an agreed improvement plan. Serious matters may proceed directly to formal arrangements.

14. Performance Improvement Plans

Where a formal improvement plan is appropriate, it should identify the required standard, concerns, support to be provided, review period, monitoring arrangements and possible consequences if sufficient improvement is not achieved.

15. Disciplinary Concerns

Disciplinary action may be considered where there is alleged misconduct, repeated failure to follow reasonable instructions or policies, dishonesty, unsafe practice, serious negligence, unauthorised disclosure, bullying, harassment or other behaviour inconsistent with employment obligations.

16. Gross Misconduct

Some conduct may be sufficiently serious to amount to gross misconduct and potentially justify dismissal without notice following a fair process. Examples may include serious abuse or neglect, theft or fraud, serious violence, deliberate falsification, serious confidentiality breach, serious insubordination or conduct creating grave risk. Each case will be assessed on its facts.

17. Suspension or Temporary Restrictions

Where necessary to protect people, staff, evidence or the integrity of an investigation, PHSSL Care Limited may consider temporary suspension, reassignment, additional supervision or restriction of duties. Suspension is a neutral precaution and is not itself a disciplinary finding.

18. Investigation

Formal concerns will be investigated proportionately. The investigator should gather relevant evidence, speak with appropriate people and maintain an objective record. The staff member will be given a fair opportunity to respond.

19. Safeguarding and External Investigations

Where a matter involves safeguarding, police, CQC, DBS, professional regulators or another authority, PHSSL Care Limited will cooperate with the relevant process and consider how internal action should proceed without compromising external enquiries.

20. Disciplinary Hearing

Where there is a case to answer, the staff member will be informed of the allegations and relevant evidence and invited to a disciplinary hearing in accordance with applicable procedure. They will have an opportunity to respond before a decision is made.

21. Right to Be Accompanied

Eligible employees will be informed of the statutory or procedural right to be accompanied at formal disciplinary or grievance-related meetings where applicable.

22. Outcomes

Depending on the circumstances, outcomes may include no action, additional supervision or training, an improvement plan, a warning, final warning, change of duties where lawful and appropriate, or dismissal. Decisions will be proportionate and documented.

23. Appeals

Where a formal disciplinary outcome carries a right of appeal, the staff member will be informed how and within what applicable timeframe to appeal. An appeal should, where practicable, be heard by someone not previously responsible for the decision.

24. Health, Disability and Reasonable Adjustments

Where performance or attendance concerns may be connected to health or disability, PHSSL Care Limited will consider appropriate information, occupational advice where relevant and reasonable adjustments before making decisions.

25. Training and Support

Capability concerns may indicate a need for additional induction, training, shadowing, supervision or competency assessment. Support does not remove the requirement to maintain safe standards.

26. Criminal Allegations Outside Work

An allegation, charge or conviction outside work will not automatically result in disciplinary action. PHSSL Care Limited will consider relevance to the role, safeguarding, trust, legal restrictions and the organisation’s reputation and responsibilities.

27. Professional Registration

Registered professionals must maintain required registration and comply with professional standards. Relevant restrictions, investigations or loss of registration must be disclosed where required and may affect duties or employment.

28. DBS and Barring Referrals

Where legal criteria are met, PHSSL Care Limited will make appropriate referrals to the Disclosure and Barring Service. The organisation will also consider notifications to professional regulators or other bodies where required.

29. Records and Confidentiality

Conduct, capability and disciplinary records will be accurate, confidential, securely stored and accessed only for legitimate purposes. Retention will follow PHSSL Care Limited’s records-management arrangements and applicable requirements.

30. Whistleblowing Protection

A staff member must not be disciplined or disadvantaged merely for raising a genuine protected or safeguarding concern in good faith. Concerns about retaliation should be reported immediately.

31. Staff Responsibilities

Staff must maintain required standards; cooperate with supervision, investigations and improvement arrangements; provide truthful information; protect confidentiality; disclose relevant matters where required; and seek support before unsafe practice occurs.

32. Management Responsibilities

Managers will set clear expectations, address concerns promptly, distinguish capability from misconduct where appropriate, ensure fair investigation and decision-making, provide reasonable support, protect people receiving care and make required external referrals.

33. Monitoring and Quality Assurance

PHSSL Care Limited will monitor themes from conduct, capability, safeguarding, complaints and disciplinary matters to identify training needs, workforce risks and service improvements while maintaining appropriate confidentiality.

34. Related PHSSL Policies

- A01 Governance and Quality Assurance Policy
- A04 Records Management, Confidentiality and Data Protection Policy
- B01 Safeguarding Adults Policy
- B02 Safeguarding Children and Young People Policy
- B03 Whistleblowing / Speaking Up Policy
- B04 Equality, Diversity, Inclusion and Human Rights Policy
- C01 Recruitment, Selection and Safer Employment Policy
- C02 Induction, Training, Supervision and Competency Policy
- C05 Professional Boundaries and Gifts Policy
- F02 Social Media, Photography and Digital Communications Policy

35. Review and Document Control

This policy will be reviewed at least annually and sooner following significant legal or regulatory change, serious conduct or capability concerns, safeguarding events, inspection findings, audit findings or identified weaknesses. The current approved electronic version is the controlled master. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

Approved by	Lade Awosika
Position	Director
Approval method	Approved electronically
Approval date	September 2026
Next review date	September 2027