PHSSL CARE LIMITED

CONTROLLED POLICY

A06 – DUTY OF CANDOUR POLICY

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

1. Purpose

This policy sets out PHSSL Care Limited's commitment to openness, honesty and transparency when things go wrong in the provision of care. It explains how the organisation will meet the statutory Duty of Candour and support a culture in which people receive truthful information, appropriate apology and assurance that incidents are investigated and learned from.

2. Scope

This policy applies to all PHSSL Care Limited staff, workers, managers and relevant contractors. It applies to incidents arising in connection with regulated care and support and should be read alongside the organisation's incident, complaints, safeguarding and governance procedures.

3. Policy Statement

PHSSL Care Limited will act in an open and transparent way with people receiving care and, where appropriate, their lawful representatives. The organisation will not conceal material information about incidents and will respond promptly, compassionately and professionally when the statutory Duty of Candour is triggered.

4. Legal and Regulatory Framework

This policy will be implemented with regard to Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, current Care Quality Commission guidance on the Duty of Candour, and other applicable requirements relating to incident reporting, safeguarding, complaints, information governance and professional accountability.

5. Organisational Duty of Candour

The statutory organisational Duty of Candour applies when a notifiable safety incident has occurred. Management will assess incidents against the applicable legal definition and thresholds and will record the basis for the decision.

6. Openness Beyond the Statutory Threshold

PHSSL Care Limited expects openness and honesty even where an incident does not meet the statutory definition of a notifiable safety incident. People should receive appropriate information about matters affecting their care, subject to lawful confidentiality and safeguarding considerations.

7. Identifying a Potential Notifiable Safety Incident

Any staff member who becomes aware of an incident that has caused or may have caused significant harm must report it immediately through PHSSL Care Limited's escalation arrangements. Staff should not attempt to make the final legal determination alone; management will assess whether Duty of Candour requirements apply.

8. Immediate Safety Actions

The first priority is the person's immediate health, safety and wellbeing. Appropriate first aid, emergency assistance, medical review, safeguarding action or other protective measures must be arranged without delay. Duty of Candour communication must not delay urgent care.

9. Notification to the Relevant Person

Where the statutory Duty of Candour applies, PHSSL Care Limited will notify the relevant person as soon as reasonably practicable in accordance with applicable requirements. The relevant person will normally be the individual receiving care or, where appropriate, a person lawfully acting on their behalf.

10. Face-to-Face Communication

The initial notification will be made in person where required and reasonably practicable. Communication will be sensitive to the person's needs, understanding, communication preferences and emotional state. Reasonable adjustments, advocacy or interpretation support will be considered where appropriate.

11. Information to Be Provided

The relevant person will be given a truthful account of the known facts at the time, an explanation of what further enquiries or investigation will be undertaken where appropriate, and information about what will happen next. Staff must not speculate or present unverified assumptions as fact.

12. Apology

A sincere apology will be offered where Duty of Candour applies. An apology is an expression of sorrow or regret that an incident occurred and will be communicated respectfully and compassionately.

13. Written Follow-Up

The notification will be followed by written communication in accordance with applicable Duty of Candour requirements. The written record will include the information provided, the apology and any further relevant information available at that stage.

14. Record Keeping

PHSSL Care Limited will keep a secure written record of Duty of Candour communications, including dates, people involved, information provided, apology, follow-up and any reasons why a particular communication could not be completed. Records must be factual and contemporaneous.

15. Representatives and Mental Capacity

Where a person lacks capacity for the relevant decision or communication, PHSSL Care Limited will follow the Mental Capacity Act 2005 and determine the appropriate person to involve. Authority, best interests, confidentiality and the person's known wishes and feelings will be considered.

16. Children and Young People

Where an incident involves a child or young person, communication will reflect age, understanding, competence, parental responsibility, safeguarding and best interests. The child or young person should be involved appropriately rather than automatically excluded from information concerning them.

17. Safeguarding

Where an incident raises a safeguarding concern, safeguarding procedures will be followed immediately. Duty of Candour and safeguarding processes may operate alongside one another, but information sharing must remain lawful and proportionate.

18. Complaints and Concerns

A complaint may arise from the same event that triggers Duty of Candour. The complaints process does not replace the statutory Duty of Candour, and Duty of Candour communication must not be delayed simply because a complaint investigation is underway.

19. Incident Investigation

Relevant incidents will be investigated proportionately to establish facts, contributing factors, actions required and learning. The investigation process should support openness and must not be used to discourage staff from reporting genuine errors or concerns.

20. Staff Support and Fairness

Staff involved in an incident will be treated fairly and supported appropriately. PHSSL Care Limited promotes a learning culture while recognising that deliberate misconduct, dishonesty, reckless behaviour or serious competence concerns may require separate management action.

21. External Notifications

Management will consider whether an incident requires notification or referral to CQC, safeguarding authorities, commissioners, health professionals, insurers, the police or another authorised body. External reporting will be completed in accordance with applicable requirements.

22. Confidentiality and Information Sharing

Duty of Candour does not remove the need to protect confidential information. Information about third parties will only be disclosed where lawful and necessary. Records and communications will be handled in accordance with PHSSL Care Limited's information-governance policies.

23. Learning and Improvement

Duty of Candour incidents will be reviewed through governance arrangements. Learning may lead to changes in care plans, risk assessments, staffing, training, supervision, equipment, policies, communication or other systems. Improvement actions will be monitored to completion.

24. Staff Responsibilities

Staff must report incidents promptly; preserve relevant information; be truthful and cooperative; avoid concealment or alteration of records; support immediate safety actions; maintain confidentiality; and participate in investigations and learning as required.

25. Management Responsibilities

Management will assess whether the statutory Duty of Candour applies; ensure timely notification and apology; maintain required records; arrange investigation; make necessary external notifications; support affected people and staff; and ensure learning and improvement actions are completed.

26. Monitoring and Audit

PHSSL Care Limited will monitor Duty of Candour compliance through incident review, record audits, complaints, safeguarding activity and governance meetings. Monitoring will consider whether incidents were identified appropriately, communications were completed, records were sufficient and learning was implemented.

27. Related PHSSL Policies

- A01 Governance and Quality Assurance Policy
- A04 Records Management, Confidentiality and Data Protection Policy
- A05 Complaints, Concerns and Compliments Policy
- B01 Safeguarding Adults Policy
- B02 Safeguarding Children and Young People Policy
- B05 Mental Capacity, Consent and Best-Interest Decision-Making Policy
- E02 Accident, Incident and Near-Miss Reporting Policy
- F01 Information Sharing and Communication Policy

28. Review and Document Control

This policy will be reviewed at least annually and sooner following significant regulatory change, a serious incident, 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