



1. Purpose

1.1 To set out the responsibilities of Serendipity Healthcare Ltd under Regulation 20 of the Health and Social Care Act 2008 (as amended) and detail the steps that Serendipity Healthcare Ltd will take in response to events or incidents.

1.2 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
WELL-LED	W1: Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?

1.3 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:

- Criminal Justice and Courts Act 2015
- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Data Protection Act 2018
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS



3. Objectives

- 3.1** Serendipity Healthcare Ltd promotes a culture of being open, honest, and transparent. Service Users are provided Care that is safe, effective, and based on best practice. Where any incidents occur that may have the potential to cause harm, Serendipity Healthcare Ltd will act in a timely manner, investigating, reflecting, and learning to reduce the risk of reoccurrence.

4. Policy

- 4.1** To meet the requirements of the duty of candour, Serendipity Healthcare Ltd must make public commitments to relevant persons to transparency, openness, and fairness in relation to the care and treatment of Service Users.
- 4.2** The relevant person must be notified in person as soon as possible, and this will be followed up with a written notification that includes:
- A factual account of the incident
 - An apology
 - What further enquiries will be taking place
 - Confirmation of when an update will be provided
 - A further notification, including an apology and details of the outcome of any further investigations
- 4.3** The Registered Manager will encourage a culture of openness and transparency throughout Serendipity Healthcare Ltd, by leading by example through their day-to-day actions and in their communications.
- 4.4** The Registered Manager will support employees at all levels to follow this commitment; ensuring that they are not obstructed to do so.
- 4.5** The Registered Manager will take action to remedy any incident of bullying and/or harassment related to the duty of candour.
- 4.6** Any incident where an individual has been obstructed in carrying out their duty of candour will be investigated.

5. Procedure

5.1 Awareness of all staff

- All staff must be made aware of their personal responsibility to report incidents, regardless of whether they are covered by the duty of candour
- Each employee will be given the time to read and understand their roles and responsibilities that relate to duty of candour at the point of induction
- Duty of candour will be discussed at one-to-one discussions, supervisions, appraisals, and staff meetings

POL26 – Duty of Candour Policy and Procedure

Serendipity Healthcare Ltd
Unit 5, Millennium Way, Dunston, Chesterfield, Derbyshire
S41 8ND



- Staff will be reminded through these communications that attempts by other staff to prevent them from reporting incidents is bullying and/or harassment, and that they must report this immediately to the most senior member of staff on duty (or if not appropriate, a senior manager within Serendipity Healthcare Ltd)
- Staff will be reminded that if they are unsure whether the incident is reportable, it must be reported anyway

5.2 Reporting

- All incidents will be reported immediately to the most senior member of staff on duty at the time. This will be followed up with a written accident and incident record.
- The most senior member of staff will support the member of staff and offer guidance and advice on the next steps to take. They will also ensure that The Registered Manager is informed

5.3 Make an Initial Assessment

The Registered Manager will:

- Carry out an initial assessment of whether the report includes details of a notifiable incident under the regulation. If the conclusion is yes, or borderline, continue with this procedure
- Inform the representative of the incident report and agree with them who is the most appropriate person to continue the procedure. If The Registered Manager takes over the role, The Registered Manager will continue the process using the following procedure
- If it is considered that the incident is not a notifiable incident under regulation 20, follow normal incident reporting procedures

5.4 Notifying Relevant External Agencies

As with all incidents, it is of utmost importance that this policy is used alongside the relevant external notification procedures to:

- Ensure that relevant agencies are notified
- If an investigation is required, that there is an understanding of roles and responsibilities

5.5 Notifying the Relevant Person

- One or more suitable representatives of Serendipity Healthcare Ltd will deliver (as soon as possible and in person) a notification of the incident to the relevant persons
- Serendipity Healthcare Ltd must ensure that the relevant person is given the support they need when receiving the information. Depending on the needs of the individual, this may be the offer of an advocate or interpreter, or other communication aids
- There must be a written record taken of the notification in person, which is kept securely by the Registered Manager, along with any other notes that are taken

The Notification to the Relevant Person Must Include:

- An accurate account of the incident
- An apology that the incident occurred
- An offer to the relevant persons/sources of support and information which will assist them, where appropriate. This may include alternative support from within

POL26 – Duty of Candour Policy and Procedure

Serendipity Healthcare Ltd
Unit 5, Millennium Way, Dunston, Chesterfield, Derbyshire
S41 8ND



Serendipity Healthcare Ltd and external resources, such as advocacy and information services

- Details of next steps, including timings

5.6 Written Notification

As soon as possible after the notification in person, a written notification will be sent or given to the relevant person containing the same information as above, plus:

- The results of any enquiries made since the notification in person
- Any further timescales

5.7 Further Notifications to the Relevant Person(s)

- The results of any further enquiries and investigations must also be given or sent in writing to the relevant person if they wish to receive them

5.8 Registered Manager's Enquiries and Investigation

- The Registered Manager will assess the information they will need to carry out an investigation, taking statements and gathering information needed
- Having gathered all the evidence, an investigation must take place
- All information and evaluation of the information will be recorded and kept securely in line with data protection laws
- The purposes of the investigation are to establish if the incident took place, define its nature, gather facts about the processes around the incident, and identify causes where possible

5.9 Final statement to the relevant person(s)

- Prepare a statement to be given to the relevant person and representative stating the outcome of the investigation, remembering that duty of candour focuses on the transparency and openness of the organisation when such events occur
- Include any lessons learned and changes made to the service because of the incident
- The final statement will include a more specific apology as the causes of the incident will now be established

5.10 Correspondence with Relevant Person

- Where for any reason, the relevant person cannot be contacted, or after contact declines to communicate with Serendipity Healthcare Ltd, a written record of all attempts to contact them must be kept
- All correspondence with the relevant persons must be recorded and kept securely
- All correspondence should be written jargon free and where the need is identified, support from an advocate will be offered to ensure the content is accessible to the individual receiving it

5.11 Breach of Candour by a Professionally Registered Person

- If a breach of candour is found to have occurred following investigation, and that this breach was by a professionally registered person, then that person will be reported to their professional registration body for further consideration
- The same action will be taken if, during the investigation, it is found that a professionally registered person had obstructed another person in their professional duty of candour

5.12 Reporting a Possible Breach of Candour

- If any individual believes that a breach of candour has taken place, they must report it to The Registered Manager

POL26 – Duty of Candour Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



- If an individual has been stopped or hindered in their duty of candour, they must report it to The Registered Manager
- The Registered Manager will investigate the allegations and will report the findings to Serendipity Healthcare Ltd for action if appropriate
- If the allegation concerns The Registered Manager, the individual must report the matter to Serendipity Healthcare Ltd directly, who will carry out the investigation and take any action which may be required
- If the allegation concerns the actions of Serendipity Healthcare Ltd, the individual must
- inform Serendipity Healthcare Ltd and if action is not seen to be taken, the matter must be reported to the Care Quality Commission

6. Definitions

6.1 Notifiable Safety Incident

- Regulation 20 (9) In relation to any other provider other than a Health Service Body: In relation to any other registered person, "notifiable safety incident" means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, appears to have resulted in:
 - The death of the service user, where the death relates directly to the incident rather than to the natural course of the service user's illness or underlying condition.
 - An impairment of the sensory, motor, or intellectual functions of the service user which has lasted, or is likely to last, for a continuous period of at least 28 days.
 - Changes to the structure of the service user's body.
 - The service user experiencing prolonged pain or prolonged psychological harm.
 - The shortening of the life expectancy of the service user.

6.2 Relevant Persons

- In Regulation 20, "relevant person" means the person using the service or, in the following circumstances, a person lawfully acting on their behalf:
 - When the person using the service dies.
 - Where the person using a service is under 16 and not competent to make a decision in relation to their care or treatment, or
 - Where the person using the service is 16 or over and lacks capacity to make decisions. (From CQC Provider Guidance)

6.3 Candour

- Any person who uses the service harmed by the provision of a service provider is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it (from CQC Duty of Candour Guidance)

6.4 Moderate Harm

POL26 – Duty of Candour Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



- Harm that requires a moderate increase in treatment, including re-admission, prolonging of care, admission to hospital, referral to hospital as an outpatient, cancelling of treatment that is otherwise needed, or transfer to another specialist facility or treatment area
- Moderate harm also includes significant (but not permanent) harm

6.5 Severe Harm

- A permanent reduction of bodily, sensory, motor, psychological or intellectual functions, including procedures carried out on the wrong person, or wrong area of the body of the right person

6.6 Prolonged Psychological Harm

- Psychological harm which a relevant person has or is likely to experience for a continuous period of at least 28 days

6.7 Transparency

- Allowing information about the truth about performance and outcomes to be shared with staff, people who use the service, the public and regulators

6.8 Openness

- Enabling concerns and complaints to be raised freely without fear and questions asked to be answered (CQC definition)

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