



Delivering Quality Healthcare

Policy Title:	Duty of Candour. Policy: 27	Date implemented or date of last review:	10/05/2020
CQC KLOE Reference:	Well Led	Date of next review:	09/05/2020

1. INTRODUCTION

- 1.1. The Care Quality Commission through Regulation 20 requires providers to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
- 1.2. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

2. POLICY

- 2.1. To ensure that the requirements of Regulation 20 are met and our service is open and transparent with Clients and relevant persons' (people acting lawfully on their behalf) in relation to the provision of care and treatment when things go wrong.

3. HEALTH AND SOCIAL CARE ACT 2008 (REGULATED ACTIVITIES) REGULATIONS 2014: REGULATION 20

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3.1. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

3.2. Actions to be taken following the occurrence of a notifiable safety incident

- 1.1. As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred the manager **must**:
 - 1.1.1. notify the client that the incident has occurred in accordance with paragraph (3), of the Regulation and the manager is required to
 - 1.1.2. provide reasonable support to the client in relation to the incident, including when giving such notification.
- 1.2. The notification to be given under paragraph (2) (a) **must**:
 - 1.2.1. be given in person by one or more representatives of the registered person,
 - 1.2.2. provide an account, which to the best of the managers knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification,
 - 1.2.3. advise the client what further enquiries into the incident the manager believes are appropriate,
 - 1.2.4. include an apology, and
 - 1.2.5. ensure these notifications are recorded in a written record which is kept securely by the manager.
- 1.3. Where a relevant person is involved (people acting lawfully on their behalf). A written notification must be given or sent to the relevant person containing:
 - 1.3.1. the information provided to the client
 - 1.3.2. details of any enquiries undertaken
 - 1.3.3. the results of any further the results of any further enquiries into the incident, and

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- 1.3.4. an apology.
- 1.4. If the relevant person cannot be contacted, the manager must ensure that a written record is kept of the attempts made to make contact or to speak to the relevant person.
- 1.5. The manager will keep a copy of all correspondence with the relevant person.

2. MANAGEMENT RESPONSIBILITIES

2.1. The Director

- 2.1.1. The Director and Nominated Person, Mr. Olakunle Opejin, is responsible for determining the governance arrangements of KOPE-MEDICS including effective risk management processes. He is responsible for ensuring that the necessary policies, procedures, and guidelines are in place to safeguard clients and reduce risk.
- 2.1.2. In addition, he will require assurance that policies, procedures and guidelines are being implemented and monitored for effectiveness and compliance.

2.2. The Registered Manager

- 2.2.1. The registered manager has overall responsibility for client safety and ensuring that there are effective risk management processes for the service's user that meet all statutory requirements and adhere to regulatory guidance.
- 2.2.2. He is also responsible for ensuring that:
 - 1.1.1.1. This policy is made available to all temporary workers

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- 1.1.1.2. The temporary workers are responsible for implementing and complying with the policy
- 1.1.1.3. That temporary workers are updated with regards to any change in the policy

2. DEFINITIONS

- 2.1. This regulation refers to the following definitions:
 - 2.1.1. **“apology”** means an expression of sorrow or regret in respect of a notifiable safety incident;
 - 2.1.2. **“moderate harm”** means—**harm** that requires a moderate increase in treatment, and significant, but not permanent, harm;
 - 2.1.3. **“moderate increase in treatment”** means an unplanned return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care);
 - 2.1.4. **“notifiable safety incident”** has the meaning given in paragraph 3.1. of this policy
 - 2.1.5. **“prolonged psychological harm”** means psychological harm which a client has experienced, or is likely to experience, for a continuous period of at least 28
 - 2.1.6. **“relevant person”** means the client or, in the following circumstances, a person lawfully acting on their behalf—
 - a. on the death of the client,
 - b. where the client is under 16 and not competent to make a decision in relation to their care or treatment, or
 - c. where the client is 16 or over and lacks capacity in relation to the matter;
 - 2.1.7. **“severe harm”** means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or

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organ or brain damage, that is related directly to the incident and not related to the natural course of the client's illness or underlying condition.

2.1.8. In relation to a health service body, "notifiable safety incident" means any unintended or unexpected incident that occurred in respect of a client during the provision of a regulated activity that, in the reasonable opinion of a health care professional, could result in, or appears to have resulted in—

2.1.8.1. the death of the client, where the death relates directly to the incident rather than to the natural course of the client's illness or underlying condition, or

2.1.8.2. severe harm, moderate harm or prolonged psychological harm to the client.

2.1.9. In relation to a registered person who is not a health service body, "**notifiable safety incident**" means any unintended or unexpected incident that occurred in respect of a client during the provision of a regulated activity that, in the reasonable opinion of a health care professional appears to have resulted in:

2.1.9.1. the death of the client, where the death relates directly to the incident rather than to the natural course of the client's illness or underlying condition,

2.1.9.2. an impairment of the sensory, motor or intellectual functions of the client which has lasted, or is likely to last, for a continuous period of at least 28 days,

2.1.9.3. changes to the structure of the client's body,

2.1.9.4. the client experiencing prolonged pain or prolonged psychological harm, or the shortening of the life expectancy of the client; or

2.1.9.5. requires treatment by a health care professional in order to prevent the death of the client, or any injury to the client which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a).

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