

Duty of Candour Policy

1 Purpose

This policy explains the approach Metropolitan Thames Valley Housing (MTVH) registered care services will take to meet statutory requirements set out under Regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation states that registered providers and registered managers (known as 'registered persons') must act in an open and transparent way with people receiving care or treatment from them. This includes 'notifiable safety incidents' and how registered persons must apply the duty of candour if these incidents occur.

2 Scope

The policy applies to colleagues working in our care and support services. Although the duty of candour applies specifically to registered care services, we will apply the principles of the regulation and the definitions, across all of our care and support services.

This extends to agency, bank workers and volunteers in the service. Colleagues must adhere to this policy and relevant procedures. Colleagues not complying with the policy and relevant procedures may face disciplinary action, as well as referral to police, the Disclosure and Barring Service (DBS) and other agencies.

All colleagues are required to report incidents involving our customers, including health and safety incidents, and those where there was no harm or a 'near miss'.

In relation to the provision of registered care services, this policy relates only to 'notifiable safety incidents' as defined by the CQC in the duty of candour regulation, this includes an incident that:

- is unintended or unexpected
- has occurred during the provision of regulated care activity; and
- already has, or might, result in death, or moderate harm to the person receiving care

If any of these three criteria are not met in a registered care service, it is not a notifiable safety incident. However, the overarching duty of candour (to be open and transparent) always applies.

Our Commitment

At MTVH, we aim to provide a high standard of care and support to all customers receiving these services. We understand that we must always be open and transparent with our customers and the people who are involved in their care whether or not something has gone wrong.

We will promote a culture of openness – enabling concerns and complaints to be raised freely without fear; and transparency – allowing information about the truth, performance and outcomes to be shared with colleagues, customers, the public, and regulators. Disciplinary action will be taken if there is evidence that an individual colleague has made a mistake and has done so in breach of **MTVH Code of Conduct**.

We will always apologise when things have gone wrong and explain what has happened. This is not an admission of liability but acknowledges that something could have gone better and is the first step to learning from what happened to prevent it occurring again. We will offer guidance and support to the

customer and those affected. We will also keep a full and accurate record of events and take action to manage the incident or remedy the mistake.

3 Our Approach

The registered person is responsible for undertaking or delegating the responsibility to complete all required actions when something has gone wrong in a service, or there has been a notifiable safety incident. If there is no registered person in post, the responsibility sits with the Operations Manager, or Head of Service for the registered service.

The 'relevant person' must be informed when something has gone wrong or there has been a notifiable safety incident. The relevant person is either the customer who was harmed or someone who is acting lawfully on their behalf. Someone may act on behalf of a customer who is harmed if the customer has died or lacks mental capacity (in accordance with the Mental Capacity Act 2005).

The registered person (or colleague who has delegated responsibility) must:

- Tell the relevant person face to face, when something has gone wrong, or a notifiable safety incident has taken place
- Apologise
- Provide a true account of what happened, explaining whatever is known at that point
- Explain to the relevant person what further enquiries or investigations are required, if appropriate
- Follow up by providing this information, and the apology, in writing, and providing an update on any key enquiries
- Keep a secure written record of all meetings and communications with the relevant person

The registered person must keep a clear record of notifiable safety incidents. It may be that the incident also meets the notification thresholds and if so, must be reported through the CQC notification system or internal local authority reporting systems.

All colleagues responsible for providing care and support to our customers will have a good understanding of the duty of candour and will discharge this duty in the delivery of their responsibilities. Where colleagues have been involved in, or dealt with a significant incident, training and support will be provided. They will be given the opportunity for a de-brief of the incident and any support needed to provide relevant information when contributing to an investigation.

Quality assurance and monitoring

We want to learn from our mistakes and incidents and use these lessons to identify and implement improvements. All registered persons must record learning outcomes and save them with the documentation relating to the incident. The Heads of Care and Support will review all reported incidents as part of monthly performance reporting arrangements. The number and type of incidents, status of investigations and outcomes are also reported in MTVH Corporate Care and Support scorecard, which is scrutinised by Executive Team, Board and the Safeguarding Quality Panel.

4 Background legislation

This policy has been written to ensure that we comply with all the relevant legal and regulatory frameworks including:

- Regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005

5 Our commitment to Equality, Diversity, and Inclusion

In implementing this policy, we will not discriminate against any colleague, customer, or stakeholder on the grounds of their sex, sexual orientation, gender reassignment status, ethnic origin, age, religious belief, disability, marital status, and pregnancy/maternity. We will make reasonable adjustments to the policy to recognise, accommodate and support individual needs where necessary.

An Equality Impact Assessment has been completed for this Policy and is retained by the Policy Team.

6 Key Policy Information

Policy Owner	Director of Operational Risk and Development
Author	Nominated Individual
Approved by	Customer Services SLT
Effective from	16 February 2023
Approach to review	This Policy & associated Procedures will be reviewed as required by the owner for changes in legislation, regulation, and operational need. Any amendments will be appropriately consulted on and signed off before being clearly communicated to customers and colleagues. Next expected review is 5 years from the 'Effective date' of this document.
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