

(NAME OF HOME)

QUALITY POLICY STATEMENT

QP-71

Title: WHISTLEBLOWING (KLOE)

1.0 INTRODUCTION

- 1.1 Whistleblowing is different from a complaint or a grievance and usually refers to situations where a worker raises a concern about something they have witnessed at their workplace.
- 1.2 Staff during their everyday work may come across or observe practice that may give them cause for concern. However, when their concern is serious because it relates to the wellbeing of a Service User, or a matter of health and safety or fraud, staff may find it difficult to know what to do
- 1.3 Staff may be worried about raising such a concern and may think it best to keep it to themselves, perhaps feeling it's none of their business or that it's only a suspicion.
- 1.4 Staff may feel that raising the matter would be disloyal to colleagues, managers or to the Home. They may be concerned that if they report the matter they are not sure of the consequences.
- 1.5 We want our staff to help us to safeguard our Service Users from abuse and bad practice that can damage the reputation of the Home.

2.0 POLICY

- 2.1 The purpose of this policy is designed to reassure staff that it is safe and acceptable to speak up and raise any concerns they may have about the service of the Home, and have a clear understanding of how to raise a concern.

3.0 CONCERNS

- 3.1 Where staff find something is troubling them that they think the Home should know about or should investigate, please use this policy. Such concerns might be to do with:
 - Physical Abuse or neglect of Service Users or employees.
 - Criminal activity.
 - Failure to comply with any legal or professional obligation or regulatory requirement.
 - A Health & Safety Risk to the public or employees.
 - Bribery.
 - Financial fraud or mismanagement.
 - Negligence.
 - Conduct likely to damage the reputation of our Home.
 - Unauthorised disclosure of confidential information.
 - Unprofessional conduct.
 - Attempts to conceal bad practice including the above.

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4.0 OPEN CULTURE

4.1 Our Home is committed to an open culture where staff feel valued and allows them to feel supported to raise concerns, both inside and outside of the service, without fear of recrimination.

5.0 RAISING A CONCERN

5.1 Where staff raise a genuine concern under this policy, they / you will not be at risk of losing their job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a genuine concern and we consider it a disciplinary matter to victimise anyone who has raised a genuine concern.

5.2 In the first instance, if staff have a concern they should raise it with the manager or senior member of staff in his/her absence.

5.3 The manager should ensure that staff are aware of their rights under the Public Interest Disclosure Act 1998 and are therefore able to report any concerns without worrying about consequences. The manager should assure staff that they report any suspicions without fear that they will suffer as a result.

5.4 Our Home wants staff to feel confident that they can raise a concern without reprisal, and hope they feel they can raise a concern openly. However, we recognise that there may be circumstances when staff would prefer to speak to someone in confidence first. If this is the case, please say so at the outset. If you ask us not to disclose your identity, we will not do so without your consent unless required by law.

5.5 Staff should understand that there may be times when we are unable to resolve a concern without revealing the staff's identity, for example, where the staff's personal evidence is essential. In such cases, the matter will be discussed with staff on how the matter can best proceed. Staff should be aware that if they do not tell us who you are (and therefore raising a concern anonymously) it will be much more difficult for us to look into the matter.

5.6 If staff are unsure about raising a concern they can get independent advice from the independent charity Public Concern (See external contacts in section 7.0 of this policy).

5.7 The Manager will support the member of staff and arrange for an advocate to support the member of staff where required.

6.0 HANDLING STAFF CONCERNS

6.1 When a staff member tells us of their concerns, we will acknowledge it within 5 working days, assess it and consider what action may be appropriate. This may involve an informal review, an internal inquiry or a more formal investigation. We will tell the member of staff who will be handling the matter, how you they can contact them, what further assistance we may need from them and agree a timetable for feedback.

- 6.2 If staff ask, we will write to them summarising their concern and setting out how we propose to handle it. If we have misunderstood the concern or there is any information missing please let us know. When you raise the concern it will be helpful to know how you think the matter might best be resolved.
- 6.3 If you have any personal interest in the matter, we do ask that you tell us at the outset. If we think your concern falls more appropriately within our grievance, dignity at work or other relevant procedure, we will let you know. Whenever possible, we will give you feedback on the outcome of any investigation.
- 6.4 Please note, however, that we may not be able to tell you about the precise actions we take where this would infringe a duty of confidence we owe to another person. While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly and properly. By using this policy you will help us to achieve this. If at any stage you experience reprisal, harassment or victimisation for raising a genuine concern contact your HR.

7.0 EXTERNAL CONTACTS

- 7.1 We trust that this policy gives staff reassurance to raise any concern with the manager or a senior member of staff initially. However, we recognise that there may be circumstances where you would rather report a concern to an outside body. The following are a list of external contacts for you to consider:

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WHO TO CONTACT

The Care Quality Commission – who are responsible for the regulation of adult social and health care in England:

http://www.cqc.org.uk/contact-us • Phone: 03000 616161 • Email: enquiries@cqc.org.uk Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA

Local Authority Safeguarding Board:

Telephone:

E mail:

Address:

Social Services Safeguarding Team:

Telephone:

E mail:

Address:

INTERNAL CONTACT (other than manager) (If staff wish to report within the service a safeguarding incident)

Name of Internal Contact:

Address:

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Telephone:

E mail:

Independent charity Public Concern at Work

0808 168 0225 or by email at advice33@pcaw.co.uk. They can talk staff through the options address is www.pcaw.co.uk

This policy should be read in conjunction with the procedure MA-11 Reporting Bad practice

Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - Safe S1: By safe, we mean people are protected from abuse* and avoidable harm.

Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Prompt	Compliance Evidence
S1.4 How are people supported to understand what keeping safe means, and how are they encouraged and empowered to raise any concerns they may have about this?	Section 1.0 and Section 5.0 of this procedure addresses the prompt
If people are subject to safeguarding enquiries or an investigation, are they offered an advocate if appropriate or required?	Para 5.7 of this procedure addresses the prompt

Key Lines of Enquiry 2018 – 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?

Prompt	Compliance Evidence
S2.5 Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents? Are action plans developed, and are they monitored to make sure they are delivered?	Refer to MA-11 Reporting Bad Practice (Whistleblowing)

Key Lines of Enquiry 2018 -Well Led W3 How are the people who use the service, the public and staff engaged and involved?

Prompt	Compliance Evidence
W3.3 How are staff supported to question practice and how are people who raise concerns, including whistleblowers, supported and protected?	Para 4.1, 5.6 and 5.7 of this procedure addresses the prompt