



Superior
Healthcare
Group

Duty of Candour Policy

Version 1.0 – September 2026



Contents

1.	Background	3
2.	Purpose	3
3.	Scope	3
4.	Objectives.....	4
5.	Responsibility	4
6.	Policy.....	5
6.1.	What is a notifiable safety incident	5
6.2.	What the duty requires	5
6.3.	Apologising	6
6.4.	The professional duty of candour	6
6.5.	If the duty is not met.....	6
7.	Procedure	6
	Step 1: Identify and escalate	6
	Step 2: Notify verbally and offer support	6
	Step 3: Investigate	7
	Step 4: Written notification.....	7
	Step 5: Keep the relevant person updated	7
	Step 6: Outcome and learning	7
	Step 7: Record-keeping.....	7
8.	Definitions	7
9.	References	8
10.	Related Documents, Forms and Templates.....	8
	Appendix: Duty of Candour Process Flowchart	9

Version Control

Document Title	Duty of Candour Policy
Author	Name: Jo Rychlik Job Title: Director of Quality and Governance Email address: jorychlik@superiorhealthcare.co.uk
Last reviewed	09/09/2026
Last amended	09/09/2026
Next review due	01/09/2027

Version Details

Date	Version No	Status	Author	Reviewer	Approved By	Comments & Amendments
09/09/2026	1.0	Final	JR	AH	ST	Issued as Version 1.0 in SHG format. Based on previously amended QCS policy, reformatted, content reviewed and updated.

Important Notice

This is a controlled document which is uncontrolled when printed. Please always access the latest copies of policies and procedures from The Superior Healthcare Group's Policies and Procedures Library stored on Microsoft Teams. If you do not have access to The Superior Healthcare Group's Policies and Procedures Library, please contact the author of this policy to confirm that it is the latest version using the contact details shown above.

Accessible Formats

In accordance with the Accessible Information Standard, this policy is available in alternative formats upon request, including large print or easy read. Employees and clients who require information in a specific format should speak to their Nurse Manager, Coordinator or the Registered Manager.

1. Background

The duty of candour is a legal requirement on all providers registered with the Care Quality Commission (CQC) to be open and honest with people in their care - or their family or representative - when something goes wrong. It is set out in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and is one of CQC's fundamental standards: the only standards that can lead directly to prosecution.

This policy sets out what the duty of candour means in practice for Superior Healthcare Group, when it applies, and the step-by-step process our teams follow to meet it - including telling a client or family member what happened, apologising, investigating, and keeping them updated. It works alongside our Incident Notification Letter Templates, which give teams ready-to-use wording for the written part of this duty.

Clinical teams are, rightly, usually very confident and compassionate when it comes to apologising to a client or family in person or over the phone. This policy exists to make sure that same openness is consistently followed up in writing, because a written notification and apology is what the regulation requires - and it is also the evidence CQC and Superior Healthcare Group need that the duty has actually been met.

2. Purpose

- To set out what the statutory duty of candour requires of Superior Healthcare Group and of individual team members.
- To define what counts as a notifiable safety incident for our services, and what does not.
- To describe the step-by-step process for telling a client or their family what happened, apologising, investigating, and providing written notification and follow-up.
- To ensure a clear, consistent record is kept of every notifiable safety incident and the duty of candour actions taken, so compliance can be evidenced to CQC.
- To support a just and learning culture, in which openness about mistakes is expected and supported, not penalised.

This policy supports compliance with the relevant CQC inspection framework and the following Key Lines of Enquiry:

Key Line of Enquiry	Quality Statement
SAFE	Learning culture; Safe systems, pathways and transitions; Involving people to manage risks
RESPONSIVE	Person-centred care; Listening to and involving people; Equity in experiences and outcomes
WELL LED	Governance, management and sustainability; Learning, improvement and innovation; Freedom to speak up

3. Scope

- This policy applies to all Superior Healthcare Group employees, bank workers, and any individual delivering regulated activities on the Group's behalf, across all locations and registrations (including Kent, the Regions, and Sussex).
- It applies to every client receiving care from Superior Healthcare Group, and to their family members or representatives where relevant (see Definitions - "relevant person").

- It applies whenever an incident meets the threshold of a notifiable safety incident, as set out in the Policy section below - regardless of who was involved, how minor the underlying cause may seem, or whether a complaint has been raised.

This policy sits alongside, and does not replace, our wider duty to be open and honest with clients and families at all times, in relation to any aspect of their care - not only incidents that meet the notifiable safety incident threshold.

4. Objectives

- To ensure every team member can recognise a **notifiable safety incident** and knows what to do when it occurs.
- To ensure clients and families are told about a notifiable safety incident as soon as reasonably practicable, receive a sincere and unqualified apology, and are given appropriate support throughout.
- To ensure every verbal notification is followed up in writing, within a consistent and reasonable timescale, using the [DoC Templates](#).
- To ensure clients and families are kept updated as an investigation progresses and are told the outcome and any resulting learning.
- To ensure a complete written record is kept of every notifiable safety incident and the duty of candour actions taken, sufficient to evidence compliance to CQC.

5. Responsibility

Overall accountability for this policy, and for oversight of duty of candour compliance across the Group, sits with the Director of Quality and Governance. Day-to-day responsibilities are as follows (titles may vary by structure):

Role	Key responsibilities
Director of Quality and Governance	Owns this policy; maintains the Duty of Candour Log; provides advice on borderline cases; reports duty of candour compliance to the Quality and Governance Meeting and Leadership Team.
Registered Manager / Director of Clinical Operations	Confirms whether an incident meets the notifiable safety incident threshold, in the reasonable opinion of a healthcare professional; assigns an Investigation Manager; ensures verbal notification happens without delay.
Investigation Manager (assigned per incident)	Leads the investigation (via the RCA process where applicable); is the client/family's named point of contact; keeps them updated; drafts the written notification and outcome letters using the templates.
Nurse Manager / Field Care Supervisor	Usually delivers the initial verbal notification, in person wherever possible, supported by the Investigation Manager; offers and arranges any support the relevant person needs.
All care team members	Report any incident that may meet the notifiable safety incident threshold immediately, through existing incident reporting routes; do not delay reporting because the cause or severity is unclear.

6. Policy

Superior Healthcare Group is open and honest with clients and families at all times. In addition to this general duty of openness, the law places a specific statutory duty on Superior Healthcare Group whenever an incident meets the notifiable safety incident threshold described below. Both duties matter, but this policy focuses on the specific statutory duty, because it carries defined legal requirements and a formal process.

6.1. What is a notifiable safety incident

A notifiable safety incident is any **unintended or unexpected** incident that occurred during the provision of care that, in the reasonable opinion of a healthcare professional, appears to have resulted in, or the client has been told requires treatment to prevent, one or more of the following:

- Death, where it relates directly to the incident rather than the natural course of the client's illness or underlying condition.
- An impairment of sensory, motor or intellectual function that is not likely to be temporary.
- Changes to the structure of the client's body.
- Prolongation of pain or psychological harm, experienced or likely to be experienced by the client for a continuous period of at least 28 days.
- Shortening of the client's life expectancy.

As a provider of adult social care rather than an NHS body, the threshold that applies to Superior Healthcare Group is the one above, which is different from – and in some respects lower than – the threshold that applies to NHS trusts. This is a genuinely difficult judgement call in borderline cases, and this policy reflects current published CQC guidance as at the time of the policy being published.

Whether the threshold is met is a judgement made in the reasonable opinion of a healthcare professional. In practice, this will usually be the Registered Manager, a Regional Nurse Manager, or the Director of Clinical Operations. If there is any doubt, the incident should be treated as notifiable and escalated to the Director of Quality and Governance, rather than risk under-reporting.

When in doubt – always notify. Treating a borderline incident as notifiable and following this process costs little. Failing to notify a genuine notifiable safety incident is a criminal offence and cannot be corrected after the fact.

6.2. What the duty requires

Where an incident meets the notifiable safety incident threshold, Superior Healthcare Group must:

- Notify the relevant person that the incident occurred, as soon as reasonably practicable after becoming aware, and provide reasonable support to them (for example, involving an advocate, interpreter, or additional welfare support where needed).
- Give the notification in person wherever possible, providing an account, to the best of the Company's knowledge, of all the facts known about the incident at that time.
- Advise what further enquiries the Company believes are appropriate.
- Include an apology – a genuine, unqualified expression of sorrow or regret – as part of that notification.
- Follow up the verbal notification with the same information in writing, including details of any further enquiries to be undertaken, and keep a copy of that written notification.
- Keep a written record of all communication with the relevant person, and provide the results of any further enquiries once they are known.

Superior Healthcare Group's own operational target is to send the written notification **within 10 working days** of the verbal notification, and to provide a further written update whenever there is a significant development, or in any case once the investigation concludes. This 10-working-day target is Superior Healthcare Group's own standard for consistency and good practice – it is not itself a fixed legal deadline, which instead requires action "as soon as reasonably practicable".

6.3. Apologising

Apologising is not an admission of liability, and CQC guidance is explicit about this. A clear, sincere apology: "I am sorry this happened", is what the duty of candour requires and what clients and families need to hear. A hedged or qualified apology (for example, "I'm sorry if this caused you any upset") does not meet the spirit of the duty and can come across as defensive. Team members should not withhold or water down an apology out of concern about liability; if there is a genuine concern about a specific case, it should be raised with the Director of Quality and Governance or, where appropriate, with external legal advice, rather than resolved by softening the apology itself.

6.4. The professional duty of candour

Alongside this organisational duty, individual regulated professionals (including registered nurses, who are regulated by the Nursing and Midwifery Council) have their own professional duty of candour under their regulator's code of conduct. This is a personal professional obligation that exists independently of this policy, and following this policy's process supports, but does not replace, that individual professional responsibility.

6.5. If the duty is not met

Failing to comply with the duty of candour – including failing to notify a relevant person of a notifiable safety incident, or failing to provide the required written notification and apology – is a breach of a CQC fundamental standard. Unlike most CQC regulations, a breach of the notification and apology requirements of Regulation 20 can result in criminal prosecution without CQC first issuing a warning notice. This makes consistent compliance with this policy a significant organisational priority, not only a quality and learning matter.

7. Procedure

Step 1: Identify and escalate

Any team member who becomes aware of an incident that may meet the notifiable safety incident threshold reports it immediately through the Group's existing incident reporting route, without waiting to establish the full facts first. The Registered Manager, Regional Nurse Manager or Director of Clinical Operations confirms whether the threshold is met, escalating to the Director of Quality and Governance where there is doubt, and an Investigation Manager is assigned without delay.

Step 2: Notify verbally and offer support

The relevant person is told about the incident in person wherever possible, as soon as reasonably practicable – normally **within 24 to 48 hours** of the incident being identified, unless a longer period is clearly reasonable in the circumstances (for example, because of the client or family's own availability or wellbeing). This conversation should cover, in plain language: what happened, to the best of the Group's current knowledge; that we are sorry, expressed clearly and without hedging; that we are investigating and who is leading that investigation; and what support is available to the relevant person, including practical, emotional or advocacy support as needed. Date of this conversation should be recorded on the Incident log together with who spoke to the relevant person.

Step 3: Investigate

The Investigation Manager leads the investigation into the incident, using the Group's Root Cause Analysis (RCA) process for any serious incident, and assigns the case a reference (CC-YY-NNN) in line with existing practice. The investigation considers immediate cause, contributory factors, root cause, and identifies learning and improvement actions in the usual way.

Step 4: Written notification

The Investigation Manager sends the Initial Notification Letter (from the Incident Notification Letter Templates) to the relevant person, covering the factual account given so far, the apology, and details of the enquiries to be undertaken. Superior Healthcare Group's own target is to send this **within 10 working days** of the **verbal notification**. A copy is kept on file (People Planner or/and Teams), and logged in the Duty of Candour Log.

Step 5: Keep the relevant person updated

If anything significant emerges while the investigation is ongoing, the Investigation Manager tells the relevant person promptly, using the Update / Outcome Letter where a written update is appropriate. Silence during a long-running investigation should be avoided; a short interim update is better than no contact.

Step 6: Outcome and learning

Once the investigation concludes, the Investigation Manager sends the Update / Outcome Letter, setting out the findings in plain language, any actions being taken as a result, and what has been learned. Actions are logged to the Continuous Improvement Plan (CIP) with an owner and timescale, consistent with the RCA process. A copy of this letter is kept on file and logged in the Duty of Candour Log.

Step 7: Record-keeping

The Director of Quality and Governance maintains a central Incident and Duty of Candour Log, recording for every notifiable safety incident: the date and nature of the incident, the relevant person/s notified, confirmation of Duty of Candour being met, and links to the related RCA and CIP actions. This log is Superior Healthcare Group's primary evidence of duty of candour compliance and is available for CQC inspection. Copies of all correspondence is kept under each client's incident record on People Planner and Teams.

8. Definitions

- **Notifiable safety incident:** An unintended or unexpected incident that, in the reasonable opinion of a healthcare professional, appears to have resulted in, or requires treatment to prevent, one of the outcomes set out in "What is a notifiable safety incident" above.
- **Relevant person:** The client themselves, or – where the client has died, is under 18 and not competent to make the relevant decision, or lacks the mental capacity to do so under the Mental Capacity Act 2005 – a person lawfully acting on their behalf, such as a family member, attorney, deputy or advocate.
- **Duty of candour:** The statutory duty under Regulation 20 to be open and honest with a relevant person when a notifiable safety incident occurs, and the wider professional and organisational duty to be open and honest with clients and families at all times.
- **Investigation Manager:** The named individual assigned to lead the investigation into a specific notifiable safety incident and to be the relevant person's point of contact throughout.

- **Incident and Duty of Candour Log:** The record maintained by Quality and Governance of every notifiable safety incident and the duty of candour actions taken in response.

9. References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20: Duty of Candour.
- Care Quality Commission: Regulation 20: Duty of candour (guidance for providers).
- Care Quality Commission: Single Assessment Framework quality statements.
- Nursing and Midwifery Council: The Code – professional standards of practice and behaviour, including candour, openness and honesty.

10. Related Documents, Forms and Templates

- Letter Templates (Initial Notification Letter and Update / Outcome Letter).
- RCA (Root Cause Analysis) template and process.
- Quality Assurance and Governance Policy and Procedure.
- Complaints Policy and Procedure.
- Safeguarding Policy and Procedure.
- Risk Management Policy and Procedure.
- Continuous Improvement Plan (CIP) register.
- Duty of Candour Log (included in Safeguarding and Significant Incident Log).

For advice or support, contact the Quality and Governance team via governance@superiorhealthcare.co.uk.

Appendix: Duty of Candour Process Flowchart

