

| Whistleblowing Policy |  |
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|                              |    | Last review date              | Next review date              |
|------------------------------|----|-------------------------------|-------------------------------|
| Approved by policy committee |    | 2 <sup>nd</sup> December 2016 | 2 <sup>nd</sup> December 2017 |
| Approved by trustees         |    | 12th August 2014              |                               |
| Website (yes/no)             | No |                               |                               |

Principal Care Quality Commission related legislation relevant to this Policy.

- i) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Regulation 13: Safeguarding service users from abuse and improper treatment.
- ii) Care Quality Commission (Registration) Regulations 2009 (as amended in 2015) Regulation 18.

## **Policy Statement**

This policy is intended to set out the values, principles and policies underpinning Scotts Project Trust's (the Trust) approach to whistleblowing.

The Trust understands "whistleblowing" to refer to actions taken by a member/members of staff to raise concerns about:

- alleged, suspected or observed malpractice
- assessed, identified or perceived risks (e.g. to the safety of service users)
- unethical conduct or possible illegal acts.

Any of the above could harm, or create a risk of harm, to service users, colleagues or the general public.

The policy is created in line with Care Quality Commission recommendations and guidance and the law as stated in the Public Disclosure Act 1998 (and amended under the Enterprise and Regulatory Reform Act (ERRA) 2013).

This policy is to be read and followed in conjunction with the procedures set out in the Trust's Safeguarding Policy and Disciplinary Policy. It should also be used to complement the Trust's Complaints procedure.

The Trust recognises that "whistleblowing" is distinct from a complaint in that "whistleblowers" by definition raise their concerns as employees. Complaints about a service are raised by service users, others acting on their behalf or members of the public. However it is recognised that similar procedures should be are followed to



respond to complaints and whistleblowing.

#### Clarification of terms used

1. In this policy reference is made to the 'Senior Manager.'

For clarification, this includes the term 'Registered Manager' which is used for the Senior Managers of the CQC registered services, that is residential care at St Peter's Row, and the Supporting Independence Service which is delivered at the Oaks and Willows. The Development Centre Senior Manager is an unregistered position.

The Senior Managers each have the role of a designated vulnerable adult protection lead within the Trust.

- 2. Reference is made to 'Manager' which for the purposes of this policy refers to: The Office Manager and the Facilities Manager.
- 3. Reference is made to 'staff' which for the purposes of this policy refers to everybody who works in a paid or voluntary capacity for or on behalf of the Trust.
- 4. The Trustee designated with responsibility for the protection of vulnerable adults is Sara Tozzi.

## **Principles**

"Whistleblowing" principles can be summarised as follows:

- care services should be promoting open, transparent cultures, which encourage staff to act on and report any concerns about practices that fall below acceptable standards
- staff members are the people most likely to observe and be in a position to report on bad practice
- staff members, who raise genuine concerns about harmful practices, which they
  come across in their work (as described above) must be taken seriously and seen
  to be acting correctly
- they should not be regarded as "troublemakers" to be penalised in some way by their employing organisation
- the employing organisation should listen to and thoroughly investigate every concern raised by a staff member as they would if the matter was raised as a complaint by a service user or others acting on their behalf
- in line with the Public Interest Disclosure Act 1998, care services must make sure that staff members who raise, in good faith, reasonable concerns about unacceptable practices are not victimised as a result.



The Trust applies these principles in its approach to whistleblowing policy and the procedures it expects its staff to follow.

#### **Procedures**

## Obligations on Staff to Report Malpractice, Unacceptable Risks and Wrongdoing

The Trust also recognises that its staff have a moral and legal obligation to report abuse and any occasion, incident or matter where they consider vulnerable adults or colleagues are at risk of being injured or harmed in the course of their work.

The Trust considers that these obligations to report such incidents, which include suspected breaches of the Trust's or other employees' professional codes of conduct, override any other considerations such as loyalty to colleagues.

Any member of staff who witnesses or suspects abuse by another member of staff should report the matter to their Senior Manager immediately or in the absence of their Senior Manager or where the abuse or harm or allegation of abuse or harm involves their Senior Manager to one of the other Senior Managers. The Senior Manager will accept responsibility for the actions that follow and will assure the "whistleblower" that they have acted correctly by reporting the matter and they will not be victimised and their confidentiality assured unless there are overriding eg legal reasons for disclosing their identity.

Despite the assurances the Trust gives to its staff, it accepts that there may be incidents that the staff member does not feel confident or able to report in the first instance to a Senior Manager. In such a case the staff member should report the incident directly to a Trustee. In the event that the staff member does not believe that the Trustees will deal with the reported incident in a proper manner, the Trust then accepts the right and obligation of the staff member to report their concerns to an outside authority such as the police, the local authority adults safeguarding unit or the Care Quality Commission (CQC) to initiate an investigation. The Trust will not penalise or victimise any staff member who reports their concerns responsibly in these ways.

### Commitment to Staff

The Trust assures its staff that their concerns about any possible mistreatment of its service users will be listened to and investigated, and the procedures set out in the Safeguarding Policy will be followed.

Staff are encouraged to raise any concern directly or in writing. They are also entitled to make their representations accompanied by a friend or colleague or trade union representative as they decide and thinkfit.



The Trust undertakes to assess and investigate any concerns impartially and objectively, so that it can be fair to all parties concerned in seeking to clarify the facts before taking further actions.

The Trust through its Senior Managers will keep any staff members affected by an investigation informed of the actions being taken and the outcomes of the investigation, taking into account the need to respect the possible confidentiality of some of the information relating to other staff members and service users. All information will be treated with the utmost confidence, whenever possible. This might not be possible in all cases, e.g. if the concern requires reporting to the police and/or the local adults safeguarding authority. Staff should be aware that all instances of alleged or actual abuse must be notified to the Local Adults Safeguarding Authority and to the CQC to comply with Regulation 18.

## Investigating and dealing with allegations

The Senior Manager to whom abuse by a staff member is reported should follow the procedures set out in the Trust's Safeguarding Policy including notifying the Trustee designated with responsibility for the protection of vulnerable adults about the allegation. In addition, the Senior Manager should if possible protect the source of the information. If a Senior Manager fails to act promptly, suppresses evidence or is involved in any action to discourage whistleblowing, they may render themselves liable to disciplinary action.

# Dealing with interference with or victimisation of staff who have reported abuse

Any member of staff who attempts to prevent a staff member from reporting their concerns to a Senior Manager or who bullies, attempts to intimidate or discriminates against a colleague in these circumstances will be dealt with in accordance with the Trust's Disciplinary Policy. A whistleblower who feels themselves to be subject to hostile action from colleagues should inform the Senior Manager, who will, if necessary, take steps to alter the staff member's duties so as to protect them from the hostile action.

The Trust provides staff with information on how to make contact with the Public Concern at Work organisation that has been established to protect whistleblowers from victimisation and bullying.

## **Unjustified Reporting**

The Trust's Senior Managers take reports from whistleblowers seriously and investigate all allegations thoroughly. Any allegations against colleagues, however, which are found



to be unwarranted or malicious, may render the person who made them liable to disciplinary action.

### Information

The Trust provides staff with the following information, which they may need to help raise a concern in confidence:

- Whistleblowing Helpline for NHS and Social Care Staff: Tel. 08000 724 725); email: enquiries@wbhelpline.org.uk
- How to Contact the CQC: Tel. 03000 616161/ email:enquiries@cqc.org.uk
- Local Safeguarding Authority: Adult Safeguarding Authority Kent Adult Social Services Brenchley House, County Hall Maidstone, Kent, ME14 IRF Tel: 03000 416161
- Care Quality Commission Leaflet Raising a Concern with CQC: available from www.cqc.org.uk
- Public Concern at Work: www.pcaw.org.uk (for advice and guidance on ways forward).

## **Training**

All new staff receive training in this policy on whistleblowing as part of the induction training in line with current legislative requirements. All staff receive updated training as needed as policies change.



### **Appendix 1**

### **Definition of Abuse (see the Trust's Safeguarding Policy)**

Abuse may consist of a single act or related acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

The Trust recognises that abuse or harm of service users may take the following forms:

**physical abuse or harm-** including hitting, slapping, scratching, pushing or rough handling, kicking, misuse of medication, restraining without justifiable reasons, inappropriate sanctions including deprivation of food, clothing, warmth and health care needs and female genital mutilation (FGM).

**sexual abuse or harm**- including rape, attempted rape, sexual assault, sexual harassment, sexual acts to which the vulnerable adult at risk has not consented, or could not consent or was pressured into consenting, sexual activity which takes place when the adult is unaware of the consequences or the risks involved and noncontact abuse e.g. voyeurism, pornography.

**psychological abuse or harm-** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, deliberate denial of religious or cultural needs, isolation or withdrawal from services or supportive networks, forced marriage, failure to provide access to appropriate social skills and educational development training and faith abuse.

**exploitation-** including unfairly manipulating someone for profit or personal gain, modern slavery, human trafficking, radicalisation

**financial or material abuse or harm-** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

**neglect and acts of omission**- including ignoring medical or physical care needs, failure to access equipment for functional independence, failure to provide access to appropriate health and, social care or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating, failure to give privacy and dignity, professional neglect.

**discriminatory abuse or harm-** including race, sex, culture, religion, politics, that is based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment, hate crimes.

**self-harm** - including cutting, burning, biting, head banging and hitting, taking personal risks, neglecting oneself, pulling out hair, substance abuse, eating disorders, over dosing and self-poisoning.

**Institutional abuse-** including poor management of medical conditions, poor standards of cleanliness, lack of privacy, dignity, respect, support and choices



### Bullying as a form of abuse or harm

All service users have the right to be treated with dignity and respect. Bullying of any vulnerable adult is harmful; it causes distress and can lead to accidents, illness, non-participation, social isolation and low achievements. Bullying is a form of abuse, whatever its origin.

Bullying is defined as any unsolicited or unwelcome act or acts which humiliate, intimidate or undermine the individual involved. No form of bullying of a service user from any source will be tolerated by the Trust. The Senior Managers will take every step to prevent and eliminate the bullying of any of their service users in line with the Trust's general safeguarding policies and procedures.