Medicare People

LIVE-IN CARE

Whistleblowing Policy and Procedure

Policy Title	Whistleblowing Policy and Procedure
Organisation	Medicare People Limited
Service Type	Live-In Care Services
Policy Owner	Registered Manager
Version	1.0
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Review Date	Annually

1. PURPOSE

Medicare People is committed to maintaining the highest standards of care, integrity, openness, accountability, and professional practice.

The purpose of this policy is to encourage employees and others working on behalf of Medicare People to raise genuine concerns about wrongdoing, malpractice, unsafe practices, risks to individuals receiving care, or breaches of legal and regulatory requirements.

This policy aims to ensure that concerns are raised at the earliest opportunity, investigated appropriately, and addressed without fear of victimisation, discrimination, retaliation, or detriment.

2. Scope

This policy applies to:

- All employees.
- Live-In Carers.
- Managers and supervisors.
- Agency workers.
- Contractors.
- Volunteers.
- Temporary workers.
- Consultants working on behalf of Medicare People.

This policy applies to concerns relating to activities undertaken by Medicare People, its employees, contractors, or any person acting on its behalf.

3. Definitions

Whistleblowing	Whistleblowing is the disclosure of information relating to suspected wrongdoing, malpractice, danger, risk, or illegal activity within an organisation.
Protected Disclosure	A protected disclosure is a disclosure made in accordance with relevant whistleblowing legislation whereby an individual reports concerns in the public interest.
Whistleblower	A whistleblower is an individual who raises a genuine concern regarding suspected wrongdoing or unsafe practice.
Malpractice	Malpractice refers to improper, illegal, negligent, unethical, or unsafe conduct.
Detriment	Detriment includes any unfair treatment suffered as a result of raising a concern, including dismissal, disciplinary action, discrimination, harassment, or victimisation.

4. Policy Statement

Medicare People is committed to:

- Promoting a culture of openness and transparency.
- Encouraging employees to raise concerns without fear.
- Taking all concerns seriously.
- Investigating concerns fairly and objectively.
- Protecting whistleblowers from victimisation or retaliation.
- Addressing wrongdoing promptly and appropriately.
- Learning from concerns raised.
- Meeting regulatory and legal obligations.

Employees are encouraged to report concerns whenever they believe wrongdoing, poor practice, or risks to individuals may exist.

No employee will suffer detriment for raising a genuine concern, even if the concern is ultimately found to be unfounded.

However, knowingly making malicious or false allegations may be addressed through disciplinary procedures.

5. Roles and Responsibilities

Registered Manager

The Registered Manager is responsible for:

- Promoting a culture where concerns can be raised openly.
- Receiving and responding to whistleblowing disclosures.
- Ensuring concerns are investigated appropriately.
- Taking necessary action to address issues identified.
- Maintaining confidentiality where possible.
- Ensuring whistleblowers are protected from victimisation.
- Monitoring trends and learning outcomes.

Managers and Supervisors

Managers are responsible for:

- Supporting employees who raise concerns.
- Escalating concerns promptly.
- Cooperating with investigations.
- Maintaining confidentiality.

Employees

Employees are responsible for:

- Reporting genuine concerns promptly.
- Providing factual information where possible.
- Cooperating with investigations.
- Maintaining confidentiality regarding investigations.

6. Procedure

6.1 Concerns That Should Be Reported

Employees should raise concerns where they reasonably believe there is:

- Abuse or neglect of a person receiving care.
- Poor care practices.
- Safeguarding concerns.
- Unsafe working practices.
- Medication errors or unsafe medicines management.
- Breaches of policies or procedures.
- Criminal activity.
- Fraud or financial misconduct.

- Health and safety risks.
- Serious breaches of professional standards.
- Discrimination, harassment, or victimisation.
- Concealment of wrongdoing.
- Actions that may put people receiving care at risk.

Employees should not wait for proof before reporting concerns.

6.2 Raising a Concern Internally

Concerns should normally be raised with:

- The Registered Manager.
- A line manager.
- A senior manager.

The concern may be raised:

- Verbally.
- In writing.
- By email.
- During supervision meetings.

The employee should provide:

- Details of the concern.
- Relevant dates and times.
- Individuals involved where known.
- Any supporting information available.

Concerns will be acknowledged as soon as reasonably practicable.

6.3 Concerns Involving the Registered Manager

Where the concern relates to the Registered Manager, the employee should report the matter directly to:

- The Company Director.
- Nominated Responsible Individual.
- External regulatory body where appropriate.

Employees should not be required to report concerns to anyone they believe may be involved.

6.4 Anonymous Disclosures

Anonymous disclosures will be considered and assessed where sufficient information is provided.

However, anonymous reporting may limit Medicare People's ability to:

- Investigate fully.
- Clarify information.

- Provide feedback regarding outcomes.

Employees are encouraged to identify themselves where possible.

6.5 Confidentiality

Medicare People will make every reasonable effort to protect the identity of individuals raising concerns.

Information will only be shared where necessary:

- To investigate the concern.
- To protect individuals from harm.
- To meet legal or regulatory obligations.

Absolute confidentiality cannot always be guaranteed where disclosure is required by law.

6.6 Investigation of Concerns

Following receipt of a concern, Medicare People will:

- Assess the information received.
- Determine the level of risk.
- Identify any immediate protective actions required.
- Appoint an appropriate investigator where necessary.
- Gather relevant evidence.
- Review records and documentation.
- Interview relevant individuals where appropriate.

The scope of the investigation will be proportionate to the nature of the concern.

6.7 Immediate Protective Action

Where concerns indicate immediate risks to:

- Individuals receiving care.
- Employees.
- Members of the public.

Appropriate protective measures will be implemented without delay.

This may include:

- Safeguarding referrals.
- Emergency intervention.
- Temporary suspension of duties.
- Notification to external authorities.

6.8 Outcomes of Investigations

Following investigation, outcomes may include:

- No further action required.

- Additional staff training.
- Policy or procedural changes.
- Supervision or support measures.
- Disciplinary action.
- Safeguarding referrals.
- Referral to professional bodies.
- Referral to regulatory or enforcement agencies.

Actions arising from investigations will be monitored to completion.

6.9 Escalation to External Bodies

Employees may raise concerns externally where appropriate.

Relevant organisations may include:

- **Care Quality Commission (CQC)** - For concerns relating to the quality and safety of care.
- **Local Authority Safeguarding Team** - For safeguarding concerns involving adults at risk.
- **Police** - Where criminal activity is suspected.
- **Health and Safety Executive (HSE)** - For serious health and safety concerns.
- **Professional Regulators** - Where concerns relate to registered professionals.

Employees should normally raise concerns internally first unless there is a valid reason not to do so.

6.10 Protection from Victimisation

No employee will be subjected to:

- Bullying.
- Harassment.
- Disciplinary action.
- Discrimination.
- Dismissal.
- Unfair treatment.

As a result of raising a genuine concern.

Any victimisation of a whistleblower may result in disciplinary action.

6.11 Learning and Improvement

Concerns raised through whistleblowing will be reviewed to identify:

- Root causes.
- System failures.
- Training needs.
- Service improvement opportunities.
- Governance improvements.

Learning will be shared appropriately throughout the organisation.

7. Records and Documentation

The following records may be maintained:

- Whistleblowing disclosures.
- Investigation records.
- Interview notes.
- Action plans.
- Outcome reports.
- Safeguarding referrals.
- Audit reports.
- Learning and improvement records.

Records will be maintained securely and confidentially in accordance with Data Protection requirements.

8. Training and Competency

All employees will receive training and guidance regarding:

- Whistleblowing principles.
- Reporting procedures.
- Safeguarding responsibilities.
- Duty of Candour.
- Professional accountability.
- Speaking up culture.

Understanding will be reinforced through:

- Induction.
- Supervision.
- Team meetings.
- Refresher training.
- Policy reviews.

9. Monitoring and Governance

The Registered Manager will monitor compliance through:

- Review of whistleblowing concerns.
- Investigation outcomes.
- Staff feedback.
- Complaints analysis.

- Safeguarding reviews.
- Audit findings.
- Training compliance monitoring.

Key performance indicators may include:

- Number of concerns raised.
- Investigation completion rates.
- Time taken to investigate concerns.
- Actions completed.
- Repeat themes and trends.
- Training compliance rates.

Findings will be incorporated into Medicare People's quality assurance and continuous improvement processes.

10. Related Policies

- Safeguarding Adults Policy and Procedure
- Complaints Policy and Procedure
- Quality Assurance Policy and Procedure
- Duty of Candour Policy and Procedure
- Equality, Diversity and Human Rights Policy and Procedure
- Grievance Policy and Procedure
- Disciplinary Policy and Procedure
- Incident Reporting Policy and Procedure
- Health and Safety Policy and Procedure
- Recruitment and Selection Policy and Procedure

11. Review and Version Control

This policy will be reviewed annually or sooner following:

- Changes in legislation.
- Regulatory guidance updates.
- Significant incidents.
- Safeguarding investigations.
- Audit findings.
- Service developments.
- CQC inspection outcomes.

Approved By: Stuart Wells

Position: Managing Director

Date: 07/07/2026

Medicare People currently provides introductory live-in care services. We have submitted our application to the Care Quality Commission (CQC) and intend to introduce a fully managed live-in care service following registration.