Hazelgrove Healthcare Limited

Hazelgrove Nursing Home

Inspection report

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Date of inspection visit:
01 August 2017

Date of publication:
23 August 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Hazelgrove Nursing Home on 1 August 2017. Hazelgrove Nursing Home is registered to provide care to people with nursing needs, many of whom were also living with dementia. The service is purpose built, with a lounge/dining areas and a further two lounges arranged over one floor. The service can provide care and support for up to 37 people. There were 36 people living at the service during our inspection. This service was registered by CQC on 1 September 2016, due to a change in the legal entity, however the management and staff remain the same as the previous registration. Hazelgrove Nursing Home has not been previously inspected under their current registration. We previously carried out a comprehensive inspection at Hazelgrove Nursing Home on 2 June 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines. We also found areas of practice that required improvement. This was because the service had been without a registered manager for a significant period of time. The service received an overall rating of 'requires improvement'. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. The overall rating for Hazelgrove Nursing Home has been changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and bowel care training. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, films, arts and crafts and themed events, such as reminiscence sessions and visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Hazelgrove Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 August 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. Hazelgrove Nursing Home has not been previously inspected under their current registration.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with four people, three relatives, three care staff, the registered manager, the provider, the activities co-ordinator and the chef. We also 'pathway tracked' people living at the service. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection on 2 June 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation the management of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines. Improvements had been made and the provider was now meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt safe and staff made them feel secure. One person told us, "I feel very safe, they all look after me". A relative said, "[My relative] is very safe. I felt so confident I went on holiday for two weeks and I never would have done that if I was worried". Everybody we spoke with said that they had no concern regarding safety.

At the last inspection we found concerns in the way the service managed medication, which had placed people at risk. Medication administration records (MAR) charts are the formal record of administration of medicine within a care setting. We saw several MAR's contained omissions, or had been filled out incorrectly, and that systems of audit designed to identify these issues were not robust. At this inspection, we saw that improvements had been made. The registered manager told us that MAR's were checked daily between shifts to ensure they were completed correctly, and that monthly medication audits took place to identify and rectify any areas of concern. Our own observations and paperwork we saw supported this. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the MAR's. We saw these were accurate. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were individual PRN protocols to show why people had been prescribed these medicines. When PRN medicine were given this was recorded in the medicine administration record (MAR).

Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines, temperature checks and cleaning of the medicines fridge. Additionally, a recent pharmacy audit had taken place that had not identified any significant concerns in respect to the medication processes. We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. A relative told us, "I have no concerns around medication, I'm very pleased". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

People were supported to be safe without undue restrictions on their freedom and had choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to

undertake the activity.

There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the service. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service, so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff". We were told agency staff were not routinely used and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "There are staff around mostly all the time. They come when you want them". A relative said, "There are always staff around, I have no concerns". A member of staff added, "We have enough staff. Sometimes it's busy, but the residents are always safe".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "It's all very good here, they know what they are doing. They are trained, I've seen them". A relative said, "The manager and nurses are doing everything to meet his needs". A relative added, "The staff seem to know everyone well. [My relative] is well cared for".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, and behaviour that may challenge others. Staff spoke highly of the opportunities for training. One member of staff told us, "We have regular training, but if there is anything that interests us, we ask the manager and she looks into it".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Hazelgrove Nursing Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "New staff get a good induction. We've had some really good new staff join". There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. One member of staff told us, "Supervision is useful and it gives us time to reflect on what we are doing".

People commented that their healthcare needs were effectively managed and met. They felt confident in

the skills of the staff meeting their healthcare needs. One person told us, "I'm getting headaches and stomach aches at the moment and they are always asking me if I'm alright and giving me a tablet". Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and chiropodists whenever necessary.

People were complimentary about the food and drink. One person told us, "I like the food, they had a good breakfast this morning". Another person said, "The food is lovely. I don't have a favourite, but we get plenty of food". A further person added, "I've not had a bad meal in three and a half years". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as pureed. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef confirmed that there were no restrictions on the amount or type of food they could order.

We observed lunch in the dining area and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or one of the lounges. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "It's all very nice, they are so kind". Another person said, "The staff are so good to me, I can't fault them".

Positive relationships had developed with people. One person told us, "The staff are great, no trouble at all. They are good to me". Staff took their time to talk with people and showed them that they were important and they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support.

Hazelgrove Nursing Home had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. One person told us, "I can do as I please". Another person said, "I can go inside or outside when I want, or stay in my room. All when I want". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "Some residents like a lie in and that's fine. It's their home and we need to treat is as such". Another member of staff added, "People choose what they want to do, it's their home. If they are comfortable wearing their pyjamas all day and getting dressed at midnight, who are we to say no".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of these principles and they were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I always knock and cover people with towels. If they are changing or using the toilet, I ask if they want me to leave the room". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "They help me when I need it". Another person said, "I asked for a job and they gave me one". Staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. People assisted with tasks around the service, and also used adapted cutlery and plate guards at mealtimes, to enable them to eat independently. One member of staff told us, "I

encourage people to wash and feed themselves".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. A visiting relative told us, "They make us all feel very welcome". The registered manager added, "No restrictions at all on visitors, they can come 24 hours a day".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "They had me singing this morning. I love singing I do, we can sing a lot". A relative said, "The staff have got to know [my relative] well in a short space of time".

There was regular involvement in activities and the service employed two specific activity co-ordinators. Activities on offer included singing, films, arts and crafts, bingo, cake decorating, skittles and themed events, such as reminiscence sessions and visits from external entertainers. One person told us, "I'm not bored, there's lots of activities, just look around". On the day of the inspection, we saw activities taking place for people. We saw people being entertained by a professional singer. People were clearly enjoying the activity and were singing along and dancing with staff. In the afternoon there was more singing and musical instruments being played, and a visit by an ice cream van. We also saw that staff set aside time to sit with people on a one to one basis, which ensured that people who remained in their rooms were included in activities and received social interaction. The service also supported people to maintain their hobbies and interests, for example some people had an interest in knitting, watching sport and jazz music.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Nobody living at the service we spoke with could recall being involved in developing their care plans, however, paperwork confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. A relative added, "They have planned everything brilliantly. [Registered manager] has been fully involved with us. The staff are very strict with following [my relative's] care plan". Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person- centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person wished to go to bed after supper, but wanted to have an extra hot drink later in the evening. Another care plan stated that a person wished to be assisted in a specific way, as this helped to manage their anxiety and agitation.

The registered manager told us that staff ensured that they read people's care plans in order to know more about them. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in their care plans. One member of staff told us, "I find the care plans very interesting. I like knowing about their pasts and the best way to support them. We meet the residents' needs and have a good relationship with their families too". There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys

were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I'd complain if I needed to, but I haven't had to". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

At the last inspection on 2 June 2015, we found areas of practice that needed improvement. This was because the service had been without a registered manager for a significant period of time. We saw at this inspection, that improvements had been made. The service now had a registered manager, who registered with the CQC on 12 September 2016.

People, relatives and staff all told us that they were satisfied with the service provided and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "I'm happy. What more do I need, it's a good place". Another person said, "It's lovely here, anybody who didn't think so must be crackers". A relative added, "I think this home is very well run, I have recommended it to others". A member of staff said, "This home is so happy now. The residents are happy and the staff are happy".

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "We always aim to be open and honest. This is the residents' home and it is very important that they are able to do what they want". A relative supported this and told us, "The manager is very good, it's a well-run home". A member of staff added, "There are so many good things. It's just become such a good home in the past year. You won't find a miserable resident here". In respect to staff, the registered manager added, "My door is always open. I support staff and will always listen to them and support them". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "[Registered manager] is a good manager. She listens". Another said, "[Registered manager] has been such a positive influence on the home. We can approach her any time and she listens".

Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. One member of staff told us, "If we have any ideas, we go to [registered manager] and she listens". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "I'm proud of the staff and where the home has come from and to where it is now". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the service. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We all have a good working relationship. We discuss the residents' needs and anything that needs to be done". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We work well together as a team and we always help and support each other".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were

analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and we saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. Additionally, the service engaged with the local community and a local graffiti artist and members of staff had painted murals in the courtyard.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.