Akari Care Limited

St Marthas Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 25 and 29 February 2016. This was an unannounced inspection.

On our last inspection in April 2014, we found that the service was not meeting the requirements of the cleanliness and infection control regulation. However, a follow up inspection was conducted in June 2014 and found the provider to be compliant with these essential standards.

St Martha's Care Centre provides accommodation, nursing and personal care for up to 70 older adults. At the time of our inspection there were 46 people living at the home.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

People were not always safe because their call alarm systems were not always available or positioned appropriately. This meant that people could not summon help and support when they required it.

People were at risk of falling because bedrooms were not always arranged appropriately to ensure that the floor was clear of trip hazards.

The provider ensured that there were adequate numbers of staff available to meet people's needs.

People were protected from the risk of abuse because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

The service was effective because people received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were kind and caring and who knew them well including their personal preferences and dislikes.

People were cared for by staff who protected their privacy and dignity and who respected their equality and diversity needs.

People were encouraged to be as independent as possible.

The service was responsive because people and their relatives felt involved in the planning and review of their care.

People had the opportunity to engage in group and individual social activities that they enjoyed.

People were supported to maintain relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

The service was well led because the provider had a wide-range of systems in place to assess and monitor the quality of the service.

Staff felt supported in their work and reported St Martha's Care Centre to have an open and honest leadership culture.

Staff reported the registered manager to be approachable and responsive to their requests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always safe because and they could not always summon help and support when they required it.

People were at risk of falling because bedrooms were not always arranged appropriately to ensure that the floor was clear of trip hazards.

People were supported by enough members of staff to meet people's needs.

People were protected from the risk of abuse because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring and who knew them well, including their personal preferences and dislikes.

People were cared for by staff who protected their privacy and dignity and who respected their equality and diversity needs.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt involved in the planning and review of their care.

People had the opportunity to engage in group and individual social activities that they enjoyed.

People were supported to maintain relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Good

The service was well led.

The management team had a wide range of systems in place to assess and monitor the quality and safety of the service.

Staff reported the registered manager to be approachable and responsive to their requests.

Staff felt supported in their work and reported St Martha's Care Centre to have an open and honest leadership culture.

St Marthas Care Centre

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 was planned to check 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.

This unannounced inspection took place on 25 and 29 February 2016. The inspection was conducted by two inspectors and a Specialist Advisor. A Specialist Advisor is a person who has specialist skills, knowledge and clinical experience in an area of practice relevant to the service being inspected.

As part of the inspection we looked at the information that we hold about the service. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people at St Martha's Care Centre.

During our inspection, we spoke with 12 people who lived at the home, six relatives and 11 members of staff including the registered manager, two unit managers, a registered nurse, a senior carer, three care assistants, an activity co-coordinator, a member of the catering staff and an administrator. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of five people, to see how their care was planned and looked at the medicine administration records as well as observed a medication administration round. We looked at training records for staff and at four staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication administration audits, accidents and incident records and compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

We found that the call alarm systems in place for people to seek help and support from staff were not always available or effective. One person told us, "I didn't feel right in the night but I had to get out of bed to press the alarm button on the wall because mine doesn't have an end on it [a buzzer]". We saw that this person's call alarm bell had two adapter ends and no buzzer. We also saw that some people's beds were positioned on the opposite side of the room to the call alarm system which meant that the wires for the call alarm buzzers were trailing across the floor and were a trip hazard. However, we were told that no-one had experienced a fall as a result of these wires to date but the registered manager acknowledged the potential risk. Furthermore, we found that some people had sensor mats by their beds (which are used to alert staff when someone is out of bed to prevent falls) which had been plugged in to their call alarm system. This meant that these people did not have access to a call alarm buzzer and if they needed help they would have to put their feet on the mat by their bed to summon help. We raised these concerns with the registered manager who agreed that this was an area in need of improvement.

On our second day we saw that the registered manager had replaced the call alarm lead which had the two adaptor ends, with one that had a call buzzer; the registered manager stated that this was an oversight by staff and that the staff had not noticed both ends of the wire were adaptor rather than a buzzer. We saw that the registered manager had addressed this with the staff accordingly. We also saw that the registered manager had contacted the company who provides the call alarm systems and had ordered some splitter connections which would allow for both a sensor mat and an alarm buzzer to be used simultaneously. The registered manager also informed us that they had recently ordered new profiling beds which no longer fitted next to the call alarm system which meat that the leads had to stretch across the room; they acknowledged that the trailing leads were a trip hazard and these rooms needed re-arranging to reduce this risk. The registered manager confirmed that this would be done as a matter of urgency.

People we spoke with told us there were enough staff available to meet their needs. One person told us, "There is usually enough staff; sometimes we have to wait but we understand they are busy". Another person said, "If I press my buzzer they usually come quite quickly". We saw there were staff available for people at all times throughout the day. No concerns were raised with us about the staffing levels in the home. One member of staff told us, "It's busy in the mornings but we manage". Another member of staff said, "I think there is enough staff; people don't have to wait for assistance; if we are short [staffed], we ask for help from the other side [other unit], we work as a team". However, during our inspection we saw one person had to wait approximately one and half hours for continence care, despite consistently asking staff for support and two other people were left sitting at the dining table for over an hour after finishing their lunch. Nevertheless, people we spoke with told us that this is unusual and staff are usually responsive to their needs. We also found that the registered manager used a dependency tool to ensure there was enough staff available to meet people's needs.

People we spoke with told us they felt safe living at St Martha's Care Centre. One person said, "I feel safe here; I am well looked after". Another person told us, "I am safe; the staff are nice". A relative we spoke to told us, "I know he [person] is safe and well looked after here; they [staff] are absolutely brilliant, I couldn't

fault them [staff]". They also said, "I come every day to see my husband; at first it was to make sure he is ok, but now I know he is safe and I don't have to come, but I do because I miss him". Another relative said, "We know dad is safe; the staff know dad well and what he needs". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe.

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One staff member told us, "I have had safeguarding training; if I saw bruises or anything I would call the safeguarding team; the number is on a poster in the lift." Another staff member told us, "If a person was quiet, withdrawn, not eating properly or had bruises I would report it straight away to the person in charge or the [registered] manager; if nothing was done I'd call CQC myself." We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. Information we hold about the provider showed us that they were also aware of their roles and responsibilities with regards to reporting safeguarding concerns in order to keep people safe.

One person we spoke with told us, "I have to be hoisted; so I need two members of staff; they tell me they can't do it on their own". Records we looked at showed that people had some risk assessments in their care files. These included moving and handling, falls, pressure care, medication and nutritional risks. The risk assessments generally detailed what actions staff were to take to reduce any risks, for example, what equipment was to be used to help move people safely. We saw staff using moving and handling equipment safely and effectively during the inspection. Risk assessments were evaluated monthly and changes were made as necessary.

People we spoke to told us they received their medication when they required it. We were told that all of the people living at the home required support to take their medication. One person we spoke with told us they had a headache; we asked if they were able to ask for some pain relief and they said, "Yes, I could have some paracetamol if I want it I'm sure, but I'll see how I go". We were told that only staff that had received training administered medicines in the home; these were registered nurses and senior carers. We observed two medication rounds during our inspection; one on each unit. We saw both a registered nurse and a senior carer administering medicines to people safely. We also saw that medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and there was a good rapport between the provider, GP and local pharmacy to ensure people received their medication on the day it was prescribed.

We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check (DBS). Staff we spoke to told us they had completed a range of pre-employment checks before working unsupervised. One member of staff said, "I have worked here before; I left and then came back again; each time I have gone through the proper recruitment process including application, interview, DBS, and references".

Good

Is the service effective?

Our findings

People we spoke with and records showed that the staff that provided their care had the knowledge and the skills they required to do their job. One person told us, "They [staff] are very good". A relative told us, "Yes the staff have the knowledge and skills they need; absolutely!" One member of staff said, "We have lots of training". Another staff member told us, "We have all the training we need including safeguarding training, manual handling, health and safety and whistle-blowing; today we did catheter care training, it's all very good". On the day of our inspection we saw that the provider had arranged catheter care training and that staff had come in to work specifically to attend the training.

We were told and records showed us that the provider offers regular team meetings and supervision to staff and they felt supported in their jobs. One member of staff told us, "We are well supported; I can go to the [registered] manager if I need to and the nurses and seniors [senior carers] are supportive". Another member of staff said, "We have supervision; it's both our agenda and theirs [management]". Another staff member told us, "We have team meetings which are good if we want to raise anything; we do see an outcome".

People we spoke with told us that staff involved them in making choices and decisions about their care. We found that care was provided to people with their consent. One person told us, "They ask us what we want". Another person told us, "It's my choice what I do, what I eat, what I wear".

It was evident when speaking to the registered manager and the staff they had an understanding the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005). One member of staff told us, "We always offer choice but if I thought someone was unable to make a decision I would speak to the nurse or the [registered] manager so they could arrange a formal capacity assessment; we can then get family involved to support us to work in a person's best interest". Another member of staff said, "If a person lacks capacity they will have a DoLs [Deprivation of Liberty Safeguard] and a care plan which tells us how we can support them to make choices".

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best interests in order to keep them safe, for example. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities. We saw that where DoLS applications had been submitted, copies of the forms were in place and where people had a DoLS authorisation, there was a care plan detailing why. One care plan stated that staff were to continue to encourage the person to make everyday decisions. If any complex decisions were to be made a mental capacity assessment was to be undertaken and all relevant parties

were to be involved in any decisions. This ensured any decisions made on behalf of people were made in their best interest and was done so lawfully.

Everyone we spoke with told us they had enough to eat and of food they enjoyed. One person told us, "You will never be hungry here". Another person said, "I get enough to eat". People were offered snacks and drinks throughout the day and we saw drinks were available for people to help themselves as required. People we spoke to were complimentary about the food. One person said, "The food is very good, we can have what we like". Another person told us, "The food is very good, great choice, great cook." A third person said, "They [staff] give you two choices, they ask the day before what you want, but if you change your mind, you can have anything". We saw people were offered alternatives to what was on the menu.

We observed a meal time on each of the two units. We saw that people's individual needs were catered for at meal times. For example, we saw one person had their potatoes cooked in the skins while other people had mashed potatoes. Cultural and medical diets were also catered for. On the residential unit, we saw that lunch time was a social event and people appeared to enjoy their meals. Staff were available to assist people where needed. Staff were also aware of people with any visual impairment and they informed people of what food was on their plates and where it was located. We saw people were given adapted cutlery and crockery to enable them to maintain their independence. We also saw that staff were patient with people and did not rush them to finish their meals; staff did all they could to encourage people to eat.

However, on the nursing unit the lunch time experience was observed to be somewhat different and to require improvement. We saw staff were standing up to assist people with their meals and had minimal interaction. Whilst we acknowledged that this was identified by a senior member of staff who initiated action to address this on one of the occasions; we continued to observe this practice by other members of staff. We also found that people were not always assisted when they needed support and the meal time appeared chaotic at times. We fed all of this back to the registered manager at the time of our inspection. On our second day we saw that the registered manager had planned staff supervisions and team meetings to address these issues and offered a shared learning opportunity for staff around promoting a positive meal time experience.

We saw that nutritional assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet. We saw that where people were at high risk associated with their diet or fluids they were referred to the appropriate medical professionals. Records showed people's weights were closely monitored to help ensure their nutritional needs were being met. Staff we spoke to told us, "When people are admitted to the home their weights are monitored weekly to ensure there are no concerns". We saw evidence of this in one person's care plan. Staff we spoke to and records also showed that where people had difficulty accessing the weighing scales, alternative methods had been used to monitor weight loss such as taking arm measurements for example.

People we spoke to told us they had access to doctors and other health and social care professionals. One person said, "I've seen the doctor". A relative we spoke with told us, "Dad see's the Doctor and chiropodist; he was offered the optician and he has his hair cut by the hairdresser that comes in on a Tuesday". We saw that the doctor was visiting the service on the day of the inspection. They told us they visit every week. Records we looked at confirmed that people were supported to maintain good health any health care concerns were followed up in a timely manner.

Good

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the staff team. One person told us, "They [staff] look after me nice." Another person told us, "They [the staff] are very pleasant." A third person said, "You will never be lonely here, very homely." Relatives we spoke with told us they were happy with the care their loved ones were receiving. One relative said, "They [staff] are absolutely brilliant here; I couldn't fault them they are lovely; always happy and dancing!" Another relative told us, "The staff are very very nice; very friendly and welcoming".

We found that people received their care and support from staff that knew and understood their history, likes, preferences and needs. One person said, "They [staff] get to know us well". A relative we spoke to told us, "They [staff] know Dad really well now; he has a really good rapport particularly with some staff and they tend to support Dad with his personal care because that can be quite difficult even with us, but they know how to deal with it". Another relative told us, "He [person] has dementia so it's difficult for him to understand if people are asking him lots of questions, but when he [person] first came here, they asked us about him; things he likes and doesn't like, things he enjoys doing. They still give him a choice though". Records we looked at confirmed that people and their relatives (where required) had been involved in the planning of their care and were encouraged to make decisions about the support they received.

Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs and they were able to build positive relationships with people. One member of staff told us, "We know the residents [people] very well." Another member of staff told us, "Sometimes people can become a little confused and unsettled, but we know what they like and how to distract them; for example [person's name] loves puzzle books so we always make sure he has his books and a pen to take his mind off things if he becomes upset".

We observed positive interactions between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. We saw that when people called out for staff they responded quickly. It was clear that there were friendly relationships between the staff and the people using the service. There was a very calm and relaxed atmosphere in the home during the inspection.

People we spoke to told us that the staff promoted their independence. One person said, "I like to do things myself; the staff know that". Another person said, "Sometimes I need a bit of help; they are about if I need them". Staff we spoke with told us how they encouraged people to remain as independent as possible. One member of staff told us, "We try to encourage people as much as we can to stay independent, like we encourage them to walk short distances but have a wheelchair ready in case they need it". Another member of staff said, "If people can do things themselves we let them". A third member of staff told us, "I Give people choices and allow them to make their own decisions; it keeps them independent".

People we spoke with said that the staff treated them with dignity and respect. One person said, "They are very respectful". Another person told us, "Oh yes, it's very dignified here; he [staff] washes me lovely with nice warm water and soap". A relative with spoke to told us, "They look after him well; he is always clean and

tidy". We saw that most people looked clean and well cared for. Staff we spoke with were mindful of people's rights to have their privacy and dignity respected. One member of staff told us, "We keep doors and curtains closed during personal care and always knock before we enter a room; we also use privacy screens if anything is going on that needs to be kept private in a communal room, for their dignity". Another member of staff told us, "We keep peoples business private; we don't discuss anything with other people or in open spaces". We saw that staff addressed people by their preferred names and respected people as individuals.

Staff we spoke with told us that they promoted equality and diversity within the home. One member of staff said, "We respect peoples' choices, cultural needs and preferences". Another member of staff told us, "I treat people how I would like to be treated or how I'd like my family to be treated; I'd be happy for my mom to come here if she needed to". A third member of staff told us how important it is to respect peoples cultural needs and gave us an example of how the staff maintain this throughout a person's care and after death.

Good

Is the service responsive?

Our findings

We found that people and/or their representatives were consulted about their care plans and how they would like to be cared for. One person said, "I was asked a lot of questions when I came last night, about things I liked and what I needed help with". A relative we spoke with confirmed that they were involved in the initial assessment and contributed to the care plans. They said, "Yes, when he [person] first came they asked us all about him". We saw the unit manager meeting with a person recently admitted to the home to discuss what they wanted included in their care plans. We also heard staff asking one person's relatives if they would read through the care plans in place (on behalf of a person who had been identified to lack the mental capacity to make decisions for themselves) and to see if they agreed with them or if they had any comments. These arrangements ensured people's individual needs were included in the care plans.

People we spoke to and records showed that people had formal care reviews periodically. One relative said, "They ask us how things are going and if we are happy with everything". Records showed that people, their relatives and social workers were involved in the reviews. This ensured people were satisfied with the service they were receiving and their needs were being met.

Most of the people we spoke to told us that they enjoyed the activities at St Martha's and we saw that people were given a choice about what activities were offered and were regularly asked for feedback. One person said, "I like a game of Bingo; we can pick our prizes". Another person said, "We enjoy our music here". A third person said, "We don't get out much but they do do things here; we have had a singer in the garden and that". We found that there were two activity co-ordinators that worked at St Martha's who were largely responsible for the social activities and events. One of the activity workers told us they facilitated group activities such as Bingo as well as one to one activities with people who prefer to engage independently. They said, "Not everyone joins in, but we know what people like; [person's name] enjoys knitting, crocheting and jigsaws; you can see she has them all down there by her chair". They told us another person was interested in trains so they often take him to the local train station to go trainspotting. However, some people we spoke with told us that there was not always a lot to do and people who were cared for in bed stated that they enjoyed talking to people but they didn't really get to see anyone. We fed this back to the activity co-ordinator who agreed that more one to one work with people in their rooms would be beneficial and that she would discuss this with her colleague.

On the day of our inspection we saw one of the activity co-ordinators interacting with people throughout the day. There was an activity plan on the notice board which stated it would be bingo that afternoon and this did take place. The activity coordinator told people bingo was taking place and people were encouraged to join in. We saw people reading, chatting in small groups, chatting with staff, watching television and listening to music. One person told us the garden was 'nice' and they went out when the weather was good.

We found that people were supported to maintain personal relationships and social contact with their relatives and friends. We saw one relative joined their wife every day for lunch at St Martha's and the staff accommodated their needs in order to maintain this routine. Another relative told us, "There is an open door policy here; we are not restricted to visiting times, we can come whenever we want to".

People we spoke with and records showed that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person said, "We have meetings with the [registered] manager". A relative told us, "We are invited to meetings but we can't always make it". Staff we spoke to told us, "There are residents and relatives meetings; if there is anything we can improve on, I'd rather know". We saw that surveys were sent out to people and their relatives with a good response rate and minutes of meetings were recorded. We also saw that people were encouraged to raise any concerns with the registered manager at any time, but that they were also available for one to one meetings on the first Thursday of every month as a "drop in" if required.

People we spoke to told us they knew how to complain. One person said, "If I wasn't happy I'd tell them". A relative we spoke to told us, "If we needed to raise a concern we would speak to the [registered] manager; he is very open and approachable". Another relative said, "Staff are good at responding to any issues or concerns we have and deal with them efficiently."

During our inspection, the registered manager told us that there were no outstanding complaints and the most recent was from December 2015. We saw that the registered manager had received a letter of complaint from a family member and had acted upon this appropriately. We found that the registered manager acted upon the information quickly and used the complaint as an opportunity to learn and improve the service.

Good

Is the service well-led?

Our findings

During our inspection we saw a wide-range of systems in place to monitor the quality and safety of the service, and that most of these were used effectively. These included feedback forums and surveys, staff recruitment processes, staff spot checks and internal and external quality monitoring audits. Whilst we found that some of these systems had not always identified the shortfalls we found during our inspection, we saw that the registered manager was responsive to our feedback and took immediate action to ensure people's safety was promoted.

We found that there was a clear leadership structure in place within the service. The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Information we hold about the service showed us that the provider was meeting the registration requirements of CQC and were working collaboratively with other external agencies. The provider had reliably ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, were sent. We received feedback from other professionals to confirm this.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing. They told us that they felt comfortable raising concerns with their registered manager and would contact external agencies if they needed to. One member of staff told us, "I had a problem with a colleague once where I felt bullied, I went straight to [registered manager] and got the support I needed; it's all sorted now but if it happened again, I wouldn't hesitate to go to him again". Another staff member said, "We have a good management team; I can speak to them whatever the problem is and I know it will be sorted". A third member of staff said, "I know I can raise concerns with my manager and CQC".

Information we hold about the service showed that there had been one whistle-blower concern raised within the last six months which had been escalated to the local safeguarding team and investigated by service commissioners. We found that the provider had co-operated with external agencies and had acted upon the concerns appropriately and effectively in order to satisfy the needs of the investigation. The concerns raised were not upheld and no service deficiencies were identified. Nevertheless, the registered manager has implemented action plans in order to monitor and maintain the safety of the service in light of the information provided.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "We are all here for the same reason; we want the best for people; we have to be open and honest, you can see I keep all these records and you can look at anything, I have nothing to hide". We saw that where complaints had been made, the registered manager had acknowledged the persons concerns, validated their feelings and accepted accountability and identified action plans accordingly.