

Cedarcare (SE) Ltd

Pelham House Residential Care Home with Dementia

Inspection report

London Road
Cuckfield
Haywards Heath
West Sussex
RH17 5EU

Tel: 01444458788

Website: www.pelham_house.co.uk

Date of inspection visit:
04 July 2017

Date of publication:
24 July 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

The inspection took place on the 4 July 2017 and was unannounced.

Pelham House Residential Care Home with Dementia is registered to provide residential care for up to 30 older persons. On the day of our inspection there were 25 people using the service with a range of support needs, including people living with dementia. The home is a large detached property spread over two floors with a large well maintained garden.

At the last inspection on 30 September 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. One person told us "Yes I feel safe, the staff reassure me all the time it feels so different now I don't have to worry like I did before". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "The cook asks me every day what I like, today is sausages she knows I don't like them so I think I am going to have a tuna salad, breakfast I have porridge some of them have wheat flakes you can choose, the only complaint I have about the food is there is too much of it, so that can't be a bad thing can it".

Throughout the inspection there was a range of activities with people enjoying themselves in various areas in the home. We observed appropriate activities with most people taking part. One person said "Sometimes we go to the garden centre, they like to take us out we have a good look around. Every day some activity goes on like clapping or music, good fun".

People's individual needs continued to be assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. Staff spoke positively about training and supervisions they received from the manager and commented on how they found they could ask questions freely. One member of staff told us "We get training and have had loads recently. I have recently done bowel and bladder training and have some more coming up soon".

At the last inspection on 30 September 2015 we found the service was not consistently well-led. The home's quality assurance process needed improvement to demonstrate how the provider was striving to improve and develop the service. At this inspection we saw the provider and manager had taken action to improve the consistency of monitoring the quality of the service following our last inspection. Quality assurance audits completed by the manager and provider were completed to ensure a good level of quality was maintained. We saw audit activity which included medication, care records and infection control.

People, staff and relatives found the management team approachable and professional. One person told us "The new one (manager) seems very nice, always around and asks how things are". A relative told us "Now there is a new manager she seems ok, but I don't know her very well but she is approachable and the senior member of the team you can always ask. We do get asked to fill in questionnaires and surveys, yes our opinion does matter and you feel they listen to you".

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service is now Good.

People and staff felt the manager was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Pelham House Residential Care Home with Dementia

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 inspection took place on 4 July 2017 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people.

On this occasion we did not ask the provider to complete 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 looked at information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted health and social care professionals involved in the service for their feedback, two health and social care professional gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke with ten people, four relatives, four care staff, a senior carer, the head of homes, the provider and the manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at seven

people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us "Yes I feel safe, the staff reassure me all the time it feels so different now I don't have to worry like I did before". Another person said "I like it here the care is so good, I have a lot of friends in funny old places, very uncomfortable places to live in. Yes I do feel safe and I know I can always ask anything". A relative told us "The staff reassure me all the time it feels so different now I don't have to worry like I did before". Another relative said "We pop in almost every day at different times and there is never any sense of crisis. Our relative is always turned out well and they (staff) all know her needs very well, I feel she is very safe here and well looked after".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "We know we have to report any concerns about the residents. The manager would deal with any issue, I have no concern around that".

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The manager analysed this information monthly for any trends.

People continued to receive their medicines safely. A relative told us "Mum takes medicines, all that is so much better now because she is taking them properly, the staff look after all that before all her meds were all over the place at home". Care staff were trained in the administration of medicines. A senior member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed the member of staff administering medicines in the morning sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. People or their relatives we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. A member of staff told us "We have recently changed our supplier of medicines and it has improved and a change for the better".

Staff were recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed, which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff 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.

People and relatives felt there was enough staff majority of the time, but felt more permanent staff was needed. One person told us "Some staff have left and we have a few new ones. Be nice if they stayed". However, staff rotas showed staffing levels were consistent over time and that consistency had been maintained by permanent staff and the use of agency staff. On the day of the inspection we saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us "We are recruiting at the moment and struggle in this area. I only use the same agency to ensure continuity for people and they have an induction to the home". When speaking to the agency staff that were on duty we found them to be knowledgeable of people and we observed good rapport between the agency staff and people. Staffing levels were devised by looking at people's assessed care and support needs and adjusting the number of staff on duty based on the needs of people living at the service. The manager told us "With new admissions coming up we will be increasing the staffing through the day and nights to ensure people's needs are met".

The premises remained safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. The provider employed a full time maintenance member of staff. Regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care. One person told us "The staff know what they are doing, never had a problem with that. See her there [pointing at a member of staff] she can't do enough for you".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. One person said "Oh yes they always say, like the activity lady here she explains what she is going to do and asks us all what we think. The staff never stop working they are very good".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one.

The manager and provider were passionate around providing high quality effective dementia care in a dementia friendly environment. The registered provider told us, "I am currently completing my master's degree in advanced dementia care and really keen to follow best practice guidelines in terms of dementia care and making the home environment dementia friendly". Thought and consideration had gone into making the service dementia friendly. People had been involved in naming the corridors of the service to help people's orientation and signage for various areas of the home. The manager told us "We involved the residents in choosing pictures for different rooms and areas in the home and had them made up". The provider also told us of replacing patterned carpet in communal areas which can be confusing for people living with dementia for a plain coloured carpet. Memory boxes had also been introduced and involved people and their relatives. A memory box outside a person's room can help them recognise it is their room with personal items in the box such as, drawings, photos or items of interest. In one memory box it included a person's family photo, necklace and cotton reels and needles as this was their passion.

People continued to receive support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as chiropodists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us "There are two girls [staff] here who

do the medication, a nurse comes along to give my medication and a doctor is here every Wednesday. I am pleased because they arranged for the same GP from when I lived in Cuckfield. My doctor always calls out for me, it is very good the way they organise all that side of things".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff records remained completed to show they were up to date with their essential training in topics such as moving and handling and safeguarding. The online training plan documented when training had been completed and when it would expire. Staff we spoke with were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs. The manager told us of the support from the local integrated response team and the training that had improved for staff. Recent training included first aid, nutrition and bowel and bladder training. The manager also told us "We are having further training with dementia workshops. These will focus deeper into areas such as challenging behaviour".

Staff continued to have regular supervisions and the manager had planned an annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. The manager told us "I work closely with the staff on the floor, It is important to understand what are the issues and where I can support them". Staff we spoke with said they felt they always had support and guidance from the manager. Staff spoke positively about supervisions, meetings and support they received from the management and provider and commented on how they found they could ask questions freely. One member of staff told us "We get training and have had loads recently. I have recently done bowel and bladder training and have some more coming up soon".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drinks continued to be provided. We observed the lunchtime experience. The dining room was welcoming, bright and airy some windows open, due to being a hot day. Tables were laid with a table cloth, napkins and paper flowers. The lunch serving was respectful with three members of staff serving in the dining room without people having to wait very long to be served. One visiting relative sat with their relative and they ate lunch together on a table. There was lots of laughter and smiling, with staff being attentive to people's needs. A large menu chalk board had the three choices the day, tuna salad, jacket potato and cheese and sausage meat pie. During the inspection we observed drinks being offered throughout the day. Choices included tea, coffee and cold drinks. A person told us "The cook asks me every day what I like, today is sausages she knows I don't like them so I think I am going to have a tuna salad, breakfast I have porridge some of them have wheat flakes you can choose, the only complaint I have about the food is there is too much of it, so that can't be a bad thing can it" A relative told us "I think the food here is exceptionally good, I used to be a chef and know about food it is really good, the cook comes around and asks everyone every day what they feel like eating and she changes it to suit you. My mum used to live on sandwiches and hot cross buns now she has three meals a day and I can eat and sit with her so it feels like home. The portion sizes are big and they control them, mum eats better here than she has ever done so that helps her feel well"

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "I find all the staff caring and nice. They do a grande job and look after us". Another person said "Staff just helped me have a lovely bath, I would worry on my own they do care for you here". One health professional told us "The staff at Pelham House are always very welcoming and the home has a friendly atmosphere. Positive interactions have been witnessed between staff and residents and more residents are encouraged by staff to come into the communal areas to engage with others".

The home remained to have a calm and friendly atmosphere with a homely feel where people were supported to live the lives they wanted. Everyone we spoke with spoke of the caring and respectful attitude of the staff team which we observed throughout the inspection, people were observed freely moving around the service and spending time in the various communal areas, garden or in their rooms.

Peoples' differences remained to be respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the home, showed that people were able to maintain their religion if they wanted to. We were able to look at all areas of the home, including being invited into people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. One person told us "Just look at my room overlooking the garden it is so nice and bigger than my old room".

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. The manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

We observed staff speaking to people in a warm and caring manner throughout the inspection, and spending time to chat with people about issues they were interested in. One member of staff was discussing with a person how they were next with the visiting hair dresser and what they wanted done to their hair. Staff spoke fondly about the people being cared for. Staff took time to engage with people and showed an interest in people. Whenever they entered a room they took the time to say hello and checked how people were. We regularly heard staff ask if people wished for a drink or were comfortable. We observed when one person was supported to sit in their chair a staff member fetched a blanket and cushion to make them comfortable.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One person told us "Yes the staff are very respectful and knock when

going in my room do look at my room it is far the best room views both side and I have a private bathroom. The staff help if you need with a bath and washing, they do respect your wishes". Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity.

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence. We observed one person helping the home's handyman, the man was with the handyman for most of the morning helping and assisting. They interacted well together and this was clearly very meaningful and beneficial to the person as the staff member treated him with respect and kindness. Another person we observed was attempting to stand up from a table and walk back to the lounge. A member of staff noticed this straight away and went over to the person to encourage them. With encouragement and slight support the person managed to stand and walk to the lounge with the member of staff nearby for confidence. People told us that they went for walks into the garden, some requiring support from staff. One person sitting in the garden told us "I come out here a lot on my own, it's so nice and peaceful. We have parties out here sometimes". People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this.

Staff supported people to maintain relationships with those who mattered to them. Visiting was not restricted and visitors were welcome at any time. People could see their visitors/relatives in the communal areas or in their own rooms. One visiting relative told us they could visit at any time and spend most days at the home.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us "If I need someone when in my room, I just press the bell and they come. There is always someone around in the lounge as well". A relative told us "If my mum is happy, I am happy. I feel happy now, any problems I would go and ask them or the staff phone you, they listen". Another relative said "I think the staff are amazing. I am happier than I thought I would be, to have my relative here". One health professional told us "There are good working relationships between the community matron, district nurses and care staff. Suggestions made have been acknowledged and implemented in a timely manner, for example a communication book has been implemented to help improve communication between staff and the GP. Pelham House have also allocated a dedicated person to complete the GP 'round' each week".

The care records were held electronically and remained personalised and reflected the individualised care and support staff provided to people. Staff continued to update these on a regular basis. The manager told us "We are currently updating the care plans and really detailing people's life history. We get a lot of information from relatives, and on the reviews I am discussing this with the relatives and the resident. The care records gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments, included information around specific equipment to be used, and how staff should encourage the person to aid their mobility. For example, one person needed encouragement to walk with their walking aid and staff were to encourage and remind the person of this. At lunchtime we observed a member of staff encouraging the person to use their aid to walk from the dining room to the lounge. Another person's care plan stated how important their personal appearance was to them and it was evident from meeting the person, that staff supported them in ensuring this was respected. We saw that they had their nails painted and wearing lipstick. Other care records included details where people required assistance with their personal hygiene such as brushing their teeth or brushing their hair. Observations of daily care were completed for day and night shifts, and provided an account of how people's needs had been met. For example, they showed the assistance given with personal care, if the person had taken their food and fluids well and if they had taken part in any social activities.

The service had a full time activities coordinator who planned the activities with people and what they would like to do. Well organised resources remained which showed evidence of what was being used. This included resource packs for games, arts and crafts and external entertainers. A weekly activity schedule was also displayed on a notice board. Activities included music, exercise, bingo, quizzes, external entertainers and a visiting PAT (Pets as therapy) dog. The manager told us the activity coordinator had joined the local authority's activities forum and this helped with being up to date in meaningful activities for older people and people living with dementia.

Throughout the inspection there was a hive of activities with people enjoying themselves in various areas in the home. We observed appropriate activities with most people taking part. The member of staff told people what was planned clearly and if people wanted to participate. There were armchair exercises, puzzles and

an a ball that was thrown or passed to each person with questions on it such as what makes you laugh, what was your first car, talk about your work. During a quiz people had to finish phrases for example blind as a (bat), as busy as a (bee) as green as (grass). After lunch people were offered to go into a quieter area and watch Wimbledon. The member of staff encouraged people all day to join in if they wanted to and was proactive with supporting people to have fun. After lunch a planned ice cream van arrived outside the home and played its tune. People were alerted to this and smiled knowing what it meant. Staff went around and asked everyone who would like an ice cream. We asked one person if they enjoyed having their ice cream, they told us "Oh yes and I had a chocolate flake in it, I remember getting them on holiday as a child". People told us how much they enjoyed the activities one person told us "We had a jolly good party for the Queen's birthday, lots of music and every day a girl here arranges activities. She gets everyone involved, chair stuff and stretching and music, singing. Some man comes a few times a week puts his records on. You can help with the garden, one or two get involved with the garden". We were also told the home has its own mini bus for trips out which included local cafes, parks and garden centres. One person said "Sometimes we go to the garden centre, they like to take us out we have a good look around. Every day some activity goes on like clapping or music good fun".

On the day of the inspection, the visiting hairdresser was attending to people's hair. We observed the staff organising the hairdressing and assisting people when it was their turn. There was a buzz about people having their hair done. This was in a separate area creating an overall feeling for people of going out to the hairdressers. Laughter and smiles were exchanged between the hairdresser and people. A relative told us "Well mum was not happy about a man washing her and we spoke to the management here and that got dealt with, also she loves having her hair done but the hairdresser kept leaving. The latest one seems to be more settled but we told the staff how much mum likes the hairdresser and they do seem to value that and realise how important that is. I do get invited to events at the weekends sometimes and I think they ask you how things are going then my brother tends to go to those".

People and relatives remained aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response.

Is the service well-led?

Our findings

People, relatives and staff were complimentary of the manager. One person said "The new one (manager) seems very nice, always around and asks how things are". Another person said "Staff they sit and listen, they are helpful and they ask you how you are and what you think". A relative told us "Now there is a new manager she seems ok, but I don't know her very well but she is approachable and the senior member of the team you can always ask. We do get asked to fill in questionnaires and surveys, yes our opinion does matter and you feel they listen to you". A member of staff told us "She is very supportive. She has had a lot to sort out, but I think things are better now than they were". A health professional told us "The manager has been receptive to the input and support given to them and positive changes are being made at Pelham House by the manager".

The service did not have a registered manager. 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. The new manager in post was currently registering with the commission.

At the last inspection on 30 September 2015 we found the service was not consistently well-led. The home's quality assurance process needed improvement to demonstrate how the provider was striving to improve and develop the service. At this inspection we saw the provider and manager had taken action to improve the consistency of monitoring the quality of the service following our last inspection.

The manager undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included care plans, staffing and training. The results of which were analysed in order to determine trends and introduce preventative measures if required. 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. Feedback from people and care staff had also been sought via surveys. This was sent out to people and staff and results of the recent survey were mainly positive.

The manager showed passion and knowledge on the people who lived at the home. They told us "I have got to know the residents and staff over time and have concentrated on working with the staff on the floor, observing how they work and really care for the residents". Throughout the inspection we observed the manager interacting with people and staff. It was evident that the manager had a good understanding of each person's needs and supportive towards members of staff. They also told us of the main areas they were currently focusing on, they said "People's needs and their activities is a main focus and we have a great schedule and it is so important to get residents into the community. We are lucky we have a mini bus and arrange trips out for them. The care plans are another focus making sure they are up to date and detailed with the correct information. It has been a challenging few months since starting at the home but I am confident improvements are being made in all areas all the time".

The manager played an active role in the service and communication between staff was open and friendly.

Staff meetings were held on a regular basis and staff communicated with each other when they handed over between shifts. One member of staff told us how they enjoyed working at the home and had confidence in the new manager, they said " We 've had a lot of changes with different managers and we have had a lot of agency staff here, I feel confident that the new manager will sort it all out".

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.