

Heath Lodge Care Services Limited

# Heath Lodge Care Services Limited

## Inspection report

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## 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 12 December 2017 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

Heath Lodge Care Services Limited is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats in the community. It provides a service to older people. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection 78 people were using the service.

The service had 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. People were safe because a safety culture was embedded at the service.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people. People were protected by the prevention of infection control. Staff had good knowledge in this area and attended regular update training.

People and relatives told us staff were caring and kind and they felt safe using the service. One person told us "My morning carer is brilliant, I know I can rely on them 100% and that makes me feel safe. They treat me with respect". The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People's needs were assessed and regularly reviewed and they received support based upon their needs and preferences. We found the care plans to be person centred and details recorded were consistent.

Staff told us they received training and supervision and were confident in meeting people's needs. Staff were

happy with the level of support they received and told us that communication from management was good. One member of staff told us "It was an effective induction. A weeks training and two days of shadowing. We have regular updates and I have signed up to do a level three diploma in health and social care".

The registered manager welcomed and encouraged feedback and used this to drive improvement and change. There were quality assurance processes in place to enable the provider and registered manager to have oversight of the service and to ensure that people were receiving the quality of service they had a right to expect. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

People, relatives and staff all told us that they were happy with the service provided and the way it was managed and found management good. One person told us "The manager is particularly helpful but the office staff are also very good and will ring from time to time to check whether everything is okay". Another person said "The manager is very good, any problems she's the person to speak to and would sort it out. The office staff are helpful and we get regular reviews.

## 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.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely when required. There were appropriate staffing levels to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and provide effective care.

People were supported at mealtimes to access food and drink of their in their homes if required.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were caring and kind.

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

People and their relatives were involved in making decisions about their care and the support they received.

### **Is the service responsive?**

The service was responsive.

Assessments were undertaken and detailed care and support plans developed to identify people's health and support needs.

Staff were knowledgeable and aware of people's preferences and how best to meet those needs.

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

**Good** 

### **Is the service well-led?**

The service was well- led

The values of the service were embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

**Good** 

# Heath Lodge Care Services Limited

## **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.

The inspection took place on the 12 December 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

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.

Before the inspection the provider 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 looked at information we held about the service. This included 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, one health and social care professional gave feedback regarding the service.

We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 15 people and four relatives over the telephone, four care staff, a coordinator, office manager, the registered manager and an operations director. We observed the managers and staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, six staff training, support and

employment records, quality assurance audits, incident reports and records relating to the management of the service.

This was the first inspection of the service since there was a change to the provider's registration.

## Is the service safe?

### Our findings

People and relatives told us that they felt safe using the service. Comments included "I have a regular carer and I feel very safe with them. We have an established routine now and I think it's very good care. They don't hurry me, they make me feel they have all the time in the world even though I know they have other people to go on to", "My morning carer is brilliant, I know I can rely on them 100% and that makes me feel safe. They treat me with respect" and "Staff are very good with my relative, very patient and I think she is very safe".

Recruitment procedures were in place to ensure that only suitable care staff were employed. Records showed staff had completed an application form and an interview. The provider had also obtained written references from previous employers. Enhanced children and adult checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The provider also offered an equal opportunities questionnaire to new staff. This was to promote diversity in the workforce and the questions asked could assist with establishing new policies to avoid any adverse impacts on any particular group of staff.

People were protected from the risk of abuse because staff understood how to identify and report it. The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. Staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. One member of staff told us "Yes I have had training in this. It could be someone being withdrawn or may have unexplained bruises or even flinch when you approach them. I would ring up the manager straight away".

There were skilled and experienced staff to ensure people were safe and cared for. Rotas were planned in advance and care staff were aware of their calls due to having a permanent schedule. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People and relatives told us that call times were consistent and reliable. The registered manager told us that they were continually recruiting staff to maintain the staffing levels and had many staff that had worked at the service for years. We spoke with the member of staff who completed the staff rotas who told us "I work a couple of weeks in advance and plan the rotas. A copy is then sent to the staff to check they are suitable and also a copy to our service users, so they are aware who is coming and at what time".

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. The registered manager told us they kept an overview of these, and the provider to also monitor any patterns and the quality of the care provided and implement improvements and support where needed.



People were protected by the prevention of infection control. Staff had good knowledge in this area and attended regular training in this area. PPE (personal protective equipment) was used when required which included aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. Observations completed by senior staff in people's homes incorporated infection control to ensure staff were following the guidelines.

Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of a person's home inside and out. The condition of pathways and access to a person's home considered whether a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example one person required a walking aid and care plans detailed the equipment the person used and for staff to ensure it was accessible to them on visits. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

People were supported to receive their medicines safely. Some people self-administered or had relatives to assist them and some people had support by the staff to take their medicines. A relative told us "Staff are meticulous with the medicines, checking them and writing it up". We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake if it was required. One member of staff told us "We administer and prompt medication. We have to make sure we see the person take them and record it on the MAR chart". Audits on medicine administration MAR were completed regularly by senior staff to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. A senior member of staff would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

## Is the service effective?

### Our findings

Relatives felt confident in the skills of the staff and felt they were trained well. They also felt staff had been well matched. One person told us "The staff all seem very capable, I think they are well trained. I always feel I am in control of what happens because they always ask if I'm happy with what they've done and if there's anything else they can do. They would call a doctor for me if I needed one, fortunately it hasn't been necessary". Another person said "The staff are well trained I think. I've never had anyone who didn't seem well trained. They all seem to know what they're doing but they always ask me if it's right. I don't need help with meds or meals. If they notice anything when they are helping me that they think I ought to speak to the doctor about they tell me and explain why they think it's necessary. I think they write it up in the book then".

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. Staff had knowledge and an understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for where possible. Peoples' diversity was respected and people were treated fairly and equally. Person-centred care was promoted throughout the staff team. People were supported by staff that knew them, their needs and wishes, well. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for. One member of staff told us "We have received training in the MCA. It is in place to protect vulnerable people who do not have capacity to make their own decisions. I would let the office know if there were any problems".

Staff undertook a variety of training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid and dementia. A five day induction was completed to ensure that all new staff received a consistent and thorough induction which also incorporated elements of the skills for care certificate. New staff also trained alongside experienced staff on support calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. One member of staff told us "It was an effective induction. A weeks training and two days of shadowing. We have regular updates and I have signed up to do a level three diploma in health and social care". The online training records recorded and detailed when training had been completed and when this would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff told us that they received regular supervision throughout the year. During this, they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they supported and any training they would like to do. Other issues discussed during supervision included health and safety, training and development. A member of staff told us "We have regular supervision. I can discuss any concerns and I can improve. We also have observations". Staff also told us the registered manager was always approachable if they required some advice or needed to discuss something. In addition staff said that there was an annual appraisal system at which their development needs were also discussed and plans

set out for the upcoming year.

Assessments were undertaken to identify people's support and care needs. Support plans were developed outlining how these needs were to be met. The care records were detailed and gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required including activities undertaken. In one support plan it detailed how staff assisted a person to transfer to a wheelchair and how staff were required to reassure the person and support where needed. In another support plan it described how staff were to support the person to the toilet and assistance they needed with this.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by relatives or by themselves and staff were required to ensure meals were accessible for some people. One person told us "Generally they are very good, polite and they do extra things like collecting our prescriptions for us. We just have microwave meals but they always ask us which ones we want". People's support plans detailed their preferences around food and drink and at what time people liked to eat and how they may like to be assisted with meal times. One care plan detailed a person's requirements to have their food pureed due to difficulty in swallowing and for staff to sit near the person while they ate and offer support if required. A member of staff told us "I ensure people have plenty of fluids. Remind people to drink plenty like juices and water. Make sure they have drinks in reach and one person I peel a satsuma or banana and leave it on the side for them to eat".

The registered manager told us that if they or staff had concerns about a person's nutrition or weight they would discuss this with the person's carer and medical advice may be sought. People's food and fluids were recorded on daily notes when staff visited. We were told by people that their health care appointments or health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if required.

The operations director told us how the provider was looking at ways to improve the service with the use of technology and equipment. One way would be the introduction of a new system which would computerise care plans and also audit real time issues. Care staff would be able to access this information on a smart phone which will contain all the details about a person. The staff would also be able to log in and out of their care call on the phone so the office can see that they have arrived safely at the call and the person has received their call on time. They told us "We have been looking at a few of these systems and ensuring we choose the right one that suits our needs. Other branches have been trialling this and we look forward to introducing it here in the near future".

## Is the service caring?

### Our findings

Every person we spoke with told us staff were caring and kind. Comments from people included "All the staff are very caring and kind. They help me to stay here in my own home and be independent. Life would be more difficult without them", "The staff are very kind to me, and they are lovely people, good company. I don't think I could be treated any better. I was involved in settling up the care plan and they asked me whether I minded having a man or lady. Everything is as I asked for and as things change they adapt things to my changing needs" and "I find the staff very caring. I have nothing to say against them in fact I can't thank them enough. They do everything I want the way I want it and nothing seems too much trouble for them. I've had a lot of falls and without their help I'd have to go into a home and I don't want that so they are helping me to stay independent".

Staff were knowledgeable of the people's needs and spoke about them with genuine warmth and compassion. It was apparent that positive relationships had been developed between staff and people, some over years. New staff met with people and their carers so people knew who was coming to visit them and to ensure compatibility. The registered manager aimed to ensure that the people received support from a consistent team of staff to enable positive relationships to develop. The registered manager had an online tool which could track this and changes made when needed. People told us they usually saw the same member of staff that visited them. One person told us "I have two/three regular staff that come, they are late occasionally but they always phone to let me know if they are delayed".

People told us they could express their views and were involved in making decisions about the support they received. People and their relatives confirmed they had been involved in designing their support plans and felt involved in decisions about their care and support. People were also able to express their views via quality visits from senior staff every three months which gave them an opportunity to express their opinions and ideas regarding the service.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, ethnicity and faith. These needs were recorded in care plans and staff we spoke to knew the needs of each person well. For example one care document stated that one person where English was not their first language, required an interpreter present when staff visited them. Staff also attended equality and diversity training as part of their induction. People using the service also commented on how well their individual needs were met.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy which was made available to staff and was also included in their employee handbook.

Staff told us how they promoted people's independence. In one care plan it stated that a person required support out into the community. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to

undertake certain tasks rather than doing it for them. A staff member told us "I ask how they like things done. Let them do things for themselves, give choices and make people feel they can make decisions".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed dignity and privacy was always upheld and respected. One person told us "They are very considerate of me when helping me with washing and always keep the curtains drawn and the door shut. They make sure I'm not sitting there with nothing on getting cold". A relative told us "Staff are truly lovely. Very caring, I have no concerns about any of them. My relative is on the ground floor and they always keep the curtains drawn when they are helping her with personal care. They are very sensitive to how difficult this all is for her. I was consulted about the care plan when it was first set up and it works very well for us. The staff couldn't be better."

## Is the service responsive?

### Our findings

People and relatives told us they always received a service that was responsive to their needs. One person told us "The regular girl who comes to help me is an absolute gift, she is so kind and considerate. She felt that I was a bit short of time for my visits and tried to help me get it reviewed about a year ago by social services. The office staff are very good and if I need to change an appointment because I have to go out they always accommodate that. I've never had to complain, if something wasn't right I'd speak to the manager, she would definitely sort it out for me". Another person said "The staff who come to me are really helpful, I never get the feeling I'm just the next job on the list, they listen to me and they've always said they are there to help me and it's important to them that I am happy with their help. That's such a lovely thing for me. I look forward to them coming. They are often the only people I see in the day as I'm housebound now. I've never had to complain but I would do if I thought it was necessary". A health professional told us "They work with our customers to resolve any issues, and then come to us if need further support. This is really positive as other providers don't always work with customers, whereas Heath Lodge will do all they can do remain providing the service, and not just 'give up' as a little challenging".

Information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. This could include large print for people who were visually impaired. The registered manager told us if required they could tailor a care plan to meet a person's needs. There were two copies of the care plans, a copy in the office and one in people's homes, we found details recorded were consistent. Support plans contained person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people and the meaningful use of time for them. The support plans provided information on what activities and interest's people had. One support plan detailed how a person enjoyed watching the television and completing crosswords. A member of staff told us "One person I visit likes their television and we always discuss what they have been watching".

Each section of the care plan was relevant to the person and their needs. Other areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's needs and the support required to meet those needs. Care plans also contained detailed information on a person's daily routine with clear guidance for staff on how best to support that individual. For example one care plan stated for a person who was at risk of pressure sores that staff were to monitor their skin integrity and to report any concerns they had. On one occasion we saw a member of staff had responded in a timely manner of reporting a concern and the appointment were arranged with a district nurse to visit that person. Another detailed a person could be at risk of self neglect and how staff could encourage and support the person with personal care. There was evidence of regular reviews of care, which involved any key stakeholders in a person's care, such as their doctor, social worker, next of kin and staff. The reviews discussed the suitability of the person's care package, and whether or not any changes were required. One person told us "The office does spot checks on things from time to time and roughly every six months they review my help, to check whether I need anything more."

Staff told us that there was enough time to carry out the care and support allocated for each person. Staff stated that people had varied times of care. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service aimed to be flexible to people's needs. We spoke with the member of staff who completed the staff rotas and discussed the scheduling with them. The staff member told us "We ensure if staff are running late for whatever reason we let our service user know and aim that they receive regular staff for continuity".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were provided to them at the start of using the service. Complaints made were recorded and addressed in line with the policy and included 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. One person told us "I did complain some time ago about one member of staff who always seemed to be trying to hurry me. I didn't like it and spoke to the office and asked them not to send them again. There was no awkwardness, they took it on board and they were never sent to me again".

## Is the service well-led?

### Our findings

People, relatives and staff all told us that they were happy with the service provided and the way it was managed. Comments included "I think it is a very good company. The manager is particularly helpful but the office staff are also very good and will ring from time to time to check whether everything is okay", "The manager is very good, any problems she's the person to speak to and would sort it out. The office staff are helpful and we get regular reviews. It's a good company as far as we're concerned. We've had satisfaction surveys in the past and we can't fault them" and "For me it is a good company and seems to be very well run. I can't think of anything that needs to be improved. I have had feedback requests through but all I can say is I'm very happy with them and I would recommend them". A health professional told us "I really enjoy working with Heath Lodge, the registered manager is a pleasure to work with and really helpful and willing to accommodate when we call".

Staff spoke of a positive and open culture where they were well supported and valued by the manager. We received consistently positive feedback from staff about the registered manager. They all described them as approachable, but very effective too. Comments from staff included "I enjoy the work and would recommend this company. It provides a service the clients need and they always say good things about the company", "If I have any issues or problems I phone or text and it's acted on promptly" and "Management are great, easy to talk to and always there for you".

The registered manager showed passion and demonstrated good oversight of the service and had built up their knowledge of the people and staff. They explained that knowledge was gained through observations and regularly communicating with staff, people and their relatives. Spot checks were used to ensure that staff were maintaining quality of care provision and covered areas such as staff appearance, their focus on the person and the rapport between them as well as details of the care provided. The registered manager also told us they had good rapport and working relationships with various health care professionals such as social workers, district nurses and the local authority. This was confirmed with a health professional we contacted after the inspection.

The quality of the service was monitored by the provider and registered manager using formal tools such as quality audits. These included audits around care plans, MAR sheets and staff records. Evidence was available to demonstrate that audits were used effectively and enabled the provider to identify any shortfalls in a prompt manner. Where any issues had been identified, we saw actions had been implemented to ensure that improvements were being made. The registered manager told us "We are always looking to improve and change and update our records. We are currently working on improving our care plans to become more person centred and contain even more details. This will ensure we are meeting peoples support needs". Quality assurance process's included quality assurance visits or telephone calls to people and a service review annually or as and when required, dependent on any changes to the person's health.

Annual surveys were sent out by the provider. We saw the results from a recent survey sent out to people. The registered manager then used the feedback to drive improvement. A relative told us "I think they are an excellent company. The office staff are very approachable, very good in an emergency and cooperative if



you want to change times. They listen to you. We've had satisfaction surveys and I always say the same thing. Good, good, good". We saw evidence of the manager dealing with concerns or queries raised on the surveys were being addressed. The recent survey for staff was currently being sent out by the provider. Newsletters had been created for staff. The recent spring addition included details on new staff, healthcare updates and how people could nominate 'Employee of the month'. This is where a member of staff was recognised for the good work they had been doing for people and rewarded.

On the 1 November 2017 amendments to our Key Lines of Enquiry (KLOE) came into effect with five new KLOE and amendments to others that all regulated services are inspected against. We explored these with the registered manager who were fully aware of these. They told us "I ensure I keep myself up to date as much as possible. I have great support from my manager and head office with training and updates".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered 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.