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Braemar House

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

This unannounced inspection took place on 23 and 24 August 2016. The home was previously inspected in March 2014 and the home was meeting the regulations we looked at.

Braemar House is in Paignton, Devon providing accommodation and care for up to twelve people. People living at the home have a learning disability. On the day of our inspection, ten people were living at the home. Accommodation was provided over two floors, accessed by stairs. Each person has their own bedroom and some bedrooms have en-suite facilities. Communal space consisted of a large lounge area, kitchen and dining room.

The home 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 and associated Regulations about how the service is run.

The home was well decorated and adapted to meet people's needs. The home had a homely feel and reflected the interests and lives of the people who lived there, with photos of people and staff.

The focus of the home was on promoting people's rights and independence. People followed activities that they enjoyed and were given opportunities to gain new skills and to increase their independence. Support was planned and provided to take account of each person's needs, interests and preferences. People received personalised care that took account of their abilities as well as their needs.

People told us that they felt safe in the home and said the staff were nice and good at their jobs. People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way that was kind, caring, and respectful; it was clear they understood the particular needs of the people they were supporting.

People were protected from the risks of harm or abuse because there were effective systems in place to manage any safeguarding concerns. The registered manager and staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. People were protected from the risk of harm because staff knew about the importance of keeping the environment safe. Risk assessments were in place to support staff's understanding about maintaining people's safety.

There were sufficient staff employed to meet people's needs safely. New staff had been employed following robust recruitment and selection procedures and this ensured that only people considered suitable to work with vulnerable people were working at Braemar House. Staff told us they were well supported by the management team and felt they were given the opportunity to develop the necessary skills and knowledge

to support people. We saw staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their work, any concerns and any training opportunities they may have. We saw appropriate records were maintained to show these had taken place.

We looked at the way in which the home managed people's medicines. Medicines were stored safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the on-going safe management of medicines. Safe systems were in place to manage medicines so people received their medicines at the right times.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves.

People were supported to make their own decisions and choices whenever they were able to do so. The registered manager and staff understood the legal safeguards set out within the MCA and followed them when people were unable to make their own decisions and choices. Where people did not have the capacity to understand or consent to a decision the registered manager had followed the requirements of the MCA. An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may have been restricted to keep them safe, the registered manager had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People and their relatives were involved in planning and agreeing how they were cared for and supported. People were receiving care that was responsive and tailored to their needs. Care plans were person centred and contained detailed information that clearly described how each person would like to be supported. The care plans provided staff with information to support the person effectively. Other health and social care professionals were involved in the care of the people living at Braemar House. Care plans were reviewed regularly.

People were supported to maintain a healthy diet. People were able to choose what they wanted to eat and were involved in the preparation of their meals where possible. Menus were discussed and planned with people during informal meetings and chats. People could access the kitchen at any time and were able to help themselves to meals, drinks and snacks. Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. For example, where people had been assessed as being at risk with regards to their swallowing, we saw appropriate referrals were made to Speech and Language Therapy (SALT) and an action plan for staff to follow was provided.

Staff ensured people obtained advice and support from other health professionals when their health needs changed. We saw care plans included professionals involved in people's care and referrals were made to other professionals when required.

People and relatives were asked for their views about the care provided and informed how to make a complaint or raise any concerns. These were acted on and used to make improvements for people's care when required.

The registered manager's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

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.

Care plans recorded risks that had been identified in relation to people's care. Risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

Medicines were ordered, stored and administered safely.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People's records showed how the principles of the MCA had been applied when a decision had been made for them. DoLS processes had been appropriately applied.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of meals and were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately whilst promoting peoples' choices and independence

Is the service caring?

Good

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

Braemar House

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 23 and 24 August 2016 and was conducted by one adult social care inspector. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the local authority, Quality and Improvement Team, Healthwatch Devon and other healthcare professionals who provided information about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and met and spoke with everyone living there. After our inspection we spoke with four relatives by telephone. In addition, we spoke with two of the registered providers one of whom was the registered manager and four staff members.

We looked at the care plans, records and daily notes for three people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at three staff files to check that the home were operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at Braemar House. One person said, "I'm very safe and secure". Another person told us they felt comfortable and 'at home'. A relative we spoke with also told us they felt their family member was cared for safely saying, "yes I do think [name] is safe, there is always someone around". Another relative said "I feel relieved that [name] is in safe hands and well looked after by all the staff".

People's behaviour also showed us they felt safe. For example, the interactions and communication between staff and people were open and warm. People had no hesitation in checking things with staff at any time and we saw they laughed and joked with staff in ways which showed they knew and trusted each other.

People were protected from the risk of potential abuse because staff knew how to protect them. Staff were aware of various forms of abuse and told us that any concerns would be shared with the registered manager. Staff were also aware of other external agencies to share their concerns with to protect people from the risk of further harm.

People could be assured that staff were suitable to work in the home because the provider's recruitment procedure included safety checks. An application form had been completed and written references obtained for each staff member. A DBS check (Disclosure and Barring Service) was in place. The DBS allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Daytime staffing was usually two care staff, depending on the needs of the people living at the home and their specific planned activities for that day. Overnight there were two staff sleeping on the premises with on call managers available via the telephone if needed. We saw staff were available when people needed them and they did not need to wait. People told us they could get help and support from staff when they wanted, they just had to ask. Staff told us there were enough staff on duty at all times and commented that the managers helped when needed. Sickness and annual leave was usually covered by staff or the registered mangers and providers. In exceptional circumstances only, the home would use agency workers to ensure the safety of the people.

People's care plans identified the situations which presented a risk to them. Risk assessments clearly identified risks and provided staff with clear guidance on how to address these risks. Examples included health-related issues, behavioural challenges, participation in household tasks, mobility and safety awareness. Assessments meant that staff were able to support people in a safe way whilst supporting them in activities or interests of their choice. Risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour. Staff demonstrated that they knew about the risk management plans and how to support people to stay safe.

There were procedures in place for the safe management of people's personal finances and these were followed by staff. There were detailed records of all transactions and these were supported with receipts

and staff signatures. Balances were regularly checked with monies held. We checked the records and balances for three people and found balances tallied with the money held.

There were safe medicine administration systems in place and people received their medicines when required. The medicine administration record (MAR) had a photograph of each person and we saw they had been completed accurately with no gaps in signatures. We saw that staff received training in medicines administration. Medicines were stored securely in a locked trolley. There was a monthly audit of medicines carried out by the registered manager. Records were kept of unused medicines that were returned to the pharmacy. We observed one member of staff administering medicines. As a result of a previous incident, people were taken into the administration room individually to take their medicines. Staff explained what the medicine was for and gained consent from people whilst encouraging them to be as independent as possible when being helped to take their medicines. People were provided with appropriate drinks to aid them take their medicines. There were protocols in place to guide staff on how to administer medicines to people who required them on an "as required" basis.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans, accident book and reported to the Care Quality Commission as required. Steps were taken and recorded to reduce the risk of a recurrence of incidents wherever possible. For example, the removal of rugs following a trip incident.

The staff monitored general risks, health and safety and maintenance needs. Premises checks were carried out. For example, water temperature risk assessments, annual gas appliance servicing and annual portable electrical equipment checks. Any issues identified were dealt with and remedial actions taken were documented in the records.

People lived in a well maintained, clean and tidy home. There was a good standard of cleanliness in the home and we saw there were hand washing facilities for staff to use with paper towels. There were effective Infection control procedures in place. These included Food Hygiene procedures such as checking of food temperatures, labelling of food kept in fridge, colour coded chopping boards and colour coded cleaning mops.

Good

Is the service effective?

Our findings

People were supported by a staff team that had the appropriate skills and knowledge. People were positive and complimentary about the staff who worked at the home. One person told us, "The staff here are top notch." Another person said "They're lovely, they take care of us".

Staff told us and records showed that they received a comprehensive programme of induction training when they started to work at the home. This included being supported to complete the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way. Staff told us they worked alongside experienced staff members until they were confident and assessed as competent to work without direct supervision. As well as their introductory training, staff were offered an on-going training programme which was related to people's needs. Training in key subjects such as managing behaviours, moving and handling and epilepsy awareness was provided. Throughout the inspection staff used the knowledge they gained from their training to provide effective support for people. We saw they supported people to successfully manage their anxieties in a safe way.

People were supported by staff who had supervision and yearly appraisal with their manager to discuss their work. Staff told us, and records confirmed, that supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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's care plans set out what support if any, people needed to make decisions about key areas of their life. People told us staff always gave them support and information if they needed to make a decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The home had made appropriate DoLS applications to the supervisory body as and when necessary to ensure people were not being deprived of their liberty unlawfully. We found the staff were working within the MCA and the requirements of the DoLS were being met. Staff made sure they enabled and supported people to make their own decisions whenever possible. Where people were not able to make a decision for themselves, the registered manager and staff demonstrated their understanding of how to work with others who were important to the person, such as their family or their GP, to ensure decisions were taken in the person's best interest.

People told us they enjoyed the food at Braemar House. One person said "food's very nice, I don't mind what I have". Another person told us they liked to make sandwiches. Staff and people worked together on meal preparation. Menus were planned with the involvement of people and with people's preferences being incorporated into the overall menu for each week. The kitchen displayed information about people's food preferences with suggestions for alternative meals, for example, '[name] doesn't like liver but can have bacon'. Where ever possible, all information had pictures of the food items to help identification. We saw a poster with pictures of what items of food each individual person should take in their packed lunch. This showed that people were supported and prompted to make healthy food choices and maintain their independence. Staff supported people to eat healthy diets according to their health needs. For example, one person was supported to lose weight and another to manage their diabetes through a careful diet. One relative told us, "They try to look after [name's] diet and they have that under control". People's special dietary needs were met and their preferences for food were identified in their care plans. Where a specific need had been identified, such as food needing to be prepared in a particular way to aid swallowing, this was done.

People were supported to maintain good health and access healthcare services. People were referred appropriately to healthcare professionals, such as the dietician and speech and language therapists, if staff had concerns about their wellbeing. Health records we looked at included records of dental appointments and visits to doctors and podiatrists. Each person had a document that they could take with them if they attended a healthcare appointment or a hospital. This meant that health professionals could see how people wanted their healthcare provided and how the person communicated their needs and wishes. People had detailed plans for the management of conditions such as diabetes, including when blood glucose levels should be checked, how frequently snacks should be encouraged and what to do if blood glucose levels were outside the accepted range.

Good

Is the service caring?

Our findings

People were treated with care and kindness. People told us staff were caring and knew how they liked things done. We asked one person if they liked living at Braemar House, they responded with "perfect". Another person told us, "Staff are nice to us. They look after us very well." Without exception, people's relatives told us that they were very happy with the care and support their loved ones received at Braemar House. Comments included "I feel Braemar should be noted for the way they care and do everything they can to help", "I think it's brilliant, absolutely smashing what they do" and "It's a home, a proper home, not clinical". One relative recently complimented the home saying they were really happy with how their family member was being supported and the amount of time and energy staff put into their care. Health professionals also spoke highly of the home, commenting that the home was very family orientated with a friendly, caring atmosphere.

The home was calm and relaxed and staff spoke with people in a caring and respectful manner. Staff showed concern for people's wellbeing, and they responded to their needs quickly. Staff understood people's support needs and communication methods and were therefore able to detect any discomfort or distress and provide care and support in a respectful manner. Staff told us they knew people well and had a very good relationship with them. One member of staff commented "I love the residents, they are absolutely smashing. I care about them, you can't care too much." We observed staff had a good rapport with people and understood their varied and complex needs. People's care plans included a profile about each person to help staff understand their individual needs. People's room's had poster's titled 'Hi my name is….'. This was a snapshot of the person, how they liked to be supported, what they could do for themselves, how staff could help and encourage them. This ensured that people's needs, wishes and choices were known and care and support was given to them as they wanted. We saw these instructions were followed by staff.

Staff understood the importance of treating people with dignity and respecting their privacy. One staff member told us "I don't ever go into their rooms without knocking and being invited". Staff described how they would discretely support people with personal hygiene and make sure that doors and curtains were closed to maintain privacy. Staff stressed the importance of making sure people were supported at their own pace and that staff didn't make them do what they did not want to do and always allowed choice. Staff told us "they make choices every single day. It's all about them. It's about what they want to do and how we can make it happen for them" and "everything is person centred so it's their own choice and what they want to do. All of their time, is their time".

People's independence and the development of their skills were supported by staff. Staff encouraged and supported people to be involved in household tasks such as helping prepare meals, washing up after dinner and unpacking and putting the shopping away. One person liked to tidy their bedroom daily and staff would support the person to do this. Some people were supported to travel independently by local transport to their place of work. Other people, to visit shops independently. One relative said "[name] is so much more independent since living there. [name] helps me with my shopping when they come home". People and staff told us and records showed that people regularly attended day resource centres where they had the opportunity to meet up and develop skills with other people using services. The registered manager told us

they would always look at how they could support people to live fulfilled, active and independent lives.

People were encouraged to maintain relationships with their families and friends. This included supporting trips home and encouraging families and friends to visit their relatives at Braemar House.

People were actively involved in decisions affecting their home, care and treatment and their views were taken into account. For example, how the home was decorated. There was a range of ways used to make sure people were able to say how they felt about the home. People's views were sought through care reviews, informal chats over coffee and annual surveys. There were various communication systems in place to enable people to express their views and be involved in making decisions about their care. Examples of easy read and pictorial information available to people included feedback forms, packed lunch menu's and consent for care to be given documents.

Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. They said that equality and diversity meant; "everyone should be treated as equal whether disabled or not, treat people as you want to be treated."

People and their relatives were given support when making decisions about their preferences for end of life care. Care plans contained information about people's wishes and preferences at the end of their lives.

Good

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. Before people came to live at Braemar House their needs were fully assessed by the registered manager to see if they could be met by the home. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. The registered manager spoke of the importance of the transition period and invited people to stay overnight or for a day visit dependent on the person, to help people make informed decisions. The registered manager told us they always take into consideration the needs of the current residents before agreeing to people living there. Where possible, people and their relatives told us they were fully involved in this initial process.

People were involved in developing their care, support and treatment plans. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. People's needs were reviewed regularly and as required. We looked at care plans which were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. Care plans provided guidance for staff in relation to people's behaviours and detailed how best to support them. For example, one person's care plan documented guidance for staff on how best to communicate with the person. The care plan contained a list of actions and phrases that the person used to communicate their needs. Staff told us they had got to know each person's individual communication needs including their specific gestures, facial expressions and behaviour by reading people's care plans. This helped to ensure that care and support was provided in a way that was needed and also took account of people's preferences.

People's need for stimulation and social interaction were met. People were able to choose what activities they took part in and suggest other activities they would like to do. People were supported by staff to attend a range of local community based activities that met their needs and reflected their interests. People had an individual plan of activities for each day of the week which they developed with staff. These were varied and included attending day centres, work placements, shopping, arts and crafts, various trips and planned holidays. There were photographs displayed in the home of people taking part in activities they had enjoyed and holidays they had been on. People told us about their recent holiday spent in France. Some people were looking forward to a planned trip to a holiday park to celebrate one person's birthday. Relatives said "[name] never been busier. They have lost so much weight. The activity helps keep their weight down" and "[name] really enjoys the trips and holidays. They all go". People were supported and encouraged to live a healthy lifestyle and have regular walks, exercise classes and other activities to ensure they were keeping healthy. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops and restaurants. Staff ensured that people were supported to undertake activities of their preference.

There was a complaints policy and procedure in place and people knew what to do if they were unhappy or had any concerns. The residents notice board had information about 'let's talk sessions' with the registered

manager and people were encouraged to express any issues or concerns they may have on a daily basis. Complaints records showed there had been no formal complaints received since 2014; however systems in place demonstrated that, where required, action would be taken in line with the provider's policy to address any reported complaints or concerns. People and relatives told us they knew how to complain but hadn't needed to. One relative said "we are happy with everything and cannot think of any improvements".

Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. For example, we saw there was a specific care plan for the management of one person's particular medical need which showed there had been involvement from health professionals in the development of guidance within the person's care plan. Another person's care plan included specific eating and drinking guidance from a speech and language therapist. Health professionals told us "All advice and guidelines are followed consistently and communication and sharing of
important information within the home appear to be good". Another health professional told us that they had every confidence in the care people receive at Braemar House. "They are always proactive with people's healthcare". They went on to describe how they had mentioned to the registered manager that one persons health problem had become worse. The manager immediately responded and arranged for them to see their GP, resolving the issue.

Good

Is the service well-led?

Our findings

People's relatives spoke in a positive manner about the home and the way it was managed. They told us they would recommend the home. Comments from relatives included; "I'm really pleased we found this place,can't speak too highly about the service", "Braemar is a well run home. They are always there if I need to chat to them", "Braemar House is absolutely fabulous and [name] is looked after to the highest standard".

The providers and registered manager had a clear vision for the home, which they told us was to maintain a happy, stimulating and stable environment for their residents, with the objective of sustaining both a high quality of life and high quality of care. The homes philosophy was that Braemar House was a home for life where they will do everything possible to support people and put them first. Staff had a clear understanding of the values and vision of the home which they demonstrated in the way they told us about how they met people's care and support needs. Staff told us they believed in people's right to make their own decisions and choices and of the importance of treating people with dignity and respect.

The home had a positive culture that was person-centred, open, inclusive and empowering. The homes management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. Staff were very positive about the registered manager and deputy manager and how the home was run. One staff member said, "I think the managers are really nice. I can come in and say anything I want. They are so honest and open. They are always asking us for our opinions and suggestions". Another staff member said, "I love it here, it feels like a happy environment to work in".

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. Regular audits were carried out on areas such health and safety checks, environmental and maintenance checks, equipment checks, care plans and records audits and monthly medicines audits and an annual external medicines audit. Where there had been issues identified, action plans were implemented. We also saw that these issues were discussed at staff meetings and supervisions.

The provider took account of the views of people living at the home through resident and relatives questionnaires that were conducted on an annual basis. The home also sought feedback from health and social care professionals through questionnaires. We looked at the results for the survey conducted in December 2015. Results were positive showing that people were happy, liked their bedrooms, liked the staff and enjoyed the choice of food and drinks. All of the responses received rated this as very good or good. All responses also rated their care and support as either very good or good.

We saw that staff meetings were held regularly. Areas such as supporting people, training, health and safety, operational changes and development of the home were discussed. This ensured staff were provided with up to date information about the home. Staff told us the management team were approachable, felt that there was an open culture in the home and they were comfortable to raise any issues with them. During our inspection we observed positive team work and communication within the staff team to support people

appropriately.

Detailed records were well maintained within the home and stored securely. There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action required. Staff had policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medicines, safeguarding people and infection control. This access to information enabled staff to feel more confident at challenging poor practice and also helped to set out the expectations people should have of the home.

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and honesty. The registered manager understood and was knowledgeable about the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.