

Bupa Care Homes (CFChomes) Limited

St James' Park Care Home

Inspection report

Higher Street
Bradpole
Bridport
Dorset
DT6 3EU

Tel: 01308421174

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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 25 and 26 August 2016 and was unannounced. We previously inspected the service on the 3 March 2014 and found no concerns.

St James' Park Care Home (known locally as St James') can provide residential care for up to 31 older people. Nursing care is provided. St James' is registered with us to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury. Diagnostic and screening procedures was discussed on inspection to request it is removed if this activity is not in use. We were advised that Bupa Care Homes are seeking to have this activity removed from all its locations that provide nursing care.

A registered manager was employed to manage the service locally. 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 told us they felt happy and safe living at St James'. They felt staff treated them with kindness and respect. People felt in control of their care and important as individuals to staff.

Although we found there were enough staff to manage the service safely, we were told by people, family and staff that this had not always been the case. We looked at this during the inspection and discussed the issues raised, with the registered manager and area manager. They told us there had been issues with recruiting staff, but four weeks prior to the inspection other ways of ensuring there were enough staff deployed was implemented. This included the use of agency staff. The registered manager was managing this and another service locally. They were supported by a deputy manager in each location and a staff structure which allowed them to have oversight of both services. We had discussions with the area manager, (as staffing issues had recently put pressures on the registered manager) to ensure there was sufficient support for the registered manager to fulfil their role effectively. We were reassured this would be monitored when checks by the provider were completed at the service. This would help ensure any issues or support needs could be identified quickly.

People's medicines were administered safely and they had their nutritional and health needs met. People could see a range of health professionals as required. People had risk assessments in place so they could live safely at the service. People's care was personalised and planned with them and staff responded quickly to any need to ensure people's current needs were met. People's end of life needs were planned with them. People were supported at the end of their life with dignity and free of pain. The service was accredited in respect of how they cared for people and their families at the end of their life.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's

specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005. This meant people's human rights were upheld.

Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural needs were met.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure the service was running well. Where issues were noted, action was taken to put this right.

Systems were in place to ensure the building and equipment were safe. Staff followed safe infection control procedures

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.

People told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely.
Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

People were protected by safe infection control practices.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent before providing care or support, and respected their response.

People had enough to eat and drink.

People had their health needs met.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Staff sought people's advance choices and planned their end of life with them. The service had been awarded the Gold Standard for end of life care.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place to reflect their current needs.

Activities were provided to keep people physically, cognitively and socially active. People's religious needs were met.

People's concerns were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff said the service was well-led.

There was clear evidence of the provider ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered and deputy managers were approachable. The registered manager was developing a culture which was open and inclusive. People and staff said they could suggest new ideas and these were listened to. People were kept up to date on developments in the service and their opinion was requested.

There were contracts in place to ensure the equipment and building were maintained.

St James' Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 25 and 26 August 2016 and was unannounced.

The inspection team was made up of one inspector and a specialist nurse who had experience of the care of older people in care homes.

Prior to the inspection, we reviewed the information we held such as previous inspection reports and notifications. Notifications are specific events registered people are required to inform us about by law. We also reviewed the 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.

During the inspection, we spoke with 10 people and three family members. We sat with people at lunch times and spoke with them as a group. We also received written feedback from four family members after the inspection. We reviewed the care of six people in detail to look at whether they were receiving their care as planned. We spoke to them where we could to ensure they were happy with the care they were receiving.

We spoke with eight staff and reviewed three staff personnel files. Staff training, supervision and appraisal planning were also reviewed. We also reviewed the information held at the service by the registered manager and provider to demonstrate they reviewed the quality of the service and ensured the building and equipment were safe. The registered manager, deputy manager and area manager, representing the provider, supported the inspection. We were sent written feedback from a health professional following the inspection.

Is the service safe?

Our findings

There were sufficient staff to deliver care safely. On the first day there were staffing issues which meant meeting people's needs were delayed. Staff were called in to fill gaps on the rota at short notice and staffing stabilised over the day. The second day of the inspection was fully staffed. We did however, have concerns shared with us by people, family and staff to say staffing of the service had not always been adequate. People told us they would limit their demand on staff if they felt staff were very busy. One person told us that at times when the service had been short staffed, the bells took longer to answer. Another person told us they did not know if they needed staff anyone would be available. For example, if they needed the toilet quickly. The same person said, "All the staff are lovely; there is not enough of them." Another person said, "You can tell when they are short staffed when they dash in and dash off again."

We spoke with the registered manager and area manager about what we were being told about staffing issues. The registered manager explained staff recruitment had been an issue. This was especially affecting the recruitment of nurses. The preferred number of qualified nurses in the day was two; one on each floor. This had been difficult to maintain so senior care staff had been trained to carry out the administration of medicines. This has had an impact on the number of staff available to meet people's care needs. It was also summer holidays and this reduced the availability of staff to take on extra shifts. This had been recognised four weeks prior to the inspection as directly affecting the quality of care. Agency nursing staff had therefore been brought in to fill the gaps and ensure there were two nurses in the day and one at night. This then released all care staff to concentrate on meeting people's care needs. The same agency nurses were working at the service to ensure a level of continuity. Permanent nursing staff and further care staff were being recruited.

Staff told us they could see changes were taking place and had a positive view on the future of the service as the staffing settled.

People told us they felt safe living at the service. People also felt staff would listen to their concerns. People who were reliant on staff to be moved by a hoist or stand aid felt staff completed this competently and safely. One person said, "I feel very safe; the call bells make me feel safe."

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's presentation changed which may be a sign something was wrong. Staff would pass on their concerns to the registered or deputy manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies if they felt concerns were not being addressed.

Risk assessments were in place to support people to live safely at the service. These were up to date and covered risks to people in respect of skin integrity, manual handling, nutrition and falls. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people to mitigate the risks people faced. We found staff had a risk planning approach to supporting people and as a result worked to keep people safe. Following the

inspection of the sister home to this service, plans had been put in place to review the risk assessments across both services. For example, ensuring people who may be at risk of choking or specific health needs, had the necessary risk assessments in place.

Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency. Risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

Staff were recruited safely. The registered manager ensured new staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application and interview. Staff told us recruitment of new staff was thorough. Prospective staff's attitude and values were assessed alongside any previous experience. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role.

People's medicines were administered safely. People said they were satisfied with the system of medicine administration. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often in the form of body maps and in the care plan. One person told us how the staff always remembered to use their prescribed cream after their shower saying, "They apply the E45 cream every time" and explained they were happy their skin was kept in good condition as a result. Staff were not clearly recording prescribed creams were applied as required. The registered and deputy manager were looking to implement a form to be used locally while the provider reviewed a previously used form.

People were protected by the use of safe infection control procedures and practices. Staff were trained and kept up to date with good practice. The home smelt clean and fresh at all times. People told us how their rooms were kept clean. One person said, "It's always very clean." An infection control champion spot checked staff practice. For example, they checked hand washing practices. Practice in the laundry, kitchen and when meeting people's care needs, ensured cross contamination was kept to a low risk level. Contracts were in place to ensure the safe disposal of clinical and domestic waste.

Is the service effective?

Our findings

People said the staff had the right training to look after them well. People spoke highly of the ability of staff to meet their needs. Staff confirmed they were trained to a high level to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet the specific needs of people living at the service. For example, supporting people living with dementia and Parkinson's. All staff in the service were being trained in caring for people at the end of their life.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervisions, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

New staff underwent an induction when they started to work at the service, this included shadowing other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. Their progress was reviewed with new staff so any support and advice could be offered as required. The service was ensuring the induction of new staff was in line with the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered and deputy manager understood their responsibilities under the 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care through an independent advocate. Staff ensured their care was discussed with a range of professionals and the family where appropriate, to ensure the decisions were made in the person's best interest. Staff were given clear guidance on when they were acting in people's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people as required. Several were awaiting the authorisation of the local authority designated officer for DoLS.

People told us staff always asked for their consent before commencing any care tasks. We observed this to be the case and staff gave people time to respond at their own pace. This included administering medicines

and discreet offers to go to the toilet when people were in the communal areas. Staff offered to come back later if the person did not want the care at the time.

People had their nutritional and hydration needs met in a personalised way. Staff looked for creative ways to ensure people had enough to eat and drink. Any concerns were acted on immediately. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for assessments with their consent. Guidance given was then followed to support the individual person. One person described to us the lengths staff had gone to in order to ensure they were eating and put on some of the weight which they had lost before coming to live at the service. They told us, "I had an awful problem with eating. The staff have been wonderful helping me. Before I used to pick. I have just gone back to eating. The food is good. I have a choice of what to eat. The chef persevered with me to find what I like. He gradually got me back eating which I think is marvellous."

In addition to set meal and drinks times, people were encouraged to eat and drink when they would like. People were provided with food and drinks when desired. People's likes and dislike were sought from them or from getting to know people. People's special dietary needs were catered for. People could contribute ideas to the menu and staff ensured people had the special food they liked. People who were able could have drinks when they liked. People who could not help themselves were supported by staff to have regular drinks. People's food and fluid intake was carefully recorded and monitored.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care. The health professionals spoke highly of the staff and the appropriateness of their contacting them to raise a question or ask them to visit a person to review their health needs.

Is the service caring?

Our findings

People told us they were well cared for by staff who treated them kindly, with compassion and with respect. People told us they were happy with the atmosphere at the home, which they found to be open and friendly. On the first day the staff were hurried and task focused. On the second day, this had settled and the atmosphere in the service was unrushed and calm.

People felt staff cared for and about them as individuals. Even though staff numbers had not been adequate until recently, people told us of times when staff would still pop into see them and check they were alright. Some people, who stayed in their rooms, said in addition to this they would like more staff time to have a conversation. The registered manager advised they were looking to improve this. The activity co-ordinator was mentioned as a staff member who was able to do this more and was observed visiting people who were nursed in bed. For one person this was seen to be a time enjoying which was unrushed. Staff told us they were not put under any pressure to rush times of personal care and used this time to chat with people and make sure they were happy and did not have any additional needs.

One person said, "The staff are nice. I like it here because everyone smiles." Another person said, "All the staff are really pleasant; the cleaners are like having a friend visit. They talk while they are working. The staff speak kindly to people; they are always polite and respectful." A third person said, "I am very happy because I am very happy with the staff. I couldn't wish for anything or anywhere better" adding, "I don't know where they pick the staff from; they are all very good."

People said they felt in control of their care and staff would always talk any suggestions through with them. People spoke about how they were encouraged to do as much as possible for themselves as they could to keep actively involved in their care. One person said, "All the staff are very friendly and helpful" adding how they were encouraged to remain independent, with staff only stepping in if they were feeling unwell that day. A document called "My day, My life, My Portrait" was completed with people and their family which spelt out for staff how the person preferred to live their life. This meant their preferred routines, likes and dislikes were maintained.

People told us staff protected their dignity at all times. For example, staff were discreet when delivering personal care and curtains were always drawn and doors shut. We observed offers of care in public areas were unobtrusive.

Visitors were seen coming and going throughout our time at the service. They were always greeted warmly by staff and by their name. They were then updated on their family member's condition where appropriate. People said their visitors were given refreshments regardless of the time of day. A family member told us, "It's been amazing; my mum loves it here she loves the staff. They support her mood and depression. They have got to know her character really well" adding that her mum had vastly improved. Another family said, "The service for my mother is excellent. All the team is attentive, helpful, jolly and, above all, caring. I have nothing but praise for St James' and am very pleased that mum is there". A third family member said, "I cannot recommend St. James' enough; a couple of friends had relatives go there later in life and were very

happy with the treatment their relatives had".

All staff talked about the people they were looking after with passion and caring. Staff described a strong ethos of care led by the registered and deputy manager. One staff member told us there was also a strong ethos of treating people as individuals. Staff said protecting people's dignity and treating them with respect was a strong ethos in how all staff acted. They added new staff were encouraged to work from this basis too.

One staff member told us, "Everyone is an individual and we treat them so. We really care. We see them as family. Staff work really hard and we are very proud of our home. We aim to keep people as independent as possible for as long as possible". Another said, "People are definitely well looked after; the best we can do. It is a lovely place and friendly. The care is excellent". Another staff member listed things staff did to show people they cared, such as making sure people had the right drink at the right time, singing with people or providing company or space to be on their own. They said this was important as it made people smile and feel special and meant you knew the person.

The registered manager had systems in place to support people plan for their end of life and choose in advance whether they would like to stay at the service or go to hospital. People's plans included details such as who or what they would want with them. People were supported at the end of their life with dignity, pain free and never alone. All staff underwent training in supporting people and families at this time. Some staff acted as End of Life Champions. The service had attained the Gold Standard in end of life in care homes. One family member expressed how important it had been for their father's end of life wishes to be sought in advance and now adhered to by staff. They told us, "My father is now failing. He doesn't want to go into hospital and staff said to me a couple of weeks ago they won't make him go unless they can't cope and they will make sure he is comfortable and safe. He thinks of St. James' as his home now and is able to have everything as he wants. I know that whatever happens with Dad until I can get there, there will be someone there for him to hold his hand and show him the love and care I would want."

On hearing we had inspected the service a family member wrote to us and said, "My late husband was a resident here in 2015, and received the best care from all staff. His passing was handled with dignity for him and compassion for myself."

Is the service responsive?

Our findings

Prior to living at St James' people's needs were carefully assessed to ensure the service could meet their needs. The pre admission questionnaire was used to put together a short care plan to ensure staff had the necessary details available to them to provide care as the person desired. Staff told us how it was ensured they had the training and understanding to meet people's needs. Staff also sought as much information about people's needs as they settled in to ensure any initial care plan reflected people's needs and was updated into a full care plan as soon as possible.

People had care plans in place which were personalised and reflected their current needs. How people wanted their care delivered was also clearly written in their care plans. People were familiar with their care plans and confirmed staff had discussed them with them and agreed the content was accurate. Relatives said they were very involved with the care planning process and review. Staff said they viewed the care plans often and felt the records offered them the correct level of guidance. Staff could suggest if they felt the care plans needed amending to ensure they reflected people's most current needs. Detailed staff handovers took place between shifts. This was when staff stated they were given up to date details of how people were doing. Staff who had been off work for a few days were updated carefully to ensure they were able to understand people's current needs and deliver care appropriately.

People told us how they had their care needs met as they wanted them too. People confirmed they could have a bath or shower when they wanted. Staff were also described as flexible and happy that people could change their mind on how they wanted their care providing. One person had raised a concern about their breakfast time and was happy we spoke with the registered manager about this. This was immediately reviewed and the need met as the person wanted.

Families told us how the staff would work with a person and respond to their needs. For example, one person was agitated with staff when they first moved in and could not communicate their needs well. The family explained how the staff communicated with them and learnt their needs. They ensured their care plan was thorough and continuity of care given so the person calmed and improved. Another family, told us how the staff looked after their relative's skin carefully stating, "Her skin is so very fragile, it breaks at the lightest touch and on several occasions has needed very close attention and treatment. Without the right care, these sores would not heal and cause complications but the nurses skills so far have been excellent and although upsetting when it happens [our relative] reports her confidence in them and their handling of the problem" adding, they had seen an overall improvement in her health and condition. They said, "Since the early days, she has put on weight, formed positive relationships with a small number of staff and to us, appears content and accepting she is in the best place for her needs to be met; She feels safe".

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. Planned activities were provided daily by staff and by entertainment coming into the home. People could work together as a group doing crafts, for example. Time for people to have one to one time with staff was also available. People were supported to maintain

their links with friends and family and develop new ones with the local community as desired. People were also supported to maintain their faith and cultural identity. Faith leaders came to the service but people also maintained their links with their chosen church or faith group. Staff discussed people's faith and cultural needs with them and every effort was made to ensure these were met.

The service had a complaints process in place which was made readily available to people and their family. The registered manager explained they tried to "nip in the bud" any concerns people and relatives had, to prevent them escalating into a formal complaint. People told us they would speak to any of the staff if they had a concern and felt they would be listened to. Family told us their concerns were responded to appropriately. Everyone who had raised an issue said the registered or deputy manager had fed back to them the outcome and checked they were happy with it.

Is the service well-led?

Our findings

St James' is owned and run by Bupa Care Homes (CFChomes) Limited (referred to as 'Bupa Care Homes'). Bupa Care Homes are a large national provider of care services. There was a nominated individual (NI) in place who was also the head of care. The NI is appointed to be accountable at the registered provider level. Bupa Care Homes have a national and regional structure of management of their services in place. The provider was represented on inspection by the area manager.

There was a registered manager appointed to manage the service. They were the registered manager of two local services. We asked the area and registered manager how this was being managed to ensure both services had adequate leadership in place. It was explained the registered manager was supported by a deputy manager and team of staff at each service to ensure they could maintain a leadership and governance role over both. However, we found staffing pressures had recently meant the deputy had not been able to take on a more operational support role therefore releasing the registered manager to have a more strategic oversight over both services. We were reassured this would be monitored by the provider to help ensure any issues or support needs could be identified quickly. They told us, the recent, positive change in staffing would enable the registered and deputy manager to ensure the situation improved.

People, visitors and staff felt the service was well-led and reflected an ethos of high quality care. All said the registered and deputy manager led by example. The registered and deputy manager demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

People and visitors spoke positively about the registered manager and told us they felt comfortable approaching them. They felt any issues would be listened to and acted upon. One family member said, "Senior management, nursing staff, carers and office staff have always been so polite and approachable, always making time to chat and answer any queries from us. We have never felt we were wasting anyone's time". People were involved in contributing ideas about how the service could be improved. People and their families were asked to complete questionnaires but were also asked their opinion informally. People confirmed their ideas were sought and put into action.

The registered manager and provider had a number of audits in place to ensure the quality of the service. This included an infection control audit, audit of medicines, care plan audit and audit of falls. We spoke with the registered manager about their use of yellow sticky labels to highlight when there were gaps in records such as on people's MARs. These were vulnerable to getting lost and likely thrown away after use. The registered manager looked to immediately address this practice with staff at shift handover. Representatives of the provider completed spot checks in line with regulations and inspection methodology. All audits were completed at regular intervals and action was taken as required. Any resulting learning which needed to be applied to the service as a whole was shared. Staff said they were always told about the findings of audits so everyone could learn from the outcome.

Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with

immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered and deputy manager. Staff told us the deputy manager worked alongside them which helped communication. Staff said there was good communication within the staff team and they all worked well together. All staff said they felt valued and there was a culture where staff were thanked often. One staff member said, "I feel happy coming to work. The management are really good and supportive. I could not fault them. Any issues whether personal or professional will be met." Another staff member said, "I am proud to work here. We were awarded one of the top five homes in the South West."

The registered manager had notified the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of 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.

Systems were in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment were in place.