Care Quality Commission

Interserve Healthcare Limited

Interserve Healthcare - Brighton

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 June 2016 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.

Interserve Healthcare Brighton provides domiciliary care and support for people in their own home. The service provides personal care, help, and support to people with a variety of needs. Care services are delivered to adults, children and young people with varying conditions including spinal injuries, acquired brain injuries, learning disabilities and mental health requirements. At the time of our inspection 23 people were receiving a service, which of 7 adults and 11 children were receiving the regulated activity of personal care.

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.

The experiences of people were positive. People and relatives told us they felt safe using the service, that staff were kind and the care they received was good. Comments included "We are really satisfied that our relative is in safe hands, otherwise we couldn't leave him with his carer" and "They are a life saver, you can't fault them. I have such a complex condition and I know that I am at risk if I am without care. I feel safe with them and have a fantastic rapport I have built up over the years".

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.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when needed.

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.

Staff felt fully supported by the registered manager to undertake their roles. They were given training updates, supervision and development opportunities. For example, staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using

the service. One member of staff told us "The training is very good, and we get many updates each year to ensure we are up to date". On speaking with staff we found them to be knowledgeable and skilled in their role.

People and relatives told us that staff were kind and caring. Comments included "The care I get is amazing, in fact I put one of my carers through to carer of the month this month. That's how brilliant she is" and "You can't actually fault the care. The quality of the caring and nursing staff is extremely high and the only problem is that there is not enough of them"

People and relatives confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues.

People and relatives said they were happy with the management of the service. Where there had been a recent registered manager change, people were pleased with the new registered manager where they may have experienced problems in the past. One person told us "The ones they do have [staff] are brilliant but lately there have been some short cuts and standards have slipped. It's particularly noticeable when they changed the manager earlier in the year, the training just wasn't there. That person is no longer with the agency and the new manager seems to getting things back on track".

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.

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

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 who used the service.

People were supported to receive their medicines safely. 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 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 responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Is the service caring?

Good

The service was caring.

People told us the care staff were caring and friendly.

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?

Good

The service was responsive.

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

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

Is the service well-led?

Good

The service was well-led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and supportive.

The registered manager and provider carried out regular audits to monitor the quality of the service and drive improvements.

Care Quality Commission

Interserve Healthcare - Brighton

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 July 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 one inspector 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.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with one person who uses the service and seven relatives on the telephone, four care staff, a registered nurse, two branch consultants and the registered manager. We observed the registered manager and staff working in the office dealing with issues and speaking with people who used the service 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.

We contacted one health care professional after the inspection to gain their views of the service.

This was the first inspection of the service since being registered.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe with the service that was being provided by Interserve Healthcare Brighton. People told us they felt safe due to their confidence in the skills of the staff. Comments from people included "She [member of staff] is absolutely safe with my relative, she has been coming to my relative for three years and we trust her with our life. Well we trust her with our relative, you can't say fairer than that", "We are really satisfied that our relative is in safe hands, otherwise we couldn't leave him with his carer. It's full on and understandably some people are better with him than others, but the majority of his care is with one Interserve nurse and she has been with us from the beginning. You can't fault her, she's marvellous" and "They are a life saver, you can't fault them. I have such a complex condition and I know that I am at risk if I am without care. I feel safe with them and have a fantastic rapport I have built up over the years".

Staff understood safeguarding adults and children and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One staff member told us "It could be a change of behaviour which alerts us that's something is wrong. I would report to the office straight away and complete an incident form". All the staff we spoke with told us that because they knew people and their needs in detail they would be able to identify any changes in behaviour or physical symptoms they might see that may indicate that a person was experiencing abuse which would enable them to gain support for the person as quickly as possible. Staff knew the process for referring safeguarding concerns to the local authority if required. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic staff 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. The registered manager told us "We continuously recruit and make sure we have the right skilled staff required to meet the needs of the person requiring care". People and relatives we spoke with told us the staff were competent and had the skills required to support them safely. Staff told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control and first aid.

Staff assessed people's needs before they began to use the service. The number of staff required and their relevant experience to deliver care to people safely was also assessed. People with complex needs were allocated staff with the most relevant experience or staff were given specialist training to meet people's complex needs. Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the

measures taken to minimise risk. These covered a range of possible risks such as environment nutrition and mobility. For example, where there was a risk to a person using equipment required for their care, clear measures were in place to ensure risks were minimalized and for staff to maintain a clear environment in a person's home and raise any concerns they may have. In one care plan it described the risk of a person who used a hoist. It detailed for staff to ensure the person was given support and assistance and reassurance while a lift was taking place. It also had details on the sling that was used to move a person in the hoist and details of the colour coding to ensure straps on the sling were used correctly to maintain the person's safety.

Staff recruitment records showed appropriate checks were undertaken before staff began working at the service. This included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Records also showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

People and their relatives told us that medicines were administered by staff correctly and safely. Assessments of need in this area were carried out which described the support a person needed, whether someone self-medicated or required support with administering them. The provider had detailed policies and procedures in place for staff to ensure they were administering safely. Medication administration records (Mar) sheets were completed by staff. We saw that these had been completed. Staff received training to be able to carry out supporting people with medicine management annually. One member of staff described the process they took when administering medicines to a person and told us "I ensure all the correct checks are done before administering any medicine and then complete the medicine records. The care and support plans are very detailed when it comes to medicines". The medicine administration records (MAR) were audited on a monthly basis by a nurse. The registered manager told us any errors were investigated and the member of staff then spoken with to discuss the error and then invited to attend medication refresher training if required.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. One member of staff told us "If we had any incident or accident in someone's home, their safety is our priority and then we would report and record it correctly". We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan. This information was held on a central computer system which was monitored by the provider.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff told us they had a supply of personal protective equipment (PPE). One member of staff told us "It is so important to wash hands and wear our gloves when required. We also have to check if people have any allergies. For example, if they are allergic to latex we need to ensure we have the correct supply of gloves".

Good

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff. One relative told us "My relative has so many needs and I am confident they receive enough training on her condition, there's a lot to it, including diabetes and every one I have had has been up to speed on her needs". A healthcare professional told us "We are satisfied that carers are appropriately trained and have an understanding of their responsibilities and of their limitations".

Staff undertook a variety of mandatory 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, medicines and infection control. Staff completed most of their training on induction, online training and workbooks. One member of staff told us "The training is very good, and we get many updates each year to ensure we are up to date". Competency checks were also completed to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the induction and training provided and one member of staff told us "I have recently gone through the induction and it is good. Lots to learn and I am currently doing some online training. I will then shadow someone until I am signed off". Staff also attended specialist training to the needs of the people they were supporting. Courses included epilepsy, cerebral palsy and tracheostomy. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator. The tube can also be used to suction out any fluid that has built up in the throat and windpipe. The specialist training ensured care staff and nurses were trained and qualified in the complex care and support people required. The online training plan documented when training had been completed and when it 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 supervision and 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 cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. One member of staff told us "My supervision is usually over the phone as I live far from the office and so does the person I support. I find this supportive and can discuss anything I want to". The registered manager told us "Due to the various locations of people who use the service we carry out some supervisions face to face but also over the telephone".

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 understanding of the (MCA) because they had received training in this area as part of their induction. People were given choices in the way they wanted to be cared for. 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 they ensured people had choices on how they would like to be

cared for and that they always asked permission before starting a task. One member of staff told us "The training around MCA is good and the workbook I completed had examples and scenarios to help with my understanding".

People were supported at mealtimes to access food and drink of their choice. Food preparation at mealtimes was also completed by family members or themselves and staff were require to ensure meals and drinks were accessible to people. Some people required to be fed by a percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of dysphagia. Care plans held detailed information on what support staff were to give people at mealtimes.

Good

Is the service caring?

Our findings

People and relatives receiving care and support from the service told us that staff were kind and caring. One person told us "The care I get is amazing, in fact I put one of my carers through to carer of the month this month. That's how brilliant she is". Relative's comments included "You can't actually fault the care. The quality of the caring and nursing staff is extremely high and the only problem is that there is not enough of them", "You can't fault the care, they are marvellous with my relative" and "The quality of the care is above standard".

People we spoke with told us they saw regular staff the majority of the time and were advised in advance of who was coming. We were also told that if people were not happy with the staff, then this was dealt with by the office. One person told us "I have had problems with new carers but not at all with my regular carers, they're fantastic. It's been difficult when you see staff shadowing then they go on to do the job and they don't do it properly. This happened and I had to tell them I didn't want them and that was fine, they were replaced immediately". A relative told us "My relative isn't good at speaking up if they're not happy, but I can tell if something is upsetting them. We have had a couple of carers who are not up to scratch, but I have let the office know and they have been replaced straight away."

Staff spoke with great compassion for the people they supported. One member of staff told us "I love my job, don't get me wrong it can be hard, especially when supporting children who have complex issues but it is rewarding and when supporting their relatives through difficult times". The registered manager matched staff to people which created a positive sense of creativity which staff felt helped to forge strong and trusting caring relationships with people and their relatives. One member of staff told us "I was told about a family that required support and asked if I was interested. I then read the care plan in detail and then introduced to them to see if I and the family were happy to work together. That was nice, to make sure we were both ok with it all".

Staff told us how they promoted people's independence. In one care plan it stated that a person wanted to maintain their independence and remain living in their home. It detailed the support that was required including supporting them 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 "People want to remain in their home and keep their independence. We are here to ensure they can remain in their home and give the care and support needed. Sometimes people just need that little bit of encouragement and support to do things".

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, and helped people to cover their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed their dignity and privacy was always upheld and respected. One member of staff told us "It's so important to ensure the adults and children we visit have the dignity and privacy. Everyone is different, I have one person I help to

wash and always ensure they are covered in their personal areas with a flannel".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support.

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. Care staff rotas were sent via email. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff and was also included in their employee handbook.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "They are very responsive to my needs and do everything they can to get it right". Relative's comments included "You have enough to worry about so having a reliable service is essential. Nine times out of ten I haven't any complaints, in fact the opposite, they are a great service, second to none. I wouldn't have anyone else for my relative" and "I am very involved in the care I receive so I know what I need. I have fantastic service from Interserve. They have made mistakes especially while they have had manager changes, but generally they are very good. They certainly do their best to get things right".

Staff told us that they had enough time to support people and never felt rushed when providing care and support. The registered manager and staff told us that the time for a care visit was a minimum of around four hours and some people required support 24/7. Staff were committed to arriving on time and told us that they notified people as soon as possible if there were any problems. All staff we spoke with told us they were able to build relationships and good rapport with people which increased an understanding of the person's needs, due to the fact that they consistently attended the same people. One member of staff said "I have been supporting the same person for a couple of years and of course know them very well".

Assessments were undertaken to identify people's support and care needs. Care 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 with complex health issues. In one care plan it detailed a person who was epileptic and the signs of a seizure for staff to look out for. This included facial expressions, eyes rolling or sounds the person made. The care plan went on to describe what staff should do to protect the person if they were having a seizure.

There were two copies of the care plans, a copy held electronically in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed 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 people to enable them to remain in their own homes for as long as possible. In one care plan it detailed a person who may wake up at night and become fearful and wander out of their home. The care plan instructed staff to reassure the person and put one hand on their shoulder and tell the person who they were. It also had details on what to do in an emergency if the person did decide to leave their home. In another care plan it held information on a person who was fed through a percutaneous endoscopic gastrostomy (PEG) and how staff were to use specific wipes on the person to ensure their skin was clean to avoid any sores.

The care staff were able to contact the nurses if they required extra support or guidance on any clinical matters. The registered manager told us "We are currently interviewing for a branch nurse as we have a vacancy. Staff are able to contact nurses if they need to and we have company matrons who are available to

support. We have a great clinical team who are available when needed". One member of staff told us "We have good nurses that support us and have an on call system that we can use any time of the day or night if we require help". Staff were confident how to respond in a medical emergency. Clinical alerts were also sent to the internal system in the office from the provider's clinical governance team. This included alerts from the provider and the NHS with updates on policies and procedures. This ensured nurses and staff had the correct up to date information.

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. A relative told us "My relative has so many needs and I am confident they [staff] receive enough training on her condition, there's a lot to it, including diabetes and every one I have had has been up to speed on their needs". One member of staff told us how they supported and worked with a family whose relative had non-verbal communication. They went into great detail of the person's needs and how they supported them. They told us "People can communicate in many ways. You get to know someone and know their gestures, facial expressions and sounds when they want to communicate with you. It is also about encouraging people and doing your best to make them happy".

People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people and relatives we spoke with confirmed if they had a reason to make a complaint it would be acted on. Comments included "They responded well to my complaint and a member of staff was taken off the package who was not suitable" and "We had an issue that happened when people are newly trained and they are just not up to the mark. The reason we stayed with them after that was because of the way they responded, the carer was taken off the package and we received an apology from the company".

Good

Is the service well-led?

Our findings

People and relatives were complimentary of the registered manager. Where there had been a recent registered manager change, people were pleased with the new registered manager where they may have experienced problems in the past. Comments included "The ones they do have [staff] are brilliant but lately there have been some short cuts and standards have slipped. It's particularly noticeable when they changed the manager earlier in the year, the training just wasn't there. That person is no longer with the agency and the new manager seems to getting things back on track.", "I've been with them four or five years so I have seen a lot of changes. They were brilliant for years then the manager left and it got in a mess. The new one [registered manager] seems to be getting to grips with it better. I know it's difficult because the needs are so complex" and "There is no one to touch them for expertise though, the quality of the nursing is superb and I just wish there were more of them".

A health care professional told us "We have one package of care with Interserve Healthcare Brighton, so we can only comment on the interaction we have with them regarding that which is positive. The Manager responds to emails and phone calls in a timely way".

The registered manager told us of the challenges and improvements being made. They said "We have had challenges and know where we need to improve. Recruiting the right staff can be challenging but we need to ensure they are suitable for the role. We are also currently recruiting new office staff which includes a senior branch consultant and a new branch nurse. We will then improve on the face to face visits to people as well as over the phone to ensure we are delivering a quality service".

The atmosphere in the office was friendly and professional. Staff were able to speak to the registered manager when needed, who in turn was supportive. Staff we spoke with complimented the service and the registered manager. Comments from staff included "I have to say the support I get is spotless from the manager, office and on call system. If you need help someone is always there for you", "We have had changes but I think the manager is good. I have no problems" and "The manager is nice. I had some issues with the hours I couldn't work and they listened and sorted it out for me".

The registered manager and staff told us they had office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. One member of staff told us "We have office meetings regularly to discuss various issues or concerns. We work closely together to do the best we can for everyone". They also told us how they attended regional meetings with the provider and colleagues which gave an opportunity to network and provide support and guidance to one another.

The registered manager monitored the quality of the service by the use of monthly checks and internal quality audits. The audits covered areas such as training, staff and care records and clinical audits. Feedback from people and staff had been sought via surveys which were sent out annually by the provider. All of this information was held on the computer database, so the provider could monitor regularly. Highlighted areas needing improvement were reviewed and findings were sent on a regular basis to the provider and ways to

drive improvement were discussed. An action plan was then created with objectives for the registered manager to complete. A current area of action was ensuring care plans were up to date and uploaded on to the data base. Another area of focus had been on the recruitment for office and care staff and the electrical testing on equipment in the office.

The registered manager showed passion about the service and talked about ways of improving. We were also told how staff worked closely with health care professionals and people's families. The registered manager told us "We work closely with people's relatives and health professionals when needed. We have gone through many changes and always looking on what we can improve on to ensure people receive the care they need". The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.