Somerset County Council (LD Services)

Somerset LD Services 1

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 inspection took place on 3 and 4 November 2016 and was announced. We gave the service 24 hours' notice because we wanted to meet the registered manager and needed to be certain they would be available during the inspection. This also gave the registered manager sufficient time to ask some people if they would be willing for us to visit and speak with them in their homes. The service was previously inspected on 3, 4 and 5 December 2013 when we found the service was fully compliant with all regulations covered in the inspection. During this inspection we found no breaches of regulations and we found people received a good service.

Somerset LD Services 1 specialises in providing supported living and domiciliary care services to adults who have a learning disability or autistic spectrum disorder. The agency provides supported accommodation services in Frome and Shepton Mallet. They also provide a domiciliary care service to people living in a range of settings across Somerset. This part of the service was recently inspected during inspections of Somerset LD Services 3 and Somerset LD Services 5. Therefore we did not cover the domiciliary care part of the service during this inspection.

During this inspection we visited people living in supported living complexes in Frome and Shepton Mallet. Their accommodation was provided by separate housing providers or landlords, usually on a rental or lease arrangement. The housing services are not regulated or inspected by CQC. People could choose an alternative support service provider if they wished while continuing to remain in their current accommodation.

There was a registered manager in post. 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 the staff were kind and caring and they felt the staff supported them to remain as safe as possible. A relative praised the staff and said they were confident people were safe from harm or abuse. They told us "The staff are all caring. Never a harsh word said to anyone."
Staff had received training on safeguarding adults and knew how to identify and report any suspicion of abuse. .

People received reliable and consistent support from a stable and well trained staff team. Each supported housing complex had a team of staff based there. People could choose the staff they wanted to support them. They had been consulted and involved, as far as they were able, to draw up and agree a plan of their support needs. Each person either held, or had access to their support plans and records of their health and personal care needs. Staff were expected to read the support plans and provide support in accordance with the person's wishes. People told us there were enough staff employed to meet their needs.

People had access to a range of health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs. Each person was supported by staff to receive regular health check-ups and treatment from doctors and health professionals. Staff knew how to identify potential health problems and supported people to seek medical attention promptly.

Each person received support to help them manage their medicines safely. Staff had received training and support to ensure they followed safe practice when administering medicines. Records of medicines administered had been well maintained.

People were supported by staff who had received a range of training that provided them with the knowledge and skills to meet each person's health and personal care needs effectively. Staff received regular supervision and support. They were positive and enthusiastic and told us they enjoyed their jobs. Comments from staff included "We've got such a good team," and "I think it runs very smoothly. We know what we are doing. Everyone is very helpful."

Where people lacked the mental capacity to make certain decisions the service ensured their human rights were protected. All of the interactions we observed between people who used the service and the staff were friendly and caring. Staff sought people's consent before providing support. People were offered choices on all aspects of their daily routines.

People led active lives. Staff had supported each person to help them identify and plan the activities they wanted to participate in each week. People were supported to participate in activities in their local communities, including work, education and leisure activities. They went on group or individual outings and also enjoyed a range of activities in their own homes. We heard about parties, outings and holidays. People were also supported to keep in touch with friends and families.

The service was well led. The provider had an effective quality monitoring system to ensure standards of service were maintained and improved. People were involved and consulted about all aspects of the service. A social care professional told us "My experience of this (service) is nothing but positive. The staff are professional, experienced and provide exceptional support to customers."

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 sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed to enable people to remain safe.

Is the service effective?

Good

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were encouraged to carry out day to day tasks with staff support to develop daily living skills and to maintain their independence.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect and were supported to be as independent as they wanted to be.

The staff and management were caring, friendly and considerate.

Staff had a good understanding of each person's preferred communication methods and how they expressed their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People were consulted and involved in decisions about their support needs to the extent they were able to express their preferences.

People's individual needs and preferences were understood and acted on.

People knew how to make a complaint and were confident they would be listened to and appropriate actions taken to address their complaints.

Is the service well-led?

Good

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

Somerset LD Services 1

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 November 2016 and was announced. The provider was given 24 hours' notice because the location provides personal care and a supported living service for adults who live in their own homes, and who are often out during the day. We needed to make sure the registered manager was available to meet us. We asked them to make arrangements for us to visit people in their own homes. The inspection was carried out by one adult social care inspector.

During the inspection we met with the registered manager. We also visited two supported accommodation complexes which provided flats and shared housing for 20 people. We spoke with, or observed staff interacting with, 11 people during our inspection. We spoke with nine staff and one relative. We also contacted nine health and social care professionals to seek their views on the service.

During the inspection we looked at a range of records the provider is required to maintain. These included service user support plans, medicine administration records, staff rotas, staff recruitment files, staff training records, meal planning records, and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and safeguarding investigations.

Good

Is the service safe?

Our findings

Risks to people's health were generally managed safely. Risk assessments were in place for some, but not all, identified risks. For example, there were risk assessments in place for moving and handling, behaviour, and illnesses such as epilepsy. Some of the people we visited had complex health and personal care needs. People living in one shared house had illnesses associated with ageing, for example dementia, the risk of developing pressure sores, and the risk of malnutrition or dehydration. The service relied on staff noticing signs of change in people's health and did not use risk assessment tools on a regular basis to help them identify potential risks of pressure sores or weight loss. At the time of this inspection we were satisfied there was a stable and competent staff team who knew each person well and understood potential risks to each person's health and safety. Staff gave examples of their observations and prompt actions to seek professional advice. For example, staff had recognised potential risks for one person with poor mobility and had sought advice from an occupational therapist and community nurses to ensure that suitable equipment was put in place. The equipment provided for the person included a hoist with overhead tracking and a pressure relieving mattress and cushion. Staff told us they checked the person's skin on a daily basis and followed the advice given by the community nurses and occupational therapist. There was a detailed moving and handling plan in place giving staff clear information on the safe procedures to follow when assisting the person to move.

After the inspection a health professional told us "The staff do have complex people to support, in which we do seem to go through periods of really good care following care plans tightly, however we had some difficult times with them where they let things slip". We spoke with the registered manager about the management of risk. They said they would consider ways of improving risk assessment procedures to ensure people receive medical advice and treatment that is pro-active rather than reactive.

People told us they felt safe. A person told us that if they felt upset about anything "We sit down and we talk about it." They were confident if they had any concerns the staff would listen and do something. A relative praised the staff and said they were confident people were safe from harm or abuse. They told us "The staff are all caring. Never a harsh word said to anyone." Staff told us they had received training and regular updates on recognising and reporting any signs of abuse. A member of staff gave an example of a recent safeguarding alert made for a person when bruising was noticed. The matter had been investigated fully and staff were satisfied with the outcome. The member of staff said they would not hesitate to raise any concerns at any time. Bruises and injuries were recorded using body maps, reported fully and investigated fully where causes could not be immediately explained.

The provider had policies and procedures in place outlining the safeguarding and whistle blowing process and individual staff responsibility. The registered manager told us they checked staff awareness of safeguarding policies and procedures through their regular audits and checks of the service. A social care professional told us "They always check my ID (even though I've been there a number of times and know the staff)."

The risk of abuse to people was reduced because there were effective recruitment and selection processes

for new staff. Staff recruitment files contained evidence of checks carried out to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. The responsibility for carrying out checks, taking up references, interviewing and appointing new staff was shared between the provider and local management teams. There were procedures in place to ensure all required information was in place before an applicant was offered a post.

People were supported by sufficient staff to meet their individual needs. When staff were off sick or on holiday other members of the staff team always tried to cover vacant shifts. If this was not possible the provider had team of bank staff, or they occasionally used agency staff. If agency staff was used they always ensured the staff had worked there before people knew them. A member of staff told us "We have relief and regular agency staff, which is good." A relative told us they were confident people were supported by sufficient staff, saying "There was always someone there with him – almost one to one."

People were supported to manage and store their medicines safely. Each person had been assessed to establish their ability to manage their own medication and any support they required. Information on all aspects of the person's medicine support needs, their current prescription, and medicine administration records were held in a medicines file available to staff. People were supported by senior staff to obtain regular supplies of their medicines. Medicines were stored securely in people's rooms, according to their individual needs and preferences. Tablets were supplied by local pharmacies in monitored dosage packs. Creams and lotions were dated when opened and recorded each time they were applied.

Pharmacies provided printed medicine administration recording sheets (MAR). Where people required support from staff with their medicines the MAR records had been signed by a member of staff to confirm they had been administered. The records we looked at contained no unexplained gaps. Regular audits were carried out to ensure medicines had been administered safely and the MAR records were correct.

A member of staff told us they had recently transferred from another service operated by the provider. They had previously received training on medicines administration, but had been given support from their new colleagues to get to know each person's medication needs in their new workplace. They gave an example of a member of staff who had explained the procedures fully and in addition they had written an 'idiots guide' for them on each person's medicines and routines. They had found this support from colleagues invaluable during their first few days working in the supported living complex and it had meant they were confident they had a clear understanding of each person's medicines support needs.

Where people needed support from staff to manage their finances, safe procedures were followed to protect them from financial abuse. Receipts for purchases were retained, and each transaction was recorded and balances checked. An auditor was employed by the provider to carry out regular checks on all financial transactions and ensure safe practices had been followed.

There were safe procedures in place in the case of an emergency. Each person had a document called a hospital passport that could be taken with them to hospital if they were admitted in an emergency. Each person also had a personal emergency evacuation plan (known as PEEP) that gave staff information about the support the person needed in the case of a fire.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. We looked at the records of training given to staff. New staff had received induction training for the first week of their employment that gave them the basic knowledge needed to meet people's needs. They also spent a period of time shadowing experienced staff until they were confident to work on their own with people.

Training records showed staff had received training and updates on health and safety related topics such as safeguarding, moving and handling, emergency first aid, food safety, medicines and fire safety. They had also received training on topics relevant to the health and personal care needs of each person who received the service. Topics included positive interventions, Mental Capacity Act, epilepsy and administration of emergency rescue medications. Staff were also given the opportunity to gain nationally recognised qualifications such as diplomas or National Vocational Qualifications (NVQs). Staff told us the training they received was good. For example, one member of staff told us the training was "Very, very good. I tell everyone the training here is good."

A relative told us the staff had the skills and knowledge to support a person who suffered with epilepsy. They said "You can't fault them. Staff knew the signs to look for. They knew when he was going to have one of his attacks." They also told us the staff sought medical treatment and advice when needed. The relative was kept informed of all medical appointments booked and their outcomes.

Staff told us they were well supported. They received regular supervision on an individual basis and also regular staff meetings. This gave them the opportunity to discuss any problems, training needs, and seek advice or solutions.

A member of staff told us the staff team were observant and always recognised signs of changes in people's health and personal care needs. They gave an example of how they had noticed a mark on a person's leg. The mark was recorded using a body map and discussed with other staff during the handover session. The staff were instructed to monitor the mark closely over the next few days and if it did not improve staff must seek medical advice and treatment. The member of staff said they never hesitated to request medical treatment if necessary. They said they had a good working relationship with local health professionals. A social care professional told us "My experience of this (service) is nothing but positive. The staff are professional, experienced and provide exceptional support to customers."

Staff had received training on the Mental Capacity Act 2005 (MCA) and supported and enabled people to make decisions about their lives. The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We found the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions the service followed a best interest decision making process.

The registered manager gave an example of a person who wanted to go out at night on their own;, even though staff worried the person may be at risk of harm. They told us that where people had been assessed as having capacity to make decisions for themselves staff recognised the importance of treating them as responsible adults, and allowing them to take risks. The staff offered advice and guidance and ensured people knew how to seek help if necessary. The registered manager also told us that where they were concerned a person may be at risk of harm they worked closely with other relevant professionals to make sure they were aware of the risks and decisions made.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. Where people who used the service had current Court of Protection orders, the service was able to restrict certain aspects of their liberty, rights and choices in order to keep them safe. A person we met told us they were unhappy living there. We were assured the person's ability to make decisions had been assessed, the appropriate authorisations were in place, and the person's best interests had been considered and agreed by people and professionals acting on their behalf.

Where staff had recognised signs of memory loss they had supported people to seek medical assessment and treatment. Where dementia had been diagnosed people received a range of support to enable them to manage the condition, for example by attending memory clinics. Staff had received training and guidance to help them understand the condition and how to support people effectively. A team manager told us they had returned to work following a holiday and had noticed the health of a person living with dementia had deteriorated. They had telephoned the person's doctor who had agreed to visit the person to review their health and consider any further treatment necessary.

A team manager told us they had recently noticed a person was experiencing difficulty eating independently. They had made a referral to the Speech and Language team (SALT) for advice on how to support the person to eat safely and as independently as possible.

People were supported to plan and cook nutritious meals of their choice. Staff supported people according to their individual ability to plan their own menus, visit the supermarkets and local shops to buy food, and to prepare and cook their own meals. Staff told us about individual dietary needs and how they supported people to eat a balanced and healthy diet. One person was eating their meal when we visited them. The meal appeared colourful and appetising and the person told us it was tasty.

Staff had the knowledge, skills and information needed to communicate with each person effectively. Care plans contained detailed information about each person's communication methods. We saw staff communicating with people well, including those people who were unable to communicate verbally. Staff understood people, and gave them time to express themselves fully. For example, staff understood one person's non-verbal communication methods when they wanted staff to leave them alone, and when they wanted assistance. The person was able to tell staff about the things they wanted to do and the places they wanted to go. We saw staff speaking with the person, listening to them, and the person was smiling and cheerful.

Good

Is the service caring?

Our findings

People were supported by a caring and empathic staff team. We saw staff sitting and talking to people, and they were laughing and smiling together. People were relaxed with the staff team, and told us the staff were always kind. Staff knew each person well, and understood their preferences and wishes. People told us the staff were always kind. A person told us the staff were "very, very good to me." Another person said "Nice staff, they are kind."

Staff understood the things that were important to each person, what made them happy, and what made them upset or anxious. For example, a person living with dementia liked to wear a tie. During our visit the person took their tie off from time to time, but wanted staff to help them put the tie back on again. The staff understood the person's wishes, responded in a cheerful and caring manner. There was always a member of staff on hand immediately to offer support whenever the person required.

Some people we visited had their own self-contained flats within a housing complex, and others had their own bedroom but shared the kitchen, bathrooms, and living rooms with a small number of other people. Each housing complex had their own staff team, but people were given a choice of staff who worked directly with them. People's views on their housing and support needs were listened to, and acted upon. For example, where some people had previously experienced difficulty when they shared communal areas with others, staff had supported them to move to more independent accommodation. We were given examples of people who had become much happier and more independent when they moved to their own self-contained accommodation. During our inspection some people talked about their accommodation and how the staff had supported them to decorate and furnish their accommodation as they wished.

During our visit we observed one person engaged with staff in various activities. The person had limited verbal communication, but staff understood their signs and expressions. The person was smiling and positive and there was a sense of warmth and empathy between staff and the person.

We observed staff actively encouraging and supporting people to be independent. A person told us "I am independent". They described how they chose their own menus, and how staff supported them to buy their own groceries, cook their meals and wash up afterwards. They said the staff were "Good to me. They are there for me if I need help." A social care professional told us "My experience is that staff encourage the service users to do as much as they can for themselves which is really positive."

Staff respected people's privacy and dignity. For example, people were encouraged to answer door bells, with support from staff if necessary. There was a doorbell outside each person's flat or bedroom and staff rang the doorbell and waited for the person to invite them to enter their room. Some people had security key fobs to enable them to lock and open their doors easily. Where people lived in shared housing with other people staff also encouraged people to open their own front door before staff entered.

Staff were aware of the aging process for older people who used the service, and had helped people to plan their care needs at the end of their lives. Where people had been unable to make decisions about their end

of life care, people acting on their behalf had been involved and consulted. A relative told us about the care given to a person who died a few days earlier. They said, "The staff here are absolutely marvellous. He couldn't have had more love and attention if he had been at home. The staff looked after him very well." They praised the staff for their support following the person's death, saying "The staff have virtually put themselves at my disposal". They described how the staff had helped them through each stage of the funeral arrangements, including going with the relative to collect the death certificate, meeting with the undertaker, supporting them to plan the funeral and going to visit the person at the funeral parlour. Staff talked about the person with fondness, and talked about the importance of caring for the person and their relatives after their death as well as during their life.

Staff were offered training on end of life care where they supported people who were nearing death. The provider also offered counselling and emotional support to staff who had cared for people until their death. The registered manager told us they recognised the effect of a person's death on the staff team, especially for those staff who had supported people for many years.

Good

Is the service responsive?

Our findings

People told us they received support that met their individual needs and wishes. A person told us "I like living here. They have been very good to me, They give me interesting jobs to do."

Staff had consulted with each person and/or their families and representatives to draw up and agree a plan of their support needs. Information was held in four separate files each containing a wide range of information on all aspects of the person's needs. One file contained information on their personal care and daily routines. Another file contained information about the person's health needs, and another file held information about their medications. They also had a file containing important information such as reports from hospital consultants. Information in the support plans sign posted staff to read more detailed information in other files on specific topics, for example risk assessments.

Staff told us they felt the care plans provided them with sufficient information about each person's health and personal care needs. They said the information was laid out clearly, for example using bullet points, and the plans were easy to read. Staff responded to changes in people's needs promptly. Any changes in care needs were recorded and shared with other staff. Care plans were amended and updated. A relative told us they were confident staff had the information and knowledge necessary. They told us staff had responded quickly when the person became ill, saying "Everyone knew what to do when it happened."

People told us the staff talked to them about the information in their files. A person told us "The staff sat down and went through my care plan file with me." They confirmed they had been consulted about their support plans and the information in the files was correct.

People were involved and consulted about all aspects of the service. People also told us they participated in regular customers meetings where they were given information about the service and invited to make comments and suggestions. We were shown copies of recent meeting minutes that had been drawn up using photographs, pictures and east to read text. These included information about new members of staff, achievements people had wanted to share, and discussions about future group activities including Christmas parties, shopping and activities. The minutes also identified areas for action, such as requests for improved lighting and a request for a new shower room in one flat. These matters were passed to the housing provider for their action.

Staff supported people to lead active and fulfilling lives. Each person had been supported to draw up a plan of their regular chosen weekly activities. People were able to choose the staff they wanted to support them with each activity. For example, a member of staff described how one person chose a different member of staff according to the activity they wanted to do that day. Activities the person regularly enjoyed included listening to music, dancing, watching television, household chores and going out for walks. The staff told us the person was "very much in control" of their life.

The provider also operated a range of day services across the county and some of the people met attended these each week. The provider had recently asked people to complete a questionnaire to find out what

people liked to do. They planned to use the information to help them review the day services and ensure people were offered opportunities that met their individual needs.

People were supported to follow their chosen faith and attend religious services. Staff told us people were supported to attend church services if they wished. One person talked about the church they attended regularly and the social events organised by the church.

A relative told us the staff always welcomed them whenever they visited and kept them fully informed. They said "The staff are always pleased to see you when you visit. I have never felt I was a nuisance whenever I have visited." They also said "I was always kept in touch with everything that happened." They also told us the staff involved them in the running of the service and sought their views and opinions. They described the service as being "Like a family."

People knew how to raise a complaint if they needed to and they were confident these would be acted upon. They said they would not hesitate to speak with a member of staff or a manager. However, none of the people we spoke with had ever needed to make a complaint. People were given information on how to make a complaint in a format suitable to their needs.

Good

Is the service well-led?

Our findings

People received support from a service that was well managed and efficient. The registered manager had responsibility for three supported housing complexes in the Frome and Shepton Mallet areas and eight domiciliary care teams covering the whole of Somerset. They also had line management responsibility for two services that are separately registered and inspected. Each supported housing complex and domiciliary care team had their own staff team including team managers, deputy managers and support staff. This provided a management structure in which staff understood their roles and responsibilities. Team managers met the registered manager every month for support, problem solving and action planning.

There was a happy and stable staff team. Staff turnover was low, although people experienced a small number of staff changes mainly due to staff moving from one location or service operated by the provider to another. This meant staff had the opportunity to gain new skills through a variety of work opportunities. Where there were potential staff shortages due to sickness or annual leave the provider was able to share staff resources with other services operated by them within a geographical area. There were management meetings on a 'cluster' basis each month which enabled the service to share resources, staff and good practice knowledge. Many of the staff we met had worked for the provider for many years in different settings and services and this had enabled them to gain a wide range of knowledge, skills and experience. Comments from staff included "We've got such a good team," and "I think it runs very smoothly. We know what we are doing. Everyone is very helpful." A person who used the service told us "(Team manager's name) is a good manager." A relative told us they thought the service was well-managed

The provider had systems in place to check the quality of the service and involve and consult with the people who used the service. The views of people who used the service, visitors and stakeholders were sought through questionnaires and feedback cards. These were used to track themes, lessons learnt and service improvements. The registered manager carried out regular visits to each shared house where they completed a range of audits on all aspects of the daily routines and management of the service. They spoke with people who lived there, and staff, to make sure they were happy with the service. They completed a monthly review of the service.

An assistant manager told us they had an action plan in place to address issues that had been highlighted through the quality monitoring systems as needing improvement. They told us this included a review of all mental capacity assessments to ensure the assessments contained sufficient details about each person's capacity to make important decisions. They told us all of the staff had received additional training on this topic to ensure they fully understood the legal requirements. They also told us staff had recently been asked to complete questionnaires on safeguarding and infection control and this had highlighted some areas for improvement.

Team managers also completed monthly reviews and audits on the service which were passed to the registered managers for further checks. The outcomes from complaints, concerns and compliments were reviewed regularly to ensure any improvements were identified and actioned.

The provider had a range of policy documents setting out their aims and objectives, visions and values for the service. Their aims for the service were to enable people to become as independent as possible; to support and enable people to make informed choices about all areas of their lives and be in control of their lives; to enable people to access the wider community; and to have due regard to the impact of their actions on the people they supported. During this inspection we saw people had been supported to gain as much independence as possible. People made choices about all aspects of their lives, and were active in the local community.

All incidents were investigated and action plans put in place to minimise the risk of recurrence. The service reported all significant incidents to the local authority's community team for adults with a learning disability. Where appropriate, these incidents were referred on to the safeguarding team for further investigation. To the best of our knowledge, the registered managers notified CQC of all significant events and notifiable incidents in line with their legal responsibilities. The registered managers promoted an ethos of honesty, learned from mistakes and admitted when things went 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.