

Community Homes of Intensive Care and Education Limited

White House

Inspection report

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Datchet
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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The location is part of the CHOICE group, who run care homes for people with learning disabilities and autism spectrum disorder. White House was a large, detached house located near the village of Datchet, just four miles east of Slough town centre. At the time of the inspection, the service offered support to eight adults with moderate to severe learning disabilities and associated complex needs. The registration allowed for nine adults to be accommodated.

There were two single bedrooms on the ground floor and five single bedrooms on the first floor, with communal bathrooms. The building included a large lounge and dining area leading into the kitchen and laundry area. The patio doors led from the dining room into spacious gardens, where there was also a summer house. An annex building provided fully self-contained accommodation for two further adults.

At the time of the inspection, there was 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.

Since registration under the Health and Social Care Act 2008 on 8 December 2010, White House has maintained compliance with the relevant regulations at each inspection by us. The most recent inspection was a routine planned visit on 16 January 2014. This inspection checked four outcomes, all of which were found compliant. This inspection is the first visit under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the first rating under the Care Act 2014.

People were safeguarded from abuse and neglect. There was a robust system in place to ensure that people's safety was maintained.

Risks for people were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection.

The building and premises risks were assessed and managed to ensure people, staff and visitor safety at all times.

Enough staff were deployed to support people. Care workers we spoke with were satisfied that there was sufficient staff and that they did not place people at risk when they were busy. Our observations showed that the service was busy at times, but overall calm and relaxed and staff were dedicated to the people they supported.

Medicines were safely managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. Storage of medicines was correct. The community pharmacist audited the safety of medicines management at White House and found only a small number of

improvements were needed.

Staff were knowledgeable and competent. They received appropriate levels of training, supervision and performance appraisal. Relevant subjects were used to teach staff about caring for people with learning disabilities. This included the management of aggressive behaviour and dealing with people's epilepsy.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decision meant the service complied with the MCA Codes of Practice. There was clear information at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them. People assisted with shopping and cooking and had the right to choose their own meals.

The found the service was caring. We observed staff were warm and friendly. As staff had worked with most people over an extended period of time, they had come to know each person well. Many of the people who used the service had lived there for long periods of time. This reflected in the care that people received from staff.

Personalisation of bedrooms was evident. External agencies we spoke with, such as commissioners, praised the service when we asked. We found people had the right to choose or refuse care or activities and this was respected by staff. People led the life they chose to and this was not changed by anyone at the service. We saw people's privacy and dignity was respected at all times.

People were involved in the service in a number of ways and attended a wide variety of activities and events. This included the planning of social activities as well as normal functions of running the service.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people had the ability to complain.

The workplace culture at White House was good. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable. Sufficient audits of the service were conducted to check the quality of the care.

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 were protected from abuse or neglect.

The service adequately assessed and mitigated people's risks.

Risks from the building, equipment and grounds were managed appropriately.

The service deployed satisfactory staff.

The service managed people's medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff training, supervisions and performance appraisals were appropriate.

People's consent for care was in accordance with the Mental Capacity Act 2005 (MCA). The management of the DoLS process was good.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People had choice, independence and control of their personal care.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and focussed on people's individual needs.

People took part in social activities and were supported to follow their interests.

People said they knew how to make a complaint and felt comfortable to do this.

Is the service well-led?

Good ●

The service was well-led.

There was a positive workplace culture.

The conditions of CQC registration were met by the service.

Audits were completed to monitor the safety and quality of people's care.

White House

Detailed findings

Background to this inspection

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

The inspection was undertaken by one adult social care 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. The inspection took place on 9 November 2016 and was unannounced.

For this inspection we asked 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. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning group (CCG), fire authority and environmental health for information to aid planning of our inspection.

During the inspection we spoke with the four people who used the service. We spoke with the assistant regional director, the registered manager, a deputy manager and five care workers. We conducted telephone interviews with four relatives after the inspection.

We looked at two sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at three personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as additional evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during the inspection.

Is the service safe?

Our findings

People were protected from abuse and neglect. There was a good knowledge by care workers and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. We were told a safeguarding and a whistleblowing policy was in place and made available to all staff. We saw that signage with relevant contact telephone numbers was in the staff office. The registered manager was clear about their role in managing safeguarding concerns.

We looked at how White House protected people from risks related to their care and accommodation. There was evidence of comprehensive risk assessments, including those relating to falls, moving and handling and behaviours which challenged the service or staff. There was a clear risk of harm to staff or others from one person. We saw a comprehensive plan was in place to ensure the safety of the person. Staff that cared for the person also wore protective suits to ensure they were prepared if an incident occurred. The risk assessments we viewed were regularly reviewed and updated. There was evidence of the development of appropriate care plans to mitigate the risks. There was also evidence of regular and routine reviews. This ensured that the priority of risks to people was known by care workers and management. We found the service responded to people's identified risks with referrals to appropriate services, such as the GP or psychiatrist. Following reviews of people by these health professionals, we saw staff completed amendments to risk assessments and care plans.

The risks from the building, grounds and equipment were adequately managed. Legionella risk assessments, fire prevention and protection and electrical safety were closely monitored. The registered manager conducted health and safety audits. There were some minor areas that required improvement or maintenance to ensure people's safety. For example, a downstairs bathroom did not drain correctly when the shower was on. This meant excess water on the floor which could lead to a person slipping over. Call bells were missing from some areas. An emergency assembly point sign in case of fire evacuation was not put in place. However there was recent grounds excavation which meant the sign was not in place. A marked disabled parking bay close to the door was not present. This meant visitors in wheelchairs could be required to park too far away from the front entrance. Once pointed out to the registered manager, they took immediate action. The service wrote to us shortly after the inspection to confirm the actions were completed.

The number of people who used the service was constant and most had lived at the service for lengthy periods of time. We reviewed the deployment of all staff with the registered manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had a stable workforce and no use of agency staff. We reviewed some rotas for 2016. These records matched the staffing deployment that the registered manager told us about. Staff explained they would take on extra shifts as needed and the assistant team manager was provided with supernumerary days to complete managerial work.

Staff we spoke with told us they felt that there was sufficient staff at all times of the day. Staff were required to complete cleaning, shopping and routine other tasks when some people were out during the day. Our observations during the inspection found that staffing levels were satisfactory. During peak times like breakfast and shortly after, staff we observed were busy but not rushed to care for people. During busy periods, staff acted calmly and ensured that people's care was safe and appropriate. At all times during the days of our visit, there were enough staff around, which meant that they were able to respond immediately when people indicated they needed support. They were also able to spend time talking with them, sitting at the dining room table, having a drink together, and listening to what they were saying or observing what they did. People's care was safe because there were sufficient staff deployed.

People were protected because the service had strong recruitment and selection procedures. In conjunction with the provider's human resources (HR) team, the registered manager was responsible for ensuring fit and proper person checks were completed and recorded for new staff. We found the service had strong recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. We looked at three personnel files. We found personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We saw this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. The service recorded staff's right to work in the UK. The service ensured that satisfactory checks of applicants' prior work conduct were in place.

We assessed if medicines were safely managed. The MAR charts were properly maintained, complete and were easy to follow. All of the MARs that we viewed had ID photos of the people on them. The room temperature was checked and recorded to ensure medicines were stored safely. Medicines administration was completed by one care worker and checked again by a second care worker. These prevented and detected any medicines errors. Protocols were in place for 'as required' medicines. These are medicines given only when the person needs them, such as for pain or a seizure. The registered manager stated there were no medicines incidents reported. We advised that any suspected or detected error, such as a missed staff signature, should be logged as a medicines incident. This is good practice for safe medicines management.

Is the service effective?

Our findings

Staff received specific, ongoing training and we found they were skilled in their roles. During the course of the inspection, we spoke with staff that performed different jobs in the location. This included staff that provided care, such as care workers, management and a cleaner. There was positive feedback from staff we spoke with regarding their training and development. All of the staff we spoke with confirmed that they received comprehensive training in various relevant subjects specific to their role. Staff could tell us the frequency of their training, for example how often they had to complete first aid awareness. The registered manager maintained a training matrix which recorded when staff had completed each training topic. We reviewed the training matrix and saw the service's staff had excellent attendance rates.

We found staff received appropriate support, supervision and performance appraisals. Staff were encouraged to plan their support with their supervisor or the registered manager, and ensure they had sufficient opportunity to talk about their performance, key strengths and areas for improvement. The registered manager also had supervision sessions with the assistant regional director. Records we reviewed confirmed staff had regular supervision sessions, and only night workers had slightly fewer meetings with their mentor. Sometimes engaging with night workers is difficult because of shift times. The deputy manager clearly explained their plan to ensure night workers had improvement in the frequency of their supervision sessions. Some staff had achieved relevant diplomas in health and social care, which assisted them in the performance of their roles. Other care workers were actively working on obtaining a relevant diploma.

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.

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

We found the service legally deprived people of their liberty in line with the MCA and DoLS. We spoke with the registered manager regarding standard DoLS authorisations for people. The registered manager had a clear understanding about the DoLS application process and management of standard authorisations. The registered manager showed us evidence that standard DoLS authorisations were obtained, and evidenced when these expired, they applied for renewals. We looked at three people's standard DoLS authorisation documents. These were clearly set out, staff knew where to locate them and what the content were.

People were able to have food and drinks if and when they desired. We observed that at mealtimes, some people ate together in a social setting. We saw that meals prepared and enjoyed by people were nutritious

and appetising. There was an extensive menu in the kitchen covering the week and people were given choices and selected their preferences. Although people had their breakfast and dinner at the location, lunch was often enjoyed at other locations where people went as part of their daily social, work or education routines. One care worker told us, "I would not give residents anything that I wouldn't eat myself." Another care worker said, "They would have fish and chips every day if we let them." Food was delivered weekly after online shopping, but twice a week residents helped with food shopping for fresh fruit and vegetables. We observed lunch and people we sat with ate all of their meals. No one needed encouragement to eat and serving sizes were appropriate.

People at White House were supported to maintain good health. As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the care home. Sometimes, people would refuse their appointments, tests or examinations. To relieve people's anxiety, staff explained they encouraged people that good healthcare was necessary, and made repeated attempts to ensure the tests or visits occurred. Examples of good support to people related to healthcare included assistance with GP visits. Other healthcare professionals attended the service on occasions. Where additional support was required to help with health appointments, the service provided escorts for people, if required. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their learning disability diagnoses and individual personalities. The service had a strong relationship with the local authority team for people with learning disabilities. The local authority team for people with learning disabilities gave us positive feedback about people's care.

Is the service caring?

Our findings

We spoke with four relatives and asked them whether they felt the service was caring. All four relatives gave glowing feedback. One relative said, "[I have] nothing but admiration for the staff". The relative stated that changes happened over time, but that they had, "Absolutely no concerns". Another relative gave a series of praise. In our conversation with them, they said, "No problems, absolutely brilliant", "Staff brilliant", that their family member was, "Well looked after", that they "Can't fault the service" and, "They do a splendid job." A third relative told us, the service was, "Very good." They felt their family member was, "Very happy there". The relative also commented that they, "Could visit any time; you don't have to tell them when". Finally, the relative said that communication with staff was very good, and they didn't have any worries about how their family member was being cared for. We saw the service recorded compliments and found positive comments were received from five members of the public. These were also supportive of the care provided by staff and the management of the service.

People who used the service were not able to easily tell us whether the service was caring. We observed care and people's expressions throughout the day. We observed staff were knowledgeable and understood people's needs. One care worker told us, "[The person] can be quite violent at times and will pull your hair and kick. You have to know how to deal with [them] and get [them] back to a safe place." Staff admitted their roles were sometimes challenging and required enthusiastic effort. One care worker stated, "Some staff are a little less patient than others, but I would say that almost all of us know our residents and do our best to keep them safe. Yes, we do care for them, even when they are being difficult."

We found that people received care which was dignified and respectful. We observed some staff members used Makaton signing to reinforce verbal communication with people at the service. Makaton is a set of basic sign language and symbols (pictures) which are used alongside simple talk when communicating with people who have learning disabilities. We saw that people could also use their left and right hand to indicate 'yes' or 'no'. This showed the service ensured that where possible, alternative methods of communicating with people were used.

We saw evidence that people were involved in their care decisions and these were recorded appropriately by staff in the records. We reviewed care documentation and found that relatives and healthcare professionals were also actively involved. A dedicated care worker ensured each person's care planning and decision making was current and reviewed yearly, or as needed. There was evidence of best interest decision-making where the person themselves could not provide consent or an answer about something.

Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms.

Confidentiality of people's information was maintained, including electronic records and communication. We noted computers required a user password to log in. Computers and paper-based records were stored in a staff office. We did not observe any instances of people's personal information being located at an

inappropriate place within the building. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

Is the service responsive?

Our findings

We looked at three people's care documentation to determine whether care from staff was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account before admission to White House commenced and throughout the continuation of their personal care. In each of the care records there was good evidence of pre-admission planning which in itself gave a picture of people's needs and also whether the service could meet those needs. We saw that when people's needs changed, or an incident had occurred, the risk assessments and care plans were adjusted to ensure people's care was always safe.

There was evidence of individualised risk assessments and care planning within the care files we reviewed. We found the care plans were well-written and incorporated personal details specific and relevant to the needs of the person. Care plans clearly set out in detail the actions to ensure that all aspects of people's health, personal and social care needs were met. We found that the documentation ensured staff and other visiting health professionals could easily ascertain what the person's identified needs were, and the related actions in place to protect them. The daily notes by care workers were detailed, with information recorded which was person-centred for each part of the day. For example, in the care documents we reviewed, staff recorded specific behaviour each person displayed and activities they participated in daily.

We found people who used the service were encouraged to be involved in their care planning. A care worker told us that for some people, this meant expressing basic information to be included. However, the care worker told us the strength of the care planning was in recording people's lives and how they liked to be treated. We examined a document in the files called 'My profile and care plan'. This contained information that enriched people's ability to increase their independence. For example, the document specified when the person should send a birthday card or present to their family members. Another document titled 'My story' explained the person's life story in detail. Other documents we saw in another person's file showed 'things important' to them, and 'what do I prefer or enjoy'. We saw these contained comprehensive information. For example, we saw one person liked swimming, movies, walks and sensory items.

The service had a commitment to the quality of people's care. We were told the service emphasised the importance of keyworkers in people's lives. This was because a special relationship could form between the key worker and the person who lived at White House. The provider had introduced a new outcome measuring tool called 'Living the Life', which measured a person's quality of life in different aspects. These included areas like learning and development, 'busy and having fun', 'caring and contributing', 'good relationships' and 'being content...' These areas ensured the physical and psychological well-being of the person. We were provided evidence that showed one person was on par with their set expectations, but the staff team continued to encourage and support them to go above their expectations.

People were encouraged to maintain an active lifestyle. The layout of the building meant that easy access inside and outside was provided. There was a garden, summer house and a converted stable. These areas created spaces for people to enjoy their lives. Activities we saw included using computers, art, education and a gym. We found there was appropriate equipment and materials to support activities. We were told

some staff planned and assisted with people's entertainment and social experiences. People appeared to be well supported in their own chosen interests. Amendments were made to ensure people who had particular difficulties could still participate. At the inspection, care workers helped people get ready for their activities and we saw people were excited about going out or participating in events. White House had appropriate vehicles for the transport of people outside of the service into the community.

The provider had a complaints policy and procedure. Information in regards to how to make a complaint was in easy-read format, but not visibly displayed in a communal notice board. The registered manager explained this was because a person who used the service regularly pulled signs off the walls. The information was available however in the staff office if people or visitors asked, and in the service user guides. Staff we spoke with knew about the complaints policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints through to the provider if people felt their complaint was not handled well or were dissatisfied with the initial outcome of an investigation. The service maintained that people or relatives had the right to make contact with other regulators or agencies regarding complaints.

We felt people's complaints were handled seriously and professionally by the service. We reviewed one complaint from 2016. We saw a thorough investigation took place, witness statements were obtained, the registered manager wrote to the complainant and provided a detailed response. All of the documentation for the complaint was stored together and quickly accessible. The service had appropriate managers from the provider also review their management of each complaint.

Is the service well-led?

Our findings

Staff we spoke with told us they enjoyed working at the service. They felt there was a positive culture which resulted in good care provided to people. We observed they interacted well with people who used the service, other staff and visitors. Staff also provided positive feedback about the deputy managers and the registered manager. One care worker told us their opinion about working at the service. They commented, "[We] all care and know our jobs. We are all 'hands on'. I am 100% happy and love working here." One deputy manager also told us about their passion for the service and people. They said, "I've been here for 12 years and enjoy looking after these lovely people. I think you have to be a special person to work here and we have some of the best." We reviewed staff meeting minutes for 2016, and saw staff had the ability to participate in the running of the service. They were also provided with relevant information about people and changes that were needed, as necessary. Stakeholders, including commissioners and the local authority staff we spoke with had positive opinions regarding the management and staff.

The provider complied with the requirements of their CQC registration. There was a registered manager in post at the time of the inspection. We found that the registered manager was supported by two deputy managers at the service. We found the management team honest, approachable and professional. The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate. The assistant regional director sent us an update of the statement of purpose after the inspection, with additional information about who White House was able to effectively care for.

We found that an appropriate number of surveys or audits were conducted to ensure the service measured the quality of care. These were completed as part of the provider's requirements for the service. However, the service had further checks they completed to ensure people's quality of care. The service participated in an annual quality assurance review, and we looked at the results from the July 2016 survey. Thirty staff replied to the survey, and extensive positive feedback was given. The survey also asked for ways to improve and again staff provided a detailed list. Out of the 30 staff who participated in the survey, 25 staff replied that their favourite thing about White House was supporting people who lived there.

We saw the service's community pharmacist completed a medicines audit in 2016, and some minor actions were required after their visit. We found these were completed, but an issue still occurred with regards to writing opening dates on medicines bottles. We pointed this out at the inspection. After the inspection, the assistant regional director wrote to us with evidence that communication with care workers occurred to prevent the reoccurrence of the practice. The communication to us also affirmed that all medicines incidents would be logged from the point of our inspection onwards.

The service was also subject to internal inspections by the provider's representatives. The last audit was conducted on 1 September 2016 and we reviewed the results. We saw these inspections are completed in a style similar to our key lines of enquiry and key questions, so that appropriate checks on the quality and safety of care are completed. The report was thorough, impartial and detailed. For instance, the provider's

representative checked people's personal finances were safe and accurately recorded. They found minor discrepancies of a few pence for two people. The report recorded that further daily checks by care workers and weekly checks by management were required to ensure complete accuracy.

Accidents and incidents were recorded by staff and reviewed by the deputy managers or registered manager. Where necessary, we found investigations occurred to determine the cause of incidents. The service needed to look at any patterns or trends to prevent similar incidents from reoccurring. This was also found in the provider's internal audit and actions were suggested to ensure accidents and incidents were handled in a way to further improve the quality of care at White House.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the majority of circumstances under which they would send notifications to us. Our records showed that the service sent most of these notifications to us. However, the service had failed to send us notifications when two people were granted standard DoLS authorisations by social care professionals. We pointed this out to the management during the inspection, and they rectified this immediately. The management assured us that this would not happen again, and wrote to us after the inspection to confirm this.

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service. At the time of the inspection, the service had a duty of candour policy which was appropriate. The policy clearly set out the steps for the management to follow if the duty of candour requirement was triggered.