

# Southern Housing Group Limited

# Green Meadows

## 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

### About the service

Green Meadows is a domiciliary care agency and 'extra care' service. It is registered to provide personal care to people who live in their own apartments within a dedicated housing scheme. The property consists of apartments, privately owned or rented by the occupant. There are also some shared communal areas and facilities; such as a dining room, lounges and gardens which people can access.

Not everyone who used the service received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene or medication. Where they do we also take into account any wider social care provided. At the time of our inspection there were eight people receiving a regulated activity.

### People's experience of using this service and what we found

The management and staff team were committed to ensuring people received a service which was caring. We received positive feedback from people about the service they were receiving. Everyone spoke very highly of the care staff and people felt they were cared for with kindness and compassion.

People told us they felt safe and secure when receiving care. People were supported to meet their nutritional and hydration needs, medicines were safely managed and staff contacted healthcare professionals when required. Staff followed all necessary infection prevention measures.

People told us they had been involved in care planning and care plans reflected people's individual needs and choices. Staff were flexible and responsive to people's needs. Independence was promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood consent and were clear that people had the right to make their own choices.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed. There were enough care staff to maintain the schedule of visits.

Staff told us they felt supported, received regular supervision and training.

People and staff were confident the registered manager would listen to them and take any necessary action should the need arise.

A range of audits and quality monitoring processes were in place and the registered manager sought feedback from people, staff and external professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 6 September 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date the service was registered.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Green Meadows

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Green Meadows is registered to provide care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 27 September 2022 and ended on 4 October 2022. We visited the location's office/service on 28 September 2022.

### What we did before the inspection

We reviewed registration reports and information we had received about the service since they were registered, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 6 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with four people who use the service. We sought feedback from the local authority and health professionals who work with the service and received responses from four of them. We spoke with three care staff members, digital project manager and the registered manager.

We reviewed a range of records, including four people's care records. We looked at three staff files in relation to recruitment and records relating to staff training. A variety of records relating to the management of the service, including audits, surveys, policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Safe systems were in place should people require support with their medicines.
- Risk assessments identified the level of support people required with their medicines although we identified that additional information would help ensure people received the support they required if their regular staff were not present. This was mitigated by the fact that the service had a small consistent staff team who understood the support each person required.
- When staff were required to administer medicines, records were completed. Individual medicine records detailed the medicines people were prescribed and when these should be administered. Staff signed to confirm administration and records included a count down of remaining tablets which would help ensure these did not run out without further supplies being ordered.
- Staff had been trained to administer medicines and had been formally assessed as competent to do so safely. Medicines administration training and formal competency assessment was updated regularly.
- Senior staff monitored medicines records to ensure any errors would be identified and appropriate action taken.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe. A person said, "Yes I always feel safe, someone [staff] is always here 24/7 and they [staff] are all very nice."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I've done safeguarding training. Any concerns I would tell [the registered manager] immediately." Staff were confident the registered manager would take any necessary action but also described the providers internal procedures for raising concerns and were aware they could report these outside the organisation.
- The provider employed a service wide safeguarding lead. Their role was to support with the training of staff in relation to safeguarding and help ensure all safeguarding issues were managed and dealt with effectively and appropriately.
- The registered manager was clear about their safeguarding responsibilities and told us they had attended additional safeguarding training. They were aware of their responsibilities for reporting concerns to the local authority and to CQC.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed. People's risk assessments included areas such as mobility; use of equipment; health and

medicine; personal care and potential abuse that may occur due to their needs.

- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. They confirmed they had received training to support people and manage any identified risks.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person.
- Business continuity plans were in place to ensure people could continue to receive essential care should the need arise, such as severe weather or power failure.

#### Staffing and recruitment

- There were enough staff available to keep people safe and people received care from a consistent staff team. An external social care professional said, "I have not had any concerns about staffing levels."
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager confirmed they would only accept new people who required a personal care service if they had the staff available to meet the person's needs without compromising the service for existing people.
- Short term staff absences were managed through the use of overtime from existing care staff. An additional on call staff member was available at all times should staff on duty require support.
- People spoke positively about the staffing levels and confirmed staff arrived at the time expected and stayed for as long as was required. A person told us, "The staff always come when they are supposed to" and "They [staff] stay as long as I need them."
- Recruitment procedures were in place to help ensure only suitable staff were employed. Staff members confirmed all necessary pre-employment checks had been completed which was reflected in the records we viewed.

#### Preventing and controlling infection

- We were assured the service was taking appropriate action to prevent people and staff from catching and spreading infections.
- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place. Staff told us they always had enough Personal Protective Equipment (PPE) and had not experienced a shortage during the COVID-19 pandemic.
- Feedback from people indicated that staff wore PPE appropriately and no issues were raised in respect of this. A person said, "The carers always wear masks, gloves and aprons." An external social care professional told us, "The measures put in place have seemed to be appropriate and proportionate throughout the pandemic. There is clear signage and expectations on professionals was always clear and well managed."
- We were assured that the provider was making sure infection outbreaks should they occur, would be effectively managed.

#### Learning lessons when things go wrong

- There had been few accidents or incidents. However, should an incident or accident occur, there were systems in place to record, investigate the possible causes, learn lessons and take any identified remedial action to prevent a recurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs. People and family members if appropriate, were involved in the assessment process. A person said, "I was fully involved in discussions as to how I wanted care to be provided and what help I needed."
- Records of care provided were consistent, showing staff had provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- People were happy with the care they received. One person said, "I have no complaints. I'm very happy with the care I get." An external social care professional said, "I have found the meeting of need to be person centred and importantly Green Meadows are quick to identify needs they cannot meet and communicate them quickly and openly. They are skilled at identifying the approach that works with people and consistently utilising that approach."
- Care staff told us when they identified a change in people's needs, they would inform the registered manager and if they felt more time was needed to complete a particular care visit the registered manager took prompt action to address this.
- Care staff described how they applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People made positive comments in relation to the competency of care staff. A person told us, "The staff seem well trained. They know how to look after me."
- Staff received an induction into their role, which included online and practical training. The providers induction training met the requirements of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff also worked alongside more experienced staff until they felt confident and were competent to work directly with people.
- All staff completed training which included: moving people, infection control, medicines, and safeguarding and additional training in relation to specific needs, such as diabetes management. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice.
- The provider had a clear overview of the training needs of all staff working at Green Meadows. They had a spreadsheet which detailed the training staff had received and when this required to be updated. The

registered manager said they could request any additional training staff may require to meet any specific needs of individual people.

- Staff received regular one to one supervision and monitoring of their work performance. This enabled the registered manager to monitor and support staff in their roles and to identify any concerns or additional training required.
- Staff told us they felt supported in their role and they could approach the registered manager with any concerns or questions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to manage their nutritional needs when required.
- The level of support people required in relation to their nutritional and hydration needs was detailed in their care plans which included their likes and dislikes and any special dietary requirements.
- If concerns in relation to a person's appetite, weight loss or swallowing ability was suspected or identified, the registered manager said they would discuss this with the person and support them to obtaining professional guidance and input.
- Records of care provision showed staff respected people's individual wishes about their meals and people were supported to ensure their nutritional and hydration needs were met. A person said, "They [staff] always make sure I have drinks to hand."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked well and effectively with external health and social care professionals. An external social care professional said, "Their communication with any concerns is always timely and I have had the experience of having someone who exceeded the needs they are able to meet, but they raised this quickly and went above and beyond to keep that person safe whilst alternatives were sought."
- People told us that staff would support them to access medical support if required. The service used a telehealth system which meant staff could undertake some routine health observations and these were then reviewed by the local medical practice staff. This helped ensure people received prompt appropriate health support.
- Additional information was maintained for any medical or emergency staff. This included essential information about the person's health, medicines and their wishes or decisions about the level of emergency care they should receive. This allowed person centred care to be provided consistently. Within people's care records there was a summary record which outlined people's essential needs, including information about their general health, medicines, current concerns, social information and level of assistance required. This record could be shared with other agencies were required to allow person centred care to be provided consistently.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. They said they would encourage people to allow all necessary care to be provided but would never do this without the person's consent. Where care was refused, they would seek further support from the registered manager and the person's family.
- The registered manager was aware of their responsibilities under the MCA and the role this might play in care delivery.
- People told us the staff respected their views and asked for consent. A person told us, "They [staff] always ask permission and tell me what they plan to do." Daily care records showed that people felt able to decline aspects of care and staff recorded this appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff were kind and caring and knew their individual preferences. A person said, "The staff are all great, all lovely. They are friendly and cheerful." Other people made similar positive comments.
- External professionals were also complementary about the staff and how they treated people. One professional told us, "If I were looking for a service for a family member or personal friend I would absolutely approach them." Another professional said, "The staff have always been friendly and I have recommended the service to several people."
- People's cultural and religious needs, as well as their interests and things that were important to them were recorded in their care records. This combined with a small consistent staff team meant staff would know important information about the person. For example, any information about equality and diversity or protected characteristics and therefore be better able to meet people's individual needs.
- The provider's induction process included equality training and equality was promoted which helped ensure anyone's diverse needs were respected. Care staff demonstrated an open attitude to respecting people's diverse needs.
- Staff were all positive about working at Green Meadows and spoke fondly and respectfully about the people they supported. One staff member said, "It's my first time working in care and I really love it." When asked why they responded, "I just love going home and feeling that I've made a positive difference to someone's life."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all aspects of the service they received from initial assessment, care planning, day to day decisions and reviews of care. People had signed their care plans showing they had had the opportunity to read these.
- People were also included in day to day decisions. For example, one person said, "If I don't want a shower when they [staff] come that's ok they will come back later or help me just have a wash."
- A social care professional told us, "They have advocated for residents where required and have worked hard to give people choice and control."
- People were provided with information about the service, what it could and could not do in the form of a service users guide. This also included information about care plans and what people or family members should do if they had any concerns or complaints.
- The registered manager and care staff considered ways they could enhance people's lives in addition to the provision of care tasks. One person told us. "I'm going to the bingo this afternoon, that's my favourite – they [staff] remind me about the other things [activities in communal areas] but I really only like the bingo."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "Yes they [staff] are always careful about the curtains." Other people made similar comments confirming care was provided with consideration to privacy and respect for the person.
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was important and described how they assisted people to maintain this whilst also providing care safely. The registered manager shared an example of supporting a person to regain independence in managing their own medicines.
- People confirmed they were encouraged to be as independent as possible. A person described how they completed parts of their shower routine themselves and care staff supported them only where necessary. An external social care professional told us, "Residents at Green Meadows are empowered to retain the independence they can while having their needs met."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care which met their needs.
- Care plans provided information about people's care and support needs. However, we identified that these did not have a high level of detail. This was mitigated by the fact that people were supported by a small care team and were all able to discuss their specific needs, such as how they liked to receive support when showering.
- At the time of the inspection care plans were being transferred to an electronic system which the registered manager said they would include additional individual information. The staff member responsible for transferring information to the electronic system said they met with each person to discuss their care and support needs to ensure these were correctly detailed. Care plans had been reviewed at regular intervals or when a person's needs changed.
- The service could respond when people's needs changed. For example, during the inspection a person was unexpectedly discharged back to the service following an extended period of time in hospital. A care staff member told us they were going to reassess the person to ensure the service had all necessary information to enable them to continue to meet the person's needs.
- People confirmed care staff would do what was required and asked of them. A person said, "They always ask if there is anything else they can help with once they have done the main jobs." An external social care professional told us, "They are creative and dynamic in their responses to people's needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the requirement of the AIS. Staff had received training to develop good communication skills so people could express their views and be involved in their care.
- People's communication needs were identified during their initial assessment and were documented within the care records. The care records provided detailed information about what people's communication requirements were and any additional equipment such as hearing aids that may be required.
- The registered manager confirmed they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be

offered in larger print and could be translated into different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service aimed to help prevent social isolation for people living in Green Meadows.
- People's care plans included information about their hobbies and interests. There were a range of onsite activities and excursions people could join. An optional lunch club providing a hot meal was also available four days a week.
- The registered manager confirmed care visits were planned in accordance with people's social needs, for example, the time of care visits would be changed to allow people to attend social events if required.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. They said they would speak to the registered manager if they had a concern or complaint and all felt confident that any issues, big or small, would be taken seriously and resolved by the management team.
- The provider had a complaints policy. Written information about how to complain was available for people within the information pack provided when people commenced using the service. People were also asked if they had any complaints when service reviews were undertaken.
- Discussions with the registered manager and records reviewed showed appropriate action was taken when any complaints, formal or informal were received. For example, when a person reported a staff member had not attended a planned call a full investigation of all calls was undertaken and action initiated to ensure all monitoring and care calls were completed as scheduled.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- The registered manager demonstrated they were committed to providing good quality end of life care. They told us about links with the local hospice and how they would work with other services for the benefit of the person who would be supported to remain within the service as long as their needs could be safely met.
- People's care plans contained information about their end of life wishes. The registered manager had worked with staff from the local gp surgery to identify people's wishes including the extent of treatment to be provided such as resuscitation in an emergency. Systems were in place to ensure staff had up to date information readily to hand should the need occur.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was well managed and told us they would recommend Green Meadows to a friend or relative. One person said, "Yes, definitely I would recommend this as a place to be if you need some help." An external social care professional told us, "As a service I have found them to well led and this filters down to a team that provide a service which is professional but friendly. There is a real passion for strengths-based approaches."
- Staff also felt the service was well managed. All were positive about the support they received from the registered manager and felt they could go to them with any issues or concerns. One staff member said, "Any problems yes I could talk to [registered manager]." Another staff member told us, "We [staff] get lots of support from [registered manager] – she is a really good listener and we are able to raise suggestions which are listened to." Care staff also said they had contact details for other senior staff within the provider organisation and felt able to go to them if necessary.
- The registered manager had a clear vision for the service. Within the Provider information Return (PIR) completed by the registered manager they identified theirs and the providers vision for the service. This being, 'We have a clear vision, outlined in our Supporting Independence and Care Strategy, to ensure our service delivers the highest level of care and provide customers with a range of opportunities to meet their outcomes.' The PIR is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.
- People were actively encouraged to participate in the running of Green Meadows and involved in on site decisions. The registered manager detailed this within the PIR stating, 'We promote co-production and invite customers to tell us about service improvements, support with recruitment and join us on estate inspections and help produce customer communications. We have a small shop, set up by customers for customers. Within our garden we have an allotment managed by customers who share the produce with our on-site cook.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a clear management structure in place. The management team were actively involved in the running of the service.
- There was a framework of accountability to monitor performance and risk. For example, quality assurance and service manager inspections were regularly completed to highlight areas for service improvement. Following these, action plans were developed and completed actions recorded when changes or best



practice had been implemented. During the inspection the registered manager demonstrated a full understanding of the service and a commitment to ensuring people received high-quality care.

- There were quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans and medicine administration records, and the completion of quality assurance questionnaires, which were sent to people, relatives and staff.
- Spot checks and competency monitoring of care staff were completed which enabled the registered manager to review staff performance.
- Policies and procedures were in place to aid the smooth running of the service and staff had access to these at all times. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control.
- Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had appropriately notified CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively involved people in the running and development of the service. Various people were 'champions' for aspects of the service. One had commented that this, "Gives me a purpose and a sense of identity." Staff members also had designated 'champion' topics including dementia, infection control and dignity and inclusion.
- An external social care professional told us, "The management have been approachable and open to challenge, acting appropriately as needed."
- The provider and management team were fully committed to ensuring the service continually improved through seeking feedback from people, staff and external professionals. Feedback was gained through one to one meetings, group meetings, surveys and individual reviews of people's care.
- People, staff or visitors were also able to make suggestions or raise concerns via a suggestion box within the entrance area of the service. All findings and feedback received was reviewed and monitored and where issues or concerns were highlighted, action was taken as required.

Working in partnership with others

- The service worked well with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The service had developed links with resources and organisations in the local community to support people's preferences and meet their needs.
- People told us how well the staff at the service liaised with health professionals and as a result all worked as one team to improve care outcomes for people. A social care professional said, "I have found that communication is timely and appropriate and there is a real strength in their wish to work collaboratively with services as appropriate."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour responsibility. They had been open and transparent with people when incidents occurred where the duty of candour applied.
- The provider understood their responsibility to be open and honest if something went wrong. Apologies were given to people, where needed, and lessons were learnt.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.

