

HC-One No.1 Limited

Ridgeway Lodge Care Home

Inspection report

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20 June 2023

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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

Ridgeway Lodge is a residential care home providing personal and nursing care to up to 61 people. The service provides support primarily to older people, some of whom are living with dementia. At the time of our inspection there were 42 people using the service.

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

Since the last inspection improvements had been made to all areas of previous concern, particularly in relation to the poor quality of dementia care.

There were consistently enough staff to meet people's needs. More permanent staff had been recruited and staff were getting to know people and their needs well.

People living with dementia who may show behaviour indicating distress were appropriately and safely supported. Improvements were found in care records including assessments of risk and support plans setting out how to provide safe and personalised care. Processes to learn lessons and for these to be shared with the staff team had been implemented. Incident recording and reporting processes continued to be embedded into practice.

People received person-centred care. Improvements were found in the planning and delivery of person-centred care, particularly for people living with dementia and those who may show behaviour indicating distress. The management team were embedding good practice at all levels so people and their needs were better understood by staff. People were supported to spend time in the way they preferred and doing things they enjoyed.

The provider acknowledged the failings found at the last inspection. A new registered manager started soon afterwards and worked with the provider and staff team to identify, implement and embed improvements in all areas. The registered manager was well regarded. They worked openly and transparently and welcomed the inspection process. They were committed to driving continuous improvements and embedding an open and learning culture in the service.

People were cared for safely and protected from the risk of abuse. People were supported with their medicines and good infection control practices were in place.

People's needs were assessed, monitored and reviewed. Care plans included consideration of people's individual needs under the Equality Act 2010. Since the last inspection staff had received refresher and additional training to upskill their knowledge and practice. Competency checks took place to strengthen this further.

People were supported with their nutrition and hydration needs. Improvements were found in the dining

experience since the last inspection, which we observed to be relaxed and enjoyable. People were supported to promptly access health care services when needed.

People received support from caring staff. Staff enjoyed working in the service, valued people as individuals and had positive relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and privacy. Consent was sought before care was delivered.

People and their relatives knew how to make a complaint, and felt they could raise any issues with the registered manager. Staff felt able to raise concerns if they needed to.

Quality assurance systems were effective. A range of meetings took place with people, relatives and staff. Staff were supported through one to one supervisions, competency checks and team meetings. The management team had an open door policy to encourage staff, people and their relatives to talk to them about anything.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to review the breaches of regulation found at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ridgeway Lodge on our website at www.cqc.org.uk.

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 ●

Ridgeway Lodge Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited the service on 15 June 2023 and 20 June 2023. The Expert by Experience made phone calls to relatives on 16 June 2023.

Service and service type

Ridgeway Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ridgeway Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people living in the service and 9 relatives about their experience of the care provided. We spoke 15 staff. This included the registered manager, area director, deputy manager, senior clinical lead, senior care staff and care staff. We also spoke with activities, kitchen, domestic and maintenance staff. We spoke with 1 visiting health professional.

We looked at aspects of 7 people's care records and multiple medication records. We reviewed recruitment records for 3 staff. We looked at a range of other records including quality assurance checks, meeting minutes and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staffing levels and ensure these were monitored, assessed and managed in a safe way. This placed people at potential risk of harm. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient staff available to meet people's needs and provide safe care. This included during the day, overnight and at weekends. This was confirmed in feedback from staff, people and their relatives.
- A dependency tool was used to calculate safe staffing levels according to people's care and support needs. This was reviewed regularly by the registered manager.
- Since the last inspection more permanent staff were recruited into the team. Use of agency staff reduced and in recent weeks stopped. This meant a consistent staff team provided support which impacted positively on all aspects of people's care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection systems and practices had not been established to always assess, monitor and mitigate the risks to the health, safety and welfare of people living in the service. This placed people at potential risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection improvements were made to ensure people living in the service were appropriately supported and safely monitored by staff and the management team. This included people living with dementia who may show behaviour indicating distress.
- Improvements had been made to care records and risk assessments to provide personalised information and guidance to staff on how to safely support people, including those living with dementia.
- People's risks were assessed regularly or as their needs changed. We saw risk assessments covered a range of known risks such as mobilising, skin integrity and eating/drinking. Follow up action was taken when needed, for example, making a referral to the falls team following a fall.

- The provider had introduced processes to identify, record and share lessons learned with the staff team. This promoted learning for all staff to improve people's experience and safety. For example, when an incident took place between two people at a mealtime, this was investigated and strategies shared with the staff team on how to prevent this happening again.
- The management team continued to embed good practice with the staff team to ensure incidents, accidents and falls were reported and recorded properly. We saw when staff did not recently follow incident reporting processes, this was investigated and addressed promptly by the management team when it was brought to their attention.
- The registered manager undertook monthly analysis of falls, accidents and incidents. This included looking at the type of incidents, times, locations and who was involved. This provided an opportunity for patterns or themes to be identified so that action could be taken to reduce the likelihood of recurrence.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and followed local safeguarding protocols when required. Information was on display around the service giving information about where to report any safeguarding concerns.
- People received safe care. This was confirmed in the majority of feedback from people and their relatives. One relative told us, "There are no issues about us wondering if they are safe, we know they are safe. We are a big family and we come all sorts of times, almost every day, so we would notice if anything was not right." One person told us about a recent incident which led to them feeling less safe. They reported this to the management team, and we saw it was looked into appropriately.
- Staff received training to recognise abuse and protect people from the risk of abuse. Competency checks had been introduced and undertaken since the last inspection to check staff knowledge and understanding.

Using medicines safely

- People received their medicines safely and in the way they preferred. People had care plans stating how they wanted to take their medicines. For example, "I want staff to put my medicines on a spoon for me, I will then take one tablet at a time."
- Systems and processes were in place for the appropriate ordering, storage, monitoring and disposal of medicines. We found a recording issue for 1 medicine which had not been returned to the pharmacy which was rectified immediately when it was brought to the attention of the registered manager.
- When people received medicines 'as needed', information was available to support staff administer this appropriately. For example, what symptoms to look for and what the maximum dose in any time period should be.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Government guidance was followed so people living in the service could spend time with those who were important to them. We saw visitors were coming and going throughout the inspection visit. One relative told us, "We can come any time we like and we do. We just pop over in the evenings sometimes, there is no issues at all, we are always welcomed. It is like coming to my relative's home anyway."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Since the last inspection improvements were made to ensure people's individual needs were identified, assessed and reviewed. This included when people's needs changed due to health or cognitive conditions such as dementia.
- When people were living with dementia, their care plans reflected their individual care and support needs. This included when people may show behaviour indicating distress and what kind of reassurance and support staff should offer.
- Care plans included information about people's individual needs including under the Equality Act 2010, for example, cultural, spiritual or religious needs.

Staff support: induction, training, skills and experience

- Since the last inspection staff attended refresher and additional training on dementia care, which included online and face to face courses. Throughout the inspection we saw people who lived with dementia receive appropriate care and support from staff.
- A range of competency checks had been introduced and were undertaken individually with staff. These checked the skill and knowledge of staff in several key areas and meant further training or support could be offered where needed.
- Staff received an induction when they started in their roles, and attended a range of mandatory and refresher courses suitable for their roles. Staff spoke to us confidently about training they had received and how they put this into practice.

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

- People were supported with their nutrition and hydration needs. Monitoring of food and fluid intake was carried out when required. This meant people were supported to eat and drink enough to maintain their health.
- Some people had dietary needs, for example, to eat soft food if they were at higher risk of choking. Kitchen staff shared up to date information with the staff team so people could be appropriately supported. Physical assistance with eating and drinking was provided when needed.
- Since the last inspection, the provider had undertaken audits about the quality of the dining experience for people. Improvements were identified and made. Mealtimes were also discussed in meetings with staff, residents and relatives.
- We observed mealtimes to be relaxed and enjoyable for people. Tables were nicely set and choices of food and drinks were offered, which included alcohol if desired.

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

- Staff worked in partnership with health and social care professionals to maintain people's health. This included GP's, district nurses, speech and language therapists and social workers. One person told us, "The team leader knew I had a urine infection even before I had any symptoms. They just said, 'You don't look right to me', and they were spot on. I was very grateful because the treatment started the same day."
- A range of 'champion' roles were in the process of being developed. For example, there were designated champions for dementia, infection control, falls and happiness. This meant they developed specialist areas of knowledge and expertise to support whole staff team stay up to date with best practice for the benefit of people living in the service.
- Since the last inspection the provider worked closely with their internal specialists and external professionals to review and monitor people's health, care and support needs. This helped ensure people received effective and timely care.

Adapting service, design, decoration to meet people's needs

- A programme of re-decoration and changes to areas of the service was ongoing for the benefit of people. For example, a dining and lounge area was combined to encourage people to spend more time in communal areas rather than return to their room straight after dining. Further changes were planned including creating a sensory area and dementia café.
- Improvements were ongoing to aid familiarity and orientation around the building. For example, signage to identify toilets and bathrooms, and photos, names and/or familiar pictures on people's doors.
- Since the last inspection people were going outside more into the garden and courtyard areas, which was encouraged by the registered manager and supported by staff. We were told the day before our 2nd visit, a person living on the 1st floor spotted a flower in the garden below. Staff supported them to go and pick the flower, which they brought back upstairs and were able to enjoy.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider worked within the principles of the MCA. DoLS applications were made to the local authority when it was in people's best interests to ensure their safety.
- Work was ongoing to improve MCA documentation and ensure all necessary assessments took place. This was accompanied by training to staff. We saw good progress was being made, tracked and monitored by the management team.

- When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible.
- Staff received appropriate training and were aware of the principles of the MCA to support people make choices.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- The management team continued to promote and embed good standards of care in all areas, with the support of the staff team, to ensure people were consistently well treated and supported. This including respecting and promoting people's equality and diversity needs.
- Staff were knowledgeable about the people they cared for and valued people as individuals. New staff members were joining the team and getting to know people as they gained experience in their roles. A relative told us, "Carers are very professional. I see a lot of kind and gentle interactions, not just toward my relative but all around. Staff seem very calm and able to cope even when there is a crisis."
- Staff spoke about people warmly and respectfully. Staff were observed to be compassionate and caring in their interactions. One person told us, "Carers seem to be very dedicated and hardworking. When you are asking something, they do pay attention. I speak very slowly but they never rush me, they wait, they are very patient."

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

- Since the last inspection reviews of people's care and care records were undertaken and this was ongoing. People and their relatives were involved and consulted in this process. This included refreshing and renewing care plans and checking the information was up to date and accurate.
- A 'Person of the Day' scheme was used and becoming well embedded into practice. This gave the opportunity for all aspects of a person's care experience and records to be reviewed monthly, including seeking feedback from relatives.
- Care plans set out people's preferences and their regular routines.

Respecting and promoting people's privacy, dignity and independence

- We saw people's privacy and dignity was respected, and staff understood the importance of this. Team meeting minutes showed this was a topic which was regularly discussed. One member of staff told us, "I am here to help give [people living with dementia] a normal life. This is their home I am visiting. I help with what they need, I talk and joke with them. Help them wash, dress, meals, whatever they need help with. We make sure care is dignified."
- Systems were in place to protect people's confidential information but were not always followed. We found some daily care files containing personal information about people on a table in a communal area. These were immediately put away.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; End of life care and support; 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

At our last inspection the provider had failed to ensure people were treated in a consistently person-centred way which promoted their quality of life. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements were made since the last inspection so that people living with dementia received person-centred care. There was a calm and organised atmosphere throughout the service which supported people's well-being. We observed people living with dementia being offered choices and staff anticipating their care needs and preferences appropriately.
- When people showed behaviour which might indicate distress, this was recorded on charts and reviewed regularly. This meant the management team could monitor this carefully to assess the impact upon the person and those around them and ensure the appropriate person-centred support was provided.
- Staff were better able to understand people's care needs in order to reduce the risk of them becoming upset or unsettled. For example, 1 person living with dementia regularly wanted to go back to their home town. Staff had started to support the person go for a walk outside when this happened. During the walk the person would decide they'd not make the journey home after all and would instead go back inside.
- The reviews of people's care records included consideration of people's end of life care, and any wishes they or their relatives expressed in this area.
- People were supported to do activities they enjoyed and improvements were found in this area. Positive feedback was received about the activities team and their approach. One relative told us, "My [family member] was happy to sit in their room at the start, but now they come out more and more often to join in. There are plenty of activities and something for everyone." Another said, "The activity coordinator is very good. They go around and invite everyone individually so they don't miss out."
- Some people who preferred to stay in their rooms or were cared for in bed were at higher risk of social isolation. A member of the activities team had 18 hours allocated per week in the role of, 'Bedside Buddy'. This time was spent with people in their rooms, if they wished, which helped people's wellbeing.
- A range of person-centred individual events were planned and undertaken with people. For example, we heard about a person receiving letters and a visit from football teams they played for in their younger years.

We also heard about someone who was supported to enjoy and get reassurance from therapy dolls. We saw arrangements in progress for a Harley Davidson biker to visit an individual with a passion for motorbikes and plans for someone to go in a hot air balloon.

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 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.

- People using the service had a range of communication abilities, needs and preferences and these were included in people's care plans. For example, hearing or visual aids such as hearing aids and glasses, as well as other communication needs.
- The registered manager understood the Accessible Information Standard. Information and documents could be made available in accessible and different formats to people using and visiting the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and we saw complaints were responded to in accordance with this.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

At our last inspection there were key shortfalls with how the provider and managers assessed the quality of the care provided. This placed people at potential risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider acknowledged the range of failings found at the last inspection. A new registered manager joined the service soon after the last inspection and worked with the provider and staff team to identify, implement and embed improvements for the benefit of people living there. The registered manager and provider used detailed action plans to identify and track tasks and ensure improvements were being embedded and sustained over time.
- The registered manager worked with internal specialists, external health and social care professionals, the staff team, people and their relatives to assess, monitor and review people's care and support needs. This meant the provider could ensure appropriate resources, training and staffing were available to meet people's needs in a person-centred way.
- Since the last inspection the registered manager and provider had identified and addressed training and skills deficits in the staff team. Refresher and additional training in dementia care and other areas supported the team to develop their skills and confidence. This was strengthened by competency checks, one to one supervision and regular team meetings to support staff.
- Improvements were made to the monitoring and oversight of people's emotional wellbeing, in particular when people were living with dementia and may show distress. This meant the provider and management team could ensure people's safe care and improved support.
- The registered manager, provider, deputy manager and staff team had worked hard since the last inspection to make improvements. Where shortfalls were identified by CQC and in the subsequent internal provider audits these were taken on board and actioned. The provider and registered manager continued to work on embedding an open and learning culture with improved communication at all levels.

- There were effective systems in place to monitor the quality and standards of the service. This included daily flash meetings with senior staff, a daily walk around and a range of regular quality assurance audits undertaken by the registered manager and their deputy manager. The registered manager often attended shift handovers and also undertook regular out of hours visits.
- People, relatives and staff knew who the registered manager was and spoke positively about them. One staff member said, "Her door is always open and she is always there to listen. I'm more relaxed now. Even when I make a mistake, I know I'll be supported to get it right the next time. It's a home away from home." Another said, "Since [registered manager] has been here it's been brilliant, she is really supportive. If you want to talk to her about anything you can."
- People and relatives provided positive feedback about the management of the service. One relative said, "The new manager has really made an effort, it's a big improvement, it's a different home since she is here. Staff also work better together, they try to understand and help my relative."
- The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.
- Meetings for people living in the service, relatives and staff took place regularly. Records showed a range of topics were discussed. Minutes were taken and actions were followed up as needed. One person said, "We now have resident's meetings, it's a relaxed meeting where you can say whatever you like. Staff take notes and then we have action on some points. The way it is now, I would have no problems to recommend it."
- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. We saw positive feedback was sent to the registered manager from a team of health professionals who visited regularly and had noted recent improvements.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. There were systems in place to ensure compliance with the duty of candour.