21st Century Care (Plymouth) Limited

Beaconville Nursing Home

Inspection report

Beacon Road
Ivybridge
Devon
PL21 0AQ
Tel: 01752 896505
Website:

Date of inspection visit: 6 and 11 January 2016
Date of publication: 10/02/2016

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

Overall summary

The inspection took place on 6 and 11 January 2016 and the first day was unannounced.

Beaconville Nursing Home provides nursing care for up to 36 people. The people living at the home had a wide variety of care needs, some people were living with dementia and others were receiving end of life care. Some rooms were shared. At the time of the inspection 29 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was not depriving people of their liberty unlawfully and worked within the principles of the MCA and DoLS. However, some of the assessments to assess

Summary of findings

people's capacity to make decisions about their care and treatment had been recorded in a general sense rather than with regard to a specific decision, such as whether to continue to take medicines.

Staff knew people well and were able to describe people's preferences and the care and support they required. However, some of this information was not always detailed in the care plan. People and their relatives had been involved in making decisions around the care they needed and wished for. The changing needs of people were reviewed on a regular basis and people and their relatives were encouraged to be involved in this.

Staff understood how to protect people from abuse and knew the procedure for reporting any concerns both inside and outside of the service. Although we witnessed one nurse take medicines to more than one person at a time, which is not considered good practice, generally the home managed people's medicines safely.

People were supported by staff who were safely recruited and who felt supported and valued in their work. There were enough staff on duty to safely meet people's individual care needs. Staff that were well trained, had been inducted effectively and received regular supervision. New staff were in the process of completing the new Care Certificate.

Team work was evident and staff told us they were happy working at Beaconville Nursing Home. They felt able to voice their opinions and told us they were well supported in their roles. They demonstrated a good knowledge of the people they supported and they assisted people with kindness, compassion and respect. People's dignity and privacy was maintained and respected.

People had access to a variety of healthcare professionals and staff were prompt at requesting advice and intervention as required. The GP held a surgery at the home each week, to review people's care needs and provide advice for staff. Healthcare professionals told us the home was "excellent" in the care and support they provided.

The service encouraged people to maintain relationships with others and the service actively welcomed family members and visitors to the home. An activity co-ordinator planned a variety of activities throughout the week and spent time with people who were being care for in their rooms.

The culture was one of respect, professionalism and openness. People felt listened to and were confident any concerns they may have would be addressed. Effective systems were in place to monitor the service and the management team played an active part in gaining feedback from people on a regular basis.

Summary of findings

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 home was safe.

Staff were safely recruited and employed in sufficient numbers to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, managed and reviewed regularly. Staff had effective guidance to support people in relation to the identified risks.

Medicines were managed safely.

Good

Is the service effective?
The home was effective.

People benefitted from being supported by well trained staff who felt encouraged in their roles.

Staff assisted people in a way that protected their human rights. The home was meeting its responsibilities under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

The home ensured people received food and drink of their choice.

People's health and wellbeing was supported and maintained by having access to appropriate and prompt professional healthcare services.

Good

Is the service caring?
The home was caring.

Staff had good knowledge of the people they supported and delivered care in a respectful, caring and courteous manner.

Care and support was provided by staff in a way that maintained people's dignity.

People, and those important to them, were involved in making decisions around the care and support they needed.

Good

Is the service responsive?
The home was responsive.

Care and support was provided in a personalised way that took account of people's wishes, needs and life histories. However, some of the care plans did not contain the level of detail described to us by the staff.

The home encouraged people to maintain meaningful relationships with those close to them.

People were supported to engage in activities meaningful to them.

The home encouraged people's views on the service they provided and acted upon these.

Good

Is the service well-led?
The home was well-led.

Good

Summary of findings

The staff and the people they supported benefitted from a management team that demonstrated dedication, knowledge and passion about the home.

People were supported by staff who were happy in their work and felt valued. Staff showed good team work and worked together in a way that was organised and responsive.

The home involved people in the development of the services provided.

Robust auditing systems were in place to ensure a good quality service was delivered. These systems were effective at identifying issues and driving improvement.

Beaconville Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 11 January 2016 and the first day was unannounced. Two adult social care inspectors and an expert by experience undertook 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. Before we carried out the inspection we reviewed the information we held about the home. This included statutory notifications the provider had sent us. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the home does well and improvements they plan to make.

The majority of people living at the home were living with dementia or had very frail health and as such were unable to share their experiences with us. During our inspection we met, spoke with or spent time with all of the people living in the home. We spoke directly with six relatives and had email communication with another four. Observations of staff interactions with people and how people spent their time were made throughout the inspection as well as through the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We gained feedback from four healthcare professionals who had regular contact with the home. We also spoke with the registered provider and the registered manager, two nurses, five members of the care staff, the cook and the activity coordinator. We contacted the local authority's quality assurance team for their views on the services provided by the home.

We reviewed the care records of six people and looked at how the home managed people's medicines. We also looked at records relating to the management of the service. These included staff recruitment and training records and health and safety checks.

Good

Is the service safe?

Our findings

The majority of people living at Beaconville Nursing Home were living with dementia, and as such not everyone we spent time with or spoke with were able to share their experiences. Those people who could, told us they felt safe. One person said, “The staff are so patient with me, they never rush which makes me feel safe”. Relatives told us they trusted the home to care for their relations and had no concerns about their safety. One relative said, “I know my relative feels safe because they settled here really well”. Another told us, "I have real peace of mind about my relative’s care when I am not here.”

We looked at the way the home managed people’s medicines. Only registered nurses administered medicines. At the time of the inspection, medicines were held centrally in a locked room. Many of the people living at the home were being nursed in bed. We saw a nurse take medicines for a number of people from this room on a tray rather than take the medicine trolley to people. They said “we find it easier to do it like this” and they knew whose medicine belonged to which person. We discussed this practice with the nurse and the registered manager who agreed taking more than one person’s medicines at a time was unsafe practice. By the second day of the inspection, the registered manager showed us evidence they had ordered a number of medicine cupboards to be placed in people’s bedrooms. This would mean medicines would be more easily accessible for the nurses. They said they had ensured nurses would no longer take more than one person’s medicines from the trolley.

The medicines administration records held important information about people such as their allergies and their medical history, as well as the contact details of their next of kin. People’s medicines were given as prescribed by their GP and there were no gaps in recording. The nurse told us the GP reviewed each person’s medicines every six weeks. Audits of the amount of medicines held in the home were recorded ensuring the home could account for medicines at all times.

Risks to people’s health, safety and well-being had been assessed and management plans were in place to help reduce the risks. These risks included developing pressure ulcers, not eating and drinking enough and falling. A relative told us their relation was very poorly and was at a “very high risk of bed sores”. They said their relation had been nursed in bed for over a year and there was no sign of skin breakdown. The said “Beaconville should be congratulated on this achievement”.

The management plans gave staff clear guidance on how to support people to remain safe. For example, several people were at risk from falling from their bed. Risk assessments identified whether bedrails would be safe to use. Where it was felt it would be unsafe, beds were lowered very close to the floor and an extra mattress placed next to the bed.

We saw some people liked to walk around the home rather than sit in the lounge rooms. Staff told us it was more settling for them to be able to do this rather than be repeatedly asked to sit down. To protect people’s safety, all the stairways were guarded with gates. Staff told us these were used as a “slowing measure” to reduce the risk of people who may be unsteady on their feet from using the stairs without the staff noticing.

Accidents and incidents were recorded and reviewed by the registered manager as they happened, as well as monthly to identify any patterns or new areas of risk. Risk assessments were reviewed and action taken to reduce the risk of the accident reoccurring. For example, when one person had recently fallen, a sensory mat was placed close to their chair or bed to alert staff promptly to them moving and walking unaided.

Staff recruitment processes were in place to ensure only those who were suitable to work in care were employed. References and ‘Disclosure and Barring’ checks (police checks) were obtained prior to employment. Staff had received training to help them identify how abuse could occur and they knew how to prevent, recognise and report abuse.

People, their relatives and staff told us there were enough staff on duty to keep people safe and meet their needs. One person said, “There’s always enough staff to look after us all”. One relative told us, “Staffing levels are good, never noticeably short staffed, always people down in the lounge, they were good at having somebody around to talk to”. The registered manager told us they calculated the number of staff required based on the assessed needs of people on an individual basis and through discussions with the nurses

Good

Is the service safe?

and care staff. In the provider information return the provider said “higher staff ratios lead to a calmer, less hurried approach and reduce the risk of care becoming less person centred”.

At the time of the inspection, in addition to the registered manager, there were six care staff and a registered nurse on duty with an additional two care staff undergoing induction training. These staff were supported by an activity co-ordinator and housekeeping, laundry and catering staff. We observed people's needs being met promptly and staff spent time with people. There was always at least one member of staff present in each of the two lounge rooms.

The home was undergoing refurbishment. Several bedrooms were being redecorated, and having new carpets laid and two bathrooms being upgraded. The registered manager confirmed, once this work had been completed, the stair and hallway carpets would be cleaned, as they were marked from the contractors coming in and out. The home was clean and fresh smelling with the exception of one room, which had an unpleasant odour. Staff were aware of this and were attempting to resolve it. Staff had access to protective aprons and gloves and we saw them using these when necessary throughout the inspection.

Equipment such as the passenger lift and hoists had been serviced on a regular basis in order to ensure they were kept in safe working order. Safety checks had also been undertaken of the fire safety, electrical and gas installations. During the first day of our inspection, the fire alarm sounded. Staff followed the correct procedure and ensured people were safe.

Good

Is the service effective?

Our findings

People received effective care and support from well trained staff. One person told us, "yes, I'm very well cared for. The staff are good here". Prior to, during and following the inspection, relatives told us their relations were well cared for. Their comments included, "all members of staff regardless of their role have a good work ethic, they are approachable and listen. They take pride in their work" and "resident ratios are very good, they (the staff) are caring, well trained and very dementia-sensitive/aware".

Staff told us they received the training they needed to understand people's needs. Training records identified staff had recently received training in caring for people with dementia; safeguarding vulnerable adults from abuse; the Mental Capacity Act 2005 (MCA) and deprivation of liberty, as well as health and safety topics such as safe moving and transferring. Specialist advice and training was obtained from the community nursing team, for example for those who required the use of a syringe driver to administer pain relief 24 hours a day. Staff told us they could also ask for training in issues that interested them or those they felt they required more information on. For example, one member of staff told us, "I have requested further training in supporting people with their mental health needs and the registered manager has arranged this for me". We saw this member of staff had been enrolled in a college course. Nurses were provided with training to maintain their professional registration. The registered manager confirmed annual checks were made of the nurses' registration status with the Nursing and Midwifery Council.

Staff new to the home undertook induction training. This included a number of classroom days for essential health and safety training, shadowing experienced staff and completing the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The newly employed staff on duty said they felt very well prepared for their role.

Staff received regular supervisions and said they were supported by the nurses and the registered manager. A plan was in place to ensure all staff members had regular supervision sessions to discuss how they felt about working in the home as well as their training and development needs. The registered manager showed us the home's staff forum social network page for staff to access training, research and information from specialist dementia care organisations.

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 interest and as least restrictive as possible.

The registered manager and the staff had a good knowledge of the MCA. Each care file held an assessment relating to people's capacity to make decisions. However, this was an assessment of the person's capacity to make a decision about their general care and treatment, rather than relating to specific decisions. The principles of the MCA are that people are presumed to have capacity to make decisions. Some people living with dementia may have varying capacity and can make some decisions. For example, people may be able to consent to receive assistance with personal care, but not to continue to take medicines. Therefore, the capacity assessments must to be specific to the decision under consideration to allow people to make what decisions they can. Records showed 'best interest' discussions with either the person's GP or family members had been undertaken, for example with receiving covert medicines. These decisions had been recorded in the GP or family contact record rather than with the capacity assessment. The registered manager confirmed they would ensure capacity assessments were specific to the decision under consideration and ensure the best interest outcome was recorded with the assessment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files held evidence of applications having been made to the local authority's

supervisory body for those people who lacked capacity. For example, for those whose liberty was being restricted to protect their safety by the use of the locked and alarmed front door.

People said they enjoyed the food. One person said, "The food is lovely and you always get enough" and other said, "I like the cooked breakfast, it sets you up for the day". One relative said, "My relative absolutely loves the food". Relatives were welcome to make tea or coffee during their visits and were invited to have a meal if they wished. One relative confirmed this saying, "I can eat with my relative if I want". During lunch we observed people clearly enjoying their food and being assisted at a pace that suited them. We saw staff spending time with one person who was reluctant to eat. The staff sat next to them and encouraged them, giving them time to rest. When they still did not eat, the staff removed the main meal but returned with a chocolate mousse, which after a little while the person ate a little of. We saw some people wearing plastic aprons to protect their clothes while they were eating. We discussed this with the registered manager as it was not very 'homely' and it identified people as having difficulty with eating independently. They said they had ordered more dignified material aprons and were hoping these would arrive soon.

People had plenty of hot and cold drinks available and staff responded to people's requests for something to eat and drink throughout the day. A relative told us, "My relative always has enough fluids if they are in their room or in the lounge". We saw people being offered drinks and snacks such as biscuits, cake, cheese puffs and fruit throughout the day. Staff told us they offered cheese puffs which 'melt' as an alternative to biscuits for those people who might find eating crisps and biscuits which create crumbs difficult. During our period of SOFI observation (the method we use to observe care of people who could not talk with us), we saw staff support one person to have three cups of tea as they were unable to remember they had already had one. Another person asked for a second piece of fruit and staff gave them two pieces, "one for now and one for later".

People at risk from not eating or drinking enough to maintain their health were assessed. They were supported by the GP and dietician and their diet and fluid intake monitored. The needs of people with swallowing difficulties were met by staff in accordance with the recommendations of the speech and language therapist (SALT). One relative whose relation required soft food due to swallowing difficulties said, "They make it look so nice".

People had access to a variety of healthcare professionals. The GP held a surgery at the home once a week where they would review and discuss people's health needs. The GP was present during the second day of our inspection. They told us they were confident with the home's ability to meet people's health needs and the home provided an "excellent" standard of care, particularly to those people who were at the end of their lives. Three other healthcare professionals were very complimentary about the home. One described the home as "very, very good" and said "There is an emphasis on safety and there is the utmost respect for people. The quality of care is superb. They don't rely on sedation to manage people's behaviour". Another said, "They are extremely professional. The staff are very supportive and knowledgeable. It is a skilled unit where people do exceptionally well". In an email, a relative told us "the care my mother received at Beaconville was excellent. Her medical and nursing needs were complex and demanded skilled care which she received".

Good

Is the service caring?

Our findings

Those people who were able to share their experiences with us told us they were cared for by very kind staff. One person told us, “All the staff are lovely”, another said, "I stay in my room most of the time because I like to watch television, but I like my door open and they (staff) are always calling in”. Relatives were complimentary about the staff and the way in which they met people's needs. One said, “We feared coming into a nursing home, but it’s been so good…she is just so cared for. They are just nice people”. In one letter recently received by the home, a relative commented, “Thank you for all you did to help mum celebrate her 90th birthday, it was much appreciated”.

The registered manager told us she was proud of the staff team and their care and compassion towards the people living at the home. In the provider information return the provider said they only recruited staff who were “genuine, kind and gentle. This needs to be in the very fabric of the person”.

Many of the people living at Beaconville were living with dementia and at times were confused about where they were and what they should be doing. Staff demonstrated a very good knowledge of the people they supported. Throughout our observations we saw staff respond to people with kindness and patience. For example, by sitting and reading with people, or talking with them about their interests. When one person became upset we saw staff comforting them with hugs and kind words. We also saw one staff member place a blanket over a person while they were asleep on the sofa in the lounge. Some people were comforted by having a doll or toy to hold. Staff recognised the importance of this for them and involved the doll in their conversations with people. Those people who liked to walk around the home were accompanied by staff who chatted to them in a patient manner. People were treated with respect and dignity. People looked comfortable and contented. One relative told us their relation was “a lot calmer than they used to be. I think it’s the calmness of the home”.

People’s privacy was respected. Doors were closed to people's bedrooms when the staff were assisting them and the shared rooms had curtains in place in order to give people privacy.

Care plans showed that people, where able, and their relatives had been involved in discussions about the type of support they wanted and required. Relatives told us they were involved in their relative’s care, and were kept informed by telephone.

There were no set visiting times and relatives could come and go as they pleased. During our inspection, we saw a number of friends and family members visit and spend time with their relatives. We saw the staff welcomed them warmly.

Some of the people living at Beaconville were receiving nursing care at the end of their lives. Relatives and healthcare professionals told us people received an excellent level of care at this time. A relative who contacted us by email said, "(name of the registered manager) and her colleagues provided excellent person-centred care in a relaxed and calm environment which we feel contributed significantly to her health and well-being in the final stages of her life”. Comments recently received by the home from other relatives included, “Dad was in such a warm, peaceful, calm and kind environment to the end of his days” and “The care and compassion shown to mum was second to none.”

Good

Is the service responsive?

Our findings

The care people received was individualised and met their needs. Staff were able to describe people's care needs and the things they liked such as an activity, a particular toy, or what they liked to wear. They confirmed the home's routines were flexible and people could choose how and where they wished to spend their time. One person told us, "Sometimes I like to go to bed after lunch so they take me to my room and let me sleep." A relative told us that since moving to Beaconville, their relation was "100% better here, the care is wonderful".

Each person had a care plan that detailed their abilities and needs and what staff needed to do to support people in their preferred manner. Although staff knew people well some of this information was not always detailed in the care plan. For example, one person with complex care needs was described in their care plan as requiring between one and four staff to assist with their personal hygiene. The plan said they could become "angry and resistive during personal care" but there was no further guidance for staff about how to support the person safely. The care plan did describe this person's level of anxiety and staff should "recognise that what I feel is real to me. It is important to me to carry out my rituals of pacing and tidying." We discussed this with the deputy and registered managers who confirmed the plans would be reviewed to ensure they reflected people's care needs more fully. One relative told us the staff were able to manage people's changing behaviours and anxieties well. They said their relation "can easily change their mood, but the staff know how to manager that". Another said, "they have been very good at understanding my relative's needs, I can't fault them".

A summary sheet gave staff clear and succinct information about people's essential care needs and preferences. This meant staff new to the home had an easy to access guide to each person's care needs.

Some of the care files held information about people's life and work histories. This helped staff to build relationships and have meaningful conversations with the people they supported. It also helped them have an understanding of people in order to better support people living with dementia. The registered manager said they invited families to share information and this was recorded in people's care files. They recognised the information held in some of the files was sparse and they confirmed they would address this. Leisure interests had been recorded in order for staff to understand people's preferences and to indicate what activities they might find interesting and meaningful.

The home encouraged people to maintain the relationships that were important to them. Families and friends were encouraged to spend as much time as they wished at the home and to be involved with activities and included at mealtimes. A small kitchen area was provided where visitors could help themselves to a variety of hot and cold drinks.

People had the opportunity to engage in social activities and events. A weekly activity sheet identified planned events seven days a week, including musical events as well as visits to the 'memory cafes' in Ivybridge and Ashburton. During the afternoon on the first day of the inspection, a film was being projected onto a wall for people to watch. This provided a much larger screen than the television for people to see more easily. We saw staff interacting with people throughout the inspection: they were sitting with people looking at books and maps, helping people to colour in books, talking about their interests and recognising the care they were taking of their doll or toy. All areas of the home had 'points of interest' to draw people's attention. For example, one dining room had an office area with a desk, chair and typewriter: the desk had photographs and newspaper cuttings to draw people's attention. The other dining room had a 'Hollywood" make up station, with hair brushes and a mirror. Toys, board games, jigsaw puzzles, photographs, musical instruments and books were placed throughout the home. Many people were engaged with these objects of interest and were seen folding laundry, reading newspapers and cuddling dolls or toys. Staff told us they always spent time with people in the lounge rooms to ensure they were never left unsupervised and as such they were able to encourage people to take an interest in the items and objects around them.

The activity co-ordinator told us they spent time with those people being cared for in their rooms. They said they read to them, looked at photographs or gave manicures. They said they also spent time with people in the home's 'sensory room'. This room provided a quiet area where people could enjoy large bubble lamps, coloured lights and music.

Good

Is the service responsive?

Those people who were able to tell us said they had no concerns about the care and support they received. Relatives also told us they had confidence their relation's care needs were being well met. They said if they had any concerns they would discuss these with any of the staff or the registered manager. The home had received one complaint recently, and records showed this had been looked into and responded to promptly.

Good

Is the service well-led?

Our findings

People, their relatives and the staff told us the home was managed well. One person told us, “The manager is lovely, she comes into my room to see how I am”. A relative said “The staff and management are brilliant and very approachable”. Another said, “My relative only came in for two weeks respite, but the home is that good they have ended up staying, I can’t praise it enough.” In an email a relative told us, “it was apparent that the staff at the home worked as a team with expert, professional and supportive leadership”. This was further supported by the information we received from the health care professionals we spoke with.

Staff demonstrated teamwork and openness. Care staff told us they felt comfortable talking with nurses and the registered manager and they found them supportive. They said communication between the team as a whole was very good. They said they had a daily handover and discussed weekly topics such as safe moving and handling or information follow an accident. Team meetings allowed staff to share ideas, discuss people’s care and contribute to the running of the home. The registered manager said they had an “open door” for people, relatives or staff to talk to them. Throughout the two days of the inspection, we saw the registered manager in conversation with people who were invited to “just sit and chat” as well as relatives discussing their relation’s care. All the staff we spoke with said they were happy working at Beaconville. One told us "I enjoy my work" and another said, “I love working here”. Throughout our inspection, we saw staff and management respectfully and professionally interact and communicate with each other. We saw the atmosphere was calm and friendly.

The registered manager told us they walked around the home every day to talk to people and to check if staff had everything they needed. They also checked the environment for cleanliness and repairs. We saw them doing this with the provider who was visiting the home on the second day of the inspection. The registered manager told us they and their deputy manager worked alongside staff regularly so they could be assured the staff were delivering care to a high standard.

The home encouraged feedback from people, their relatives and staff in order to improve the service. Meetings where also held periodically to share information and seek views. A newsletter was provided to keep people and their relatives up to date with information about the home and forthcoming events. This also included articles of interest and poetry.

Effective quality auditing systems were in place to identify any shortfalls. Audits were completed by the registered manager on a regular basis and looked at areas such as care plans, medication management and cleaning standards.

The registered manager and staff demonstrated pride in the home and the care they provided. They were pleased that relatives and other healthcare professionals recognised their commitment to ensuring people were well cared for and happy. The registered manager demonstrated compassion, commitment and knowledge in their role. For example, they were currently researching the use of weighted blankets to provide comfort to people living with dementia. They fully understood their responsibilities in relation to their duty of candour, that is, their honesty in reporting important events within the home, and their need to keep CQC up to date.