Care Quality Commission

A & L Care Homes Limited

Mayflower House

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

Mayflower House is residential care home for 33 older people living with dementia, a mental health diagnosis, physical disabilities and sensory impairments. On the days we inspected 32 people were living at the service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was employed to manage the service. 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. They were supported in this role by a team leader known as 'matron'.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
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Why the service is rated Good.

People felt safe at the home and with the staff who supported them. People were supported by staff who were kind and caring. Where people found it difficult to express themselves, staff showed patience and understanding. A relative told us, "The home presents an excellent, welcoming atmosphere, always calm and relaxed - the residents seem content, rarely displaying any anxiety" and another said, "Staff treat people very kindly at all times. They can always be heard addressing people in a nice way and with a good attitude."

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs. People's medicines were safely administered and managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was responsive to people's needs and they were able to make choices about their day to day

routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained.

People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements. A relative said, "We feel the service delivers the best quality of care."

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Care Quality Commission

Mayflower House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on the 26 and 27 February 2018 and was unannounced.

The inspection team was made up of two inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held on the service. We also reviewed the Provider Information Return (PIR) which is a document providers can tell us what they are doing well and how they aim to improve.

During the inspection we spoke with seven people and four visitors. We also sat with people at lunch on both days and spoke with them. We reviewed the care of four people in detail, speaking with them where we could and checked they were receiving their care as planned. We observed how staff and people interacted with people in the lounge and dining room.

We also spoke with six staff and checked three staff personnel records. We reviewed the staffing, staff training and how the registered manager was ensuring staff were supported and competent in their role. During the inspection the provider and registered manager were present to answer our questions. We spoke to one GP during the inspection.

We checked how the registered manager and provider were continuing to ensure the quality of the service and safety of the equipment and building.
We left questionnaires for family and visitors who could not be present during the inspection to fill in and received eight of these back.

Good

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe at the home and with the staff who supported them. People and family said they could speak to any of the staff if they were worried. Some people were unable to fully share their views with us but all appeared very comfortable with staff. One family member said, "Any of the staff would help you if you need it and would point you in the right direction".

Everyone we spoke with told us they felt the service was safe and this was supported by the family members. One resident had had a fall but the family told us they were very happy with the way it was dealt with and considered their loved one to still be safe in the home. Comments we received from family included, "I feel mum is safe in Mayflower House. The dedication and care provided makes it a safe environment"; "He is well looked after and should he have a fall or accident he would be found quickly" and, "Yes, [they are] definitely safe. There is a key pad into the home and call bells are answered promptly."

The provider had systems and processes in place which minimised the risks of abuse and helped to keep people safe. These included a robust recruitment system which made sure all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. Staff were trained to recognise abuse and were confident any concerns they raised would be acted on.

The registered manager told us, "Staff at Mayflower will protect all service users from abuse and harm to enable them to feel safe in their environment and, should they ever experience any concerns or worries staff would report concerns to a manager or team leader, to ensure the appropriate action and procedures are followed to prevent any harm or abuse".

The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and allegations and used them to improve practice. For example, from audits of medicine, falls and feedback.

Risks to people were identified and minimised. People's risk assessments were maintained as part of their electronic record and were updated often. People had risk assessments in place to reduce the likelihood of them falling, developing skin ulcers, malnutrition and being at risk when they were being supported to move by staff. We identified risks for people in respect of choking, diabetes and for one person who took part of their own medicine management. Details were in people's care planning of how staff met these needs; however, there was no risk assessment in place to guide staff how to minimise the risk. These were quickly put in place and shared with staff so they were up to date.

There were adequate numbers of staff to keep people safe and we saw requests for help were responded to promptly. During the morning on the first day of the inspection, the service was short staffed due to illness. The effect of being short staffed was that staff did not have time for the "extras", but still gave good essential care. People who were being cared for in their rooms had access to call bells to enable them to summon

help when they required it. During the inspection we did not hear call bells ringing for extended periods of time showing people's requests for support were answered promptly. Some people in the communal areas had personal alarms others told us they would shout for a staff member of find staff to help someone if needed. Throughout the inspection we observed staff were constantly in and out of the communal areas where they checked on people to help ensure their needs were being met.

People told us there were enough staff. Family generally also felt there were enough staff. One family member said, "There are always plenty of staff around to help", and another, "The staff to client ratio is always a challenge, but the staff do all they can to provide adequate care." One family member said they felt more staff could ensure there was more stimulation for people and another said that weekends could be a challenge, but "good care is maintained."
The registered manager has been able to demonstrate staffing is not an issue at this time.

People received their medicines safely from care staff who had received specific training to safely carry out this task. Clear and accurate records were kept of people's medicines; staff were given time to book in and check people's medicine stock often. All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the provider's policies and procedures. Audits were completed to make sure the management of medicines was safe. One person was assessed as safe to take their medicines without being observed; staff went back in a reasonable time frame to check the medicine had been taken and then signed the person's medicine administration record. This had been agreed to reduce this person's anxiety. A relative told us, "They are always on the ball with medicines; even if the doctor changes it, they always get [the new medicine] quickly."

To minimise the risk of the spread of infection all areas of the home were kept clean by a dedicated housekeeping team. All areas of the home were clean and fresh on the day of the inspection. Staff had received training in infection control and good practices were followed. There were adequate supplies of personal protective equipment, such as aprons and gloves, and we observed staff used these appropriately. There were hand washing facilities throughout the home.

Everyone felt their rooms were kept clean. A family member told us, "The home is always very clean, and appropriate protective clothing is worn as and when required" and another, "The infection control is always good and staff always wear aprons and gloves".

Good

Is the service effective?

Our findings

People continued to receive effective care.

People told us they felt cared for to a high standard, receiving the care and treatment they needed to meet their needs and respect their wishes. Each person who moved to the home had their needs assessed before they moved in. Care plans were put in place quickly to make sure staff had the information required to deliver care to meet people's needs. The home used an electronic care plan system which was regularly reviewed and updated to make sure care plans were reflective of people's current needs. Where people had specialist needs or equipment the provider made sure staff had the training and support they required to meet people's individual needs.

Staff worked well together and with other organisations to deliver effective care, support and treatment. The GP confirmed they felt this worked well. Records showed how the district nurse team, Speech and Language Team (SaLT), and other professionals had been requested to support care planning. For example, one person suffered a persistent cough but despite various tests and investigations, it had not been possible to diagnose what was causing it. Their relatives were happy that all that could be done, was being done and that they were not in danger. Staff were continuing to monitor and keep the GP and family informed.

People had their health needs met. People could see their GP or other health staff as needed. Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. For example, one family said their family member has had the district nurse service arranged to visit quickly if needed. They are then kept updated on the progress. The GP we spoke with spoke highly of staff, their knowledge of people and felt confident any advice would be carried out. They also felt good communication meant there was no concerns about all staff being updated quickly if needed.

A family member told us, "Yes, I believe my mother's health needs are well met. The home has always called out a doctor quickly when concerned, and also taken on-board concerns that we have had as a family and ensured that the any medical needs are quickly addressed. Staff always keep me informed by telephone or when I visit when they have a concern."

People were supported to have a good diet which met their needs and preferences. One person said the portions were good and, "you can have more if you want it'. Drinks were provided often throughout the inspection and in people's rooms. People's eating and weight were monitored and support sought as needed to ensure people could eat safely. Kitchen staff told us that communication was very good between the care and kitchen staff. This ensured people's special dietary needs and wishes were passed on to catering staff. Some people required their meals to be served as a specific consistency to minimise the risks of choking and an appropriate meal was provided.

We observed lunch on both days of the inspection. People ate in the dining room or their own rooms in line with their choice or how they were feeling. People's meals were quickly served and as they had chosen.

People were observed being able to change their mind and ask for something else. People were supported discreetly by staff; this included one person who struggled to eat with usual cutlery but refused to use a recommended set. Staff ensured they could eat and support them in a way that maintained their dignity.

Family members told us, "Dad enjoys all his meals", "Staff will always make an effort to make other food if he doesn't fancy what is on the menu", "Food is plentiful. Always hot, well presented and a good choice" and, "When I have been present at meal times, I have always seen nourishing and well-prepared food presented in appropriate portions. All food appears to be home-cooked as well".

People received care from staff who were well trained and competent. The provider made sure staff received the training required to effectively and safely care for people. People said the staff looking after them knew what they were doing and had been appropriately trained. Staff underwent regular training, with specific person training as needed. For example, when someone was living at the service who had Parkinson's all staff were trained to understand and meet that need. Staff were trained to understand how to look after people living with dementia. Training in epilepsy was being arranged as this was required for two people now living at the service. In the meantime, staff were being provided with up to date information and were seeking guidance and support from people's GP.

One member of staff explained that the registered manager kept all the training up to date, posting a list of upcoming training in the kitchen. Another told us how the registered manager observed their practice and spoke to them afterwards about any areas to improve.

Family members were encouraged to attend the dementia training if they wished to, to enable them to have a better understanding of the condition and how to meet their relative's needs.

A family member said, "Staff are well trained. My mum is quite complex to manage and the staff meet her specific needs well" and another, "Staff are well trained; very caring and attentive". A third said, "We have no reason to believe that the staff are not well-trained. They demonstrate professionalism, care, skill, and empathy at all times. Training days for staff are held regularly at the home".

We rechecked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's right to consent to their care and treatment continued to be reflected by applying the MCA. People were supported to make their own decisions and helped to do so when needed. Decisions were made on behalf of people in line with their best interests. However, this was not always clearly recorded in care records. We raised with the registered manager that using the term 'best interests' would help clarify this for staff. They agreed to review the wording of the care records to ensure staff knew when they were acting on behalf of people for a particular decision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been considered for the people living in the home however, they had not been submitted at the point of the inspection. Following the inspection, the registered manager told us they had now begun to submit these.

All the staff understood the need for consent in terms of day to day interaction with people. For example, we observed a good example with two members of staff who suggested to a person that they might be more

comfortable in a lounge chair rather than the wheelchair. But the person refused. So, staff left them in the wheelchair, but returned to check that they were alright.

People were supported to maintain their culture, faith and accepted as individuals. All were treated equally. A visiting professional told us they thought staff were very good at providing care and support which respected the individual and their beliefs and values.

The building was decorated to a high standard; people were supported to find their way around the building by having good signage. During better weather people could access the grounds, being supported by staff if needs be. People's rooms were decorated and laid out in line with their choice. People had the equipment to meet their needs and were able to say how they spent their day. There was a library with large print books available and people could use the Wi-Fi to stay in touch with family and friends. The registered manager recently attended a "Managers Sling Assessment Seminar" which they felt was very useful and positive as they could now assess people without waiting for other professionals. This would lead to a speedier service for people.

Good

Is the service caring?

Our findings

The home continued to be caring.

People received care which was kind and respected them as individuals. The registered manager and matron led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect. Some people were living with dementia and were not able to communicate fully. Most however, had some communication skills and were able make themselves understood by the staff who treated them respectfully with patience and care.

People said the staff were very kind and compassionate and treated them with respect. One person said, "I wouldn't want to go anywhere else" and another, "They help me to keep my independence – I like my independence".

A family member commented, "The staff are very friendly and good at listening; [my relative] is always addressed by named and listened to" and another, "Everyone is always friendly. They show kindness towards mum and are understanding of her needs." Other comments from family members included, "The staff are always caring, kind and polite; it always feels calm and relaxed here. Almost like home" and, "All the staff are extremely caring and hard working. [My relative] is always called by name and spoken to directly and sincerely."

People's privacy and dignity was promoted. Where people were unable to promote their own dignity staff discreetly helped people. For example, one person was seen after afternoon tea to have spilt some drink on their top. A staff member quickly noticed and spoke to the person; a clean top and another member of staff were quickly sought and the person hoisted to their wheelchair so they could change their top in privacy. This was done in a manner that maintained their dignity. The person was told what was happening, taken, changed and brought back in a flourish that felt as if it was the most normal of events. Lots of conversation about the weather and laughter was heard from all involved which helped the person feel more comfortable about receiving personal care.

People were supported to make choices about how and where they received support. People could spend their time in their rooms, the lounges or garden in line with their wishes and feelings. Staff were observed responding to people's request quickly and enabling people to move to their rooms if desired. Staff supported people to make decisions in their own time. This was important for people living with dementia or some confusion. For example, one member of staff described how they would sit with one person and talk about their life using photographs as a hint and starting point for their discussion.

The registered manager said, "When providing care and support to service users, staff will promote independence and safety throughout and encourage independence with all aspects of their care. They will ensure choice of how people wish to receive their care, what they would like to wear and helping them choose the outfit of their choice. Staff will assist people to remain as independent as they are able with their care needs, so they will constantly feel included and are able to make their own choices".

Staff were able to show us how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care. There was a regular Communion Service held in the service for anyone who wished to attend. One person said the manager and staff supported the local church coming in to offer the service. Another person received regular visits from their local priest who gave communion in their room.

Visiting relatives told us they were kept informed about any changes and were involved in decisions where people were unable to fully express their views. Visitors we spoke with said they thought the staff cared about them as well as the person who lived at the home. Everyone assured us their relatives and friends were able to visit at any time and were always made welcome. During our inspection a couple visitors brought their young puppy in to visit their loved one. They told us everyone liked to see the puppy.

One relative told us, "All family members are able to visit at any time of day and always made to feel welcome. Visitors are offered tea and coffee if visits coincide with the drinks round- otherwise visitors are welcome to use the home's own tea and coffee making facilities (at no charge)" and another, "I visit most days at different times; I am never made to feel unwelcome and treat Mayflower House like my own home."

One or two people had a good view of a large tree through the windows in their rooms and enjoyed watching the birds and squirrels. One person had a budgie in their room, the staff caring for this resident told us they liked to see the bird and were happy to look after it on behalf of the person who was not mobile. The bird's cage was clean and the bird had plenty of food and water and lots of toys to play with.

Good

Is the service responsive?

Our findings

People continued to receive responsive care.

Staff we met, and observed, knew people well and were able to provide care that was personalised to their individual needs and wishes. People told us they were able to follow their own routines within reason and staff respected their choices.

Each person had an electronic care plan which set out their needs and how their needs would be met. A family member said, "My relative's care plan takes his personal needs into consideration." Staff responded to people's changing needs and supported them to maintain their independence. One family told us about how their loved one's ability to understand how to look after themselves had recently changed but staff supported them to feel they were still independent while making sure their needs were met.

A relative said, "From positioning my mum in bed to practical clothing, the care staff have come up with innovative ways to keep mum comfortable. They know her favourite television and radio programmes and make sure they are on."

At the start of the inspection, we were one room had been reserved by someone who had come to live at the service in October 2017 and left four weeks ago. They had come to live permanently at the service. However, staff worked with the person building their confidence in their abilities both physically and emotionally. Support was brought in from a physiotherapist and occupational therapy, all in the person's pace. At first the person would stay in their room but eventually ventured out into the corridor, then down stairs. They began to socialise and spend time downstairs. Then three months after they came, the person expressed their desire to live independently again and staff put in process that this could happen. They had been living in their own home independently for four weeks and their family had reported to the service that they were coping remarkably well, and was very happy.

Family members confirmed there was good communication with them when the person could not control their own care. One family member said, "I have been able to review mum's personalised care plan and am aware of any updates. I have been able to be involved." Another relative said, "I am always updated when needed." A third relative said, "We were very involved with mum's detailed care plan."

All family members felt their loved ones' changes in health were picked up quickly by staff who would "Give extra care and attention", "Keep an eye on her"; "Check him more often" and, "Prompt care will be given for all care need changes" when this happened. Family said they were also quickly told what was happening and kept informed. For example, one person suddenly turned blue and staff present quickly commenced first aid and were able to support the person to breathe again; others dialled 999 and communicated with the ambulance. Staff also communicated with the family. The person made a full recovery and on their return to the service family gave flowers, chocolates to staff. They expressed they were eternally grateful and there were no words to express how they felt to still have their relative with them.

One person had a white-board in their room and her family left messages for the staff. The messages on the day we visited the person told the staff which family member would next be visiting on which day, and gave instructions regarding the person's laundry.

For one person who was more independent, family commented, "Yes, we are familiar with mum's care plan, although we do not regularly see records unless I specifically ask about a particular issue for example, mum's weight records". A member of staff explained that the registered manager writes the care plans on the computer adding, "She will ask us about their needs; the ones that have capacity get involved."

There was a handover board and book to pass over any information before staff started to work their shift. There was no formal handover as the shifts were set around staff member's personal situation which meant start times were staggered. We spoke with the registered manager about this as the records were vulnerable to being wiped off before all staff had read them and could mean no record was kept. By the end of the inspection, the registered manager had arranged for electronic handovers to be available to staff instead. This meant a secure record could be kept.

People were provided with entertainment and activity. During the better weather trips were provided and the home had its own minibus to achieve this. A calendar of activities was published weekly to show what is going on, which we saw displayed on a table in the Library. In the afternoon we saw staff come and go and sit with people. We commented that more could happen for people in the morning which the registered manager said they would look into.

The staff worked with other organisations to make sure a high standard of care was provided and people received the support and treatment they wished for at the end of their lives. People were encouraged to decide in advance what they wanted to happen at the end of their life. People had pain relief provided and the service worked closely with the district nurses and GP when the time came. Staff told us family could stay in the service and no one would be left to die alone.

A family member wrote to the service after their loved one sadly passed away to express their gratitude in respect of how the staff had looked after their needs. They wrote, "The staff of Mayflower demonstrated their total dedication to their roles. I spent every day, all day at the home over the [last] two weeks and slept there for the last five days. I was humbled by the genuine love and affection shown to Mum, by the compassion and tenderness demonstrated when tending to all her most basic needs. Their grief at her passing was almost as great as mine and my family's. I will never forget their willingness to prepare Mum for her final journey – with all the dignity she deserved".

The service had a complaints policy that was communicated clearly to people. People and their family were encouraged to raise any concerns. All people and family members said they were confident to speak with the registered manager if they had any complaints or concerns. There was also an easel in the foyer with a noticeboard, on which was pinned a copy of the 'Complaints and Compliments Policy'. There was also a copy of the complaints procedure - 'How to make a Complaint'.

Everyone felt they could raise any issues informally. For example, one relative said "The manager, and also the team leaders, are always usually available and willing to discuss issues that arise on the spot. They will then discuss the best ways of dealing with any issues and usually address them quickly".

Good

Is the service well-led?

Our findings

The service continued to be well-led.

A registered manager was employed to manage the service. 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. They were supported in this role by a team leader known as 'matron'. The registered manager was fully supported by the provider who visited the home frequently to make sure high standards of care were maintained.

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. The management team had an excellent knowledge of the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described the management team as approachable.

People told us the registered manager regularly came around to see them. People and family commented that there was a good management and staff team with good rapport between them all. One family member said, "Mayflower is a very well run home. The staff all work very hard and the standard of care is excellent. Any concerns are very quickly dealt with."

People's wishes and needs were met because the management had a commitment to getting to know people as individuals and listening to suggestions from people, family and staff. A relative said there were residents, family and friends meetings held every two or three months. They felt they were effective. People, family and staff felt they could raise a suggestion at any time. They felt there was an open culture. One family described the management having, "A no blame culture". The registered manager advised us, "I have a very open door policy for all my staff, and also with family and relatives. I have built up a good rapport with all families, who should feel very comfortable should they ever have any issues or concerns. Should they approach me with any concerns I will deal with any issue as swiftly as possible. I will contact any family member to ensure they feel confident any matters are being dealt with as it is important to include family and relatives in the whole process".

The provider had effective quality assurance systems which ensured standards were maintained and constantly looked at ways to improve practice. For example, all falls which occurred in the home were audited and the registered manager took action such as contacting other professionals and making sure appropriate equipment was in place. Staffing had been reviewed as the home had some issues with recruitment and retention of staff. In order to make sure people received consistent care action was taken to address this. For example, staff shifts were personalised to individual staff. A fully trained bank staff was maintained; these were staff who knew people well which the provider expressed was important to ensure consistency for people living with dementia

The registered manager and provider took every opportunity during this inspection to learn and reflect on their practice. The registered manager wrote saying, "We really appreciate all the positive feedback you provided us with. At Mayflower we continue to strive to offer the best care possible and this would not be attainable without the feedback you and our staff, residents, advocates, families and other professionals provide".

The registered manager attended many of the Dignity in Care Forums, which they felt was effective within their role; sharing ideas with other managers was described as, "A great way to improve my skills and knowledge, there is always room for improvement, and it enables me to implement and try new things that service users can enjoy and feel valued and important, enabling them to have a better quality of life".

Links were maintained with the local and international community. The service had facilitated students from abroad to come to Mayflower, who were checked to ensure they were safe to work with vulnerable adults, and local students with a learning disability came with their teachers. People living at the service enjoyed these experiences and kept in contact with their visitors via telephone after the visit. Other experiences were being considered for the future. The registered manager received an award for "Excellence in care" awards 2016 and the service nominated by family for 2017.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. The provider had ensured a policy in respect of the Duty of Candour (DoC) had been implemented. The DoC involves registered persons being open and honest when something goes wrong.