

Farmhouse Care Home Ltd

Farmhouse Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Farmhouse Care Home is a residential care home providing accommodation and personal care to up to 20 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 13 people using the service. Farmhouse Care Home provides care in an adapted building close to the local village centre. The home has bedrooms over two floors and shared living spaces on the ground with accessible outside areas.

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

People told us they felt safe. However, improvements were needed in some areas. We could not be assured risks associated with people's needs were always assessed appropriately or managed. Relevant recruitment checks were not always safe. For one person a full employment history had not been obtained.

We were assured that most infection prevention and control practices were in line with current guidance. However, some improvements were required.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs and showed both care and understanding for the people they supported.

Systems were in place to protect people from abuse. Staff we spoke with were aware of how to identify, prevent and report abuse. There were enough staff deployed to keep people safe. There were plans in place for foreseeable emergencies.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date.

Staff felt supported in their roles and received regular support and one to one sessions or supervision to discuss areas of development and enable them to carry out their roles effectively.

Care plans provided comprehensive information about how people wished to receive care and support. This

helped ensure people received personalised care in a way that met their individual needs.

The home developed and promoted community involvement. People enjoyed going out in the community.

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

This service was registered with us on 2 December 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 21 August 2018.

Why we inspected

This inspection was prompted by a review of information we held about this service.

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.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Farmhouse 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

The inspection was undertaken by one inspector.

Service and service type

Farmhouse Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager, senior and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two health professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured that risks to people had been assessed and plans implemented to reduce them. For example, one person was living with diabetes, but records contained very little information to support staff. On day two of the inspection we found diabetes information had been updated to support staff.
- The service was supporting a person where their behaviours could challenge themselves or others. However, when we spoke to staff they were aware of how to support them, but there were no risk assessments in place to support staff to keep the person and staff safe.
- Other records showed individual risk assessments had identified potential risks, and provided information for staff to help them avoid or reduce the risk of harm to people.
- We spoke with a health professional who told us the service managed risks safely and effectively. They told us, "I have observed carers to have a good balance in managing risk, not being too over protective or risk averse as well".
- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. However, when we were viewing the home, we noticed empty rooms with window restrictors not attached. This meant that a person could walk into an empty room and be at risk of falling. We brought this to the attention of staff and windows restrictors were added.

Staffing and recruitment

- People and their relatives told us they thought staffing levels were sufficient. One relative told us, "From my observations during visits and from conversations with Mum it would appear so".
- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Recruitment processes were followed and staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, one person did not have a full employment history. On our second day the full employment history had been obtained.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. One person told us, "Feel safe, first class, feel safe by how we are looked after." One relative told us, "I believe that my mother in law is very well cared for by all of

the staff and that she is safe and well". Another relative said, "I know he is safe and well".

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff we spoke with were all aware how to keep people safe.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Using medicines safely

- People and their relatives felt medicines were provided safely. One relative told us, "All medicines are given as prescribed and the [registered] manager consults with me on every aspect of her care whether this be illness, doctors consultations, opticians". Another relative said, "I am satisfied that the Farmhouse Team are administering her medicines as prescribed and during conversations with Mum, it is clear that this is happening. She is much better as a result. I have been kept informed by the manager or deputy manager, either by telephone or email, of any proposed changes to her medication following the regular 'ward round'".
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- Staff were trained in medicines administration and were checked for competency and shadowed until the registered manager was satisfied of their ability to give medicines safely.

Preventing and controlling infection

- The home looked clean and there were no malodours.
- Daily cleaning records were in place for people's rooms and communal areas. However, cleaning records of high touch point areas for example light switches or handrails were not always kept. This meant management could not be assured that cleaning always took place. This has now been put in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- Visits took place in line with current government guidance. There were clear systems in place on arrival to ensure all necessary checks were made and recorded and that only visitors who had a negative lateral flow device, (LFD) test, no COVID-19 symptoms and a temperature below 37.8° Celsius.
- Alternative arrangements had been made to ensure contact was maintained with relatives and friends during the pandemic when visitors were not permitted. This included a garden room with a safe space, and a divider to keep people safe.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response, and to determine any patterns or trends. However, it was hard to see in some places as the registered manager was using different systems. The registered manager informed us following the inspection their plans to make it more streamlined and easier to monitor.

Is the service effective?

Our findings

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

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

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

- All the people we spoke with were happy with their care. A healthcare professional told us, "For the most recent person who lived there, the farmhouse communicated really effectively. They proactively undertook the tasks that they could themselves, and we agreed the tasks that I would need to do. I met with the service user with a carer from the farmhouse, and this approach worked really well to support the service user".
- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans described people's needs in a range of areas including personal care, oral health and daily living activities.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were well trained. One relative told us, "The staff I have met have been very capable in the care of my mother in law".
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as, medicines, manual handling, infection control, health and safety, safeguarding adults, fire safety, food safety and first aid. However, not many staff had completed training in dementia, but the provider was aware and plans were in place for further training.
- Staff were also supported to complete a diploma in health and social care and records showed most care staff had completed this or were working towards this.
- New staff confirmed they completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People we spoke with were very happy with the food. One person told us, "Food very good". Another person said, "Food marvellous, cook couldn't be better don't know how she does it". Other comments included, "Food excellent, don't want for nothing", "Really enjoy the food".
- Relatives were also happy with the food. One relative told us, "I would compliment them on their interaction with the residents and would give five stars to their cook who seems to offer a wide variety of

good healthy foods".

- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with each other and with staff. One staff member told us, "We do have time to spend with our residents during mealtimes, we are able to support and encourage a healthy balanced diet. If for whatever reason the resident isn't enjoying their meal, then alternatives are offered, when it comes to dietician needs, we are always informed immediately if a resident is on special requirements and given guidance on what they can or cannot have due to this".

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

- People we spoke with were happy with their rooms. One person told us, "Happy with my room." Another person said, "Room nice, plenty of cupboard space and very comfy". One relative told us, "It's a small, personal, community feel as opposed to a clinical care home".
- The service was going through a refurbishment programme with decorating and new flooring. One of the communal bathrooms needed refurbishment and plans were already in place to update the area into a wet room.

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals. One relative told us, "I have also been informed when she has been unwell or when she has had a fall and I am happy with any action that has been taken as a result".
- Health professionals we spoke with were happy with the support and a GP visited the home regularly to check on people's health. A healthcare professional told us, "There are multiple outside areas that people can easily access, and residents are supported to go out into the community as much as possible. Staff create a nice relaxed social atmosphere with lots of engagement and interaction. I feel all of these things are important to health".

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people were able to make their own day to day decisions and told us that their choices and wishes were respected by staff. One relative told us, "I am updated on her mental awareness and am always consulted for consent on changes of her care". A health professional told us, "I have observed carers to have a good understanding of mental capacity, and to communicate and support people to make their own

decisions and maximise their independence". They also told us, "I have observed carers to be proactive in allowing people to make their own choices when they have mental capacity and acting in the least restrictive way and the persons best interests if they do not have capacity".□

- We observed staff seeking consent from people before providing care and support.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us staff were very caring. One person told us, "Staff are lovely do anything for you". Another person said, "Look after you well, could not be better". A relative told us, "I've observed the staff in person speaking, caring for all residents and even when they never knew I was around. The staff really provide compassionate and relative care". A health professional told us, "All the staff are incredibly caring, residents are therefore happy, and staff communicate well with me".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

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

- People told us they were involved in their care. One relative told us, "I am informed immediately if there are any issues. In my personal opinion she could not be in a more kinder, caring place than this care home".
- Staff told us how they involved people and their families if required in their care. One staff member told us, "When caring for our residents we always take guidance from them, the offer of personal care is given and if our residents are not ready then we always return later to offer again. Communications with relatives are ongoing on a daily basis and family are always involved, if appropriate, and informed of decision making if the residents care changes or may need to change due to circumstances. I feel the carers look after and care for the residents in an understanding and compassionate way".
- People's care records included information about their personal circumstances and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us all the staff treated them with respect. One person told us, "Staff treat me well".
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One staff member told us, "During personal care the privacy and dignity of our residents is priority. Talking to each resident in a way they understand us, ensuring they know what is happening and what we are doing. Permission from our residents is also very important and we seek this with all aspects of care, we will also encourage our residents with independence, decision making and respect their wishes". Another staff member said, "I would always ensure the residents had their privacy and dignity throughout personal care by shutting doors, curtains and ensuring the resident is covered with a

towel. I would promote independence by encouraging the resident to do things for themselves and offer help where it may be needed. I always respect the residents by offering them choices throughout the day in regard to all aspects of care and respect the choice the resident makes".

Is the service responsive?

Our findings

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

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

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

- People received personalised care. We spoke to staff about promoting person centred care. One staff member told us, "Every individual has their own routine and I feel I know these well, we take time to sit and talk with the residents or if they require to speak to someone in particular we always try our utmost to make sure this happens for them as soon as possible. By doing this, I feel it makes our residents feel valued and listened to".
- Another staff member said, "Person centred care means to me that every resident is different in their own right and have a care plan to suit their needs and requirements , every individual has their personal likes and dislikes and we provide their care around these wishes, needs and wants". □

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.

- A health professional told us, "I have observed carers communicating really well with residents who had dementia and a situation could have escalated into a conflict. The carers deescalated the situation effectively".

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

- Lots of people we spoke with enjoyed going out in the community. We spoke with one person who told us how they enjoyed going out shopping with staff to the local town and shops. For another person staff used a wheelchair for them to visit the local cemetery to visit their loved ones grave to place flowers and reminisce.
- We spoke with a health professional who told us one of the things they did really well. They told us, "Supporting people to access the local community. Being proactive in supporting people to maximise their own health and wellbeing".
- The service also got involved with the local community. For example, some people had attended a 'knit and natter' group in the local pub which was well received and got to know the staff. People enjoyed this and looked forward to going to the pub, so the service also introduced a pub night in the home with singing.
- The service did not employ an activities co-ordinator and daily activities were delivered by the staff on duty which helped to reduce the risk of social isolation. During the inspection we observed many activities including, exercise, quizzes and skittles.

- The provider had recently purchased an interactive trolley that could be taken into people's rooms for individual activities. These included, movies, quizzes and a church service. This could be individualised to suit people's needs including birthdays.

Improving care quality in response to complaints or concerns

- People and their relatives told they were encouraged to raise any concerns One relative told us, "I have previously made a few negative comments for the care home to sort out their internet service as my mother can only communicate with the outside world via her iPad. I'm pleased to say they called in someone to sort it out and they kept me in contact, so overall I'm happy with how they dealt with my concerns".
- The home had a complaints procedure which was on display in the reception area. People told us they had no concerns and we saw lots of written compliments about the service.

End of life care and support

- Staff worked closely with a range of healthcare professionals to ensure that people received a pain free and dignified death.

Is the service well-led?

Our findings

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

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

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

- People and their relatives felt the service was well led. One person told us, "I could not be in a better place". Another person said, "Excellent, nothing wrong at all". Another person told us, "Looked after well, could not wish for a better place". One relative told us, "I do not have anything at this time [that] I am unhappy with". Another relative said, "Very happy with this service, I feel updated and contacted when necessary". A health professional told us, "It is a care home that I have a positive view of".
- Staff we spoke with enjoyed working at the service. One staff member told us, "I enjoy working at the Farmhouse. I like that it is a small home and we are able to form good relationships and trust with our residents". Another staff member said, "The thing I enjoy the most is spending time with the residents and having fun with them".

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

- People, relatives and professionals all spoke highly of the registered manager. One health professional told us, "[registered managers name] is particularly caring and manages well and effectively".
- Staff were positive about the registered manager. One staff member told us, "I do feel I am able to raise concerns with my manager and talk to her about any issues I may have. I feel listened to and she will follow these up promptly and efficiently with effective results. I feel my manager is fair with her decision making and if these affect staff then she always communicates and give staff options before making final decisions. My manager will always communicate any concerns or changes with our residents to staff either verbally or through messages on our care control system". Another staff member said, "I do feel I am able to approach my manager with any concerns I have. I feel my manager listens to me and takes action when needed and supports me if it's a personal issue".
- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, dignity, cleaning, infection control and health and safety. Where issues were identified remedial action was taken.
- Provider audits were also in place to review the service's progress. A recent provider audit had resulted in a positive outcome. An action plan was in place to drive further improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service sought feedback on the quality of the service by using an annual quality assurance survey sent

to people and their families in January and February 2022. These were mostly positive. One comment from a relative said, 'the care home, in our opinion, is one of the best in Hampshire. We have no concerns about the care of our mother and would score [it] a 10 out of 10'.

- A visiting professionals survey from February 2022 was positive with many positive comments one recorded said, 'Two of my client's experiences have been excellent. Staff are very person centred, patient and non-judgemental, management are very hands on and know the clients well. There is a friendly atmosphere when visiting, staff are always welcoming and jolly, the farmhouse has homely feel to it and residents all appear happy. Incidents and concerns are reported in very timely manner with appropriate measures quickly put in place. I cannot personally think of any improvements required as have had very positive experience'. Other comments included, 'I feel the residents I have placed at Farmhouse, either short or long term, have been assisted and cared for with dignity and respect as have family and loved ones'. 'Can't fault anything'.
- Staff were supported by meetings and daily handovers. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. One staff member told us, "Team meetings are every few months, and I am able to attend, if for any reason I am not able to attend, meeting minutes are typed out and printed so I am able to read what was addressed and any concerns raised. Also, before team meetings, my manager asks for any feedback I may have that may be addressed at the meeting".
- The service worked in partnership with the local doctor's surgeries and community health teams. The registered manager told us how they always took people to their hospital appointments rather than families as they knew them well. They said, "We have business insurance, so we take them. We know our residents and a lot of hospitals don't understand our residents or dementia".

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

- There was an open and transparent culture in the home. One relative told us, "There has been a few incidents which haven't gone to plan and I'm very pleased with their openness to share what happened, why, and what they are doing about it – great communication (very happy)".
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.