Action details

Person responsible:	Valentin Joita
Location:	Floryn House
Due date:	01-Apr-2026
Details of action required:	An important part of Candour of duty is to provide an annual report about the duty of candour in our service. This short report describes how the Care Home has operated the duty of candour during the last year.
Closed date:	27-Mar-2026

Form - Duty of Candour Annual Report

All health and social care services in the UK have Duty of Candour responsibilities. This is a legal requirement which means that when things go wrong and mistakes happen, the people affected understand what has happened, receive an apology and organisations learn how to improve for the future.

An important part of this duty is to provide an annual report about the duty of candour in our service. This short report describes how the Care Home has operated the duty of candour during the last year. We hope you find this report useful.

What year does this annual report relate to?: 2025

Who is completing the report: FL10042

Job Role: Home Manager

Provide a short narrative about your service: Floryn House Care Home provides placements for elderly individuals who require social and nursing care for up to 73 residents. The service provides long-term care as well as respite placements, where the service has capacity. The aim of the team members is to support Residents throughout their stay, through working closely with all professionals involved in their care

Within the last 12 months, how many incidents have there been at the home, to which the duty of candour applied.: 6

Types of Unexpected or Unintended incidents specified within the legislation

Someone???s sensory, motor, or intellectual function is impaired for 28 days or more.

Number of people affected (just add number - no details) 2

Someone has experienced pain or psychological harm for 28 days or more.

Number of people affected (just add number - no details) 3

A person needed health treatment to prevent them from dying.

No entries recorded

A person needed health treatment to prevent other injuries.

No entries recorded

The structure of someone???s body changes because of harm/injury.

No entries recorded

Someone???s treatment has increased because of harm.

No entries recorded

Someone???s life expectancy becomes shorted because of harm.

No entries recorded

Someone has permanently lost bodily, sensory, motor, or intellectual functions because of harm.

No entries recorded

Someone has died.

No entries recorded

When you realised the event(s) above had happened, did you follow the correct procedure.: YES

Did you review what happened and what if anything, went wrong to try and learn for the future.: YES

When something has happened that triggers the duty of candour, do staff report this to the Home Manager who has responsibility for ensuring that the Duty of Candour procedure is followed?: YES

Does the Home Manager record the incident or accident and reports it as necessary to the CI/ CQC/CIW, the local contracting authority, the Regional Director, and the Quality Director, for the company.: YES

Do all new staff learn about the duty of candour at their induction?: YES

When an incident or accident has happened, does the Home Manager and staff set up a learning review?: YES

Please provide a short explanation of the learning from any Duty of Candours (Please do not provide any information that could identify individual residents): 2025 Duty of Candour – Lessons Learned

1. Poor moving and handling
Staff required ongoing refresher training in safe moving and handling techniques to ensure residents are supported safely and with dignity at all times.

2. Personal belongings moved/looked through
Clear communication and respect for residents' privacy must be reinforced. Staff should only handle personal belongings when necessary and always explain the reason to the resident.

3. Pressure ulcer Grade II – continence care not completed
The importance of timely continence care and regular skin checks must be reinforced to prevent avoidable pressure damage.

4. Pressure ulcer Grade II – resident refusing positional change
When residents refuse care, this must be clearly documented and alternative comfort measures or approaches should be explored to reduce risk of skin breakdown.

5. Fall with hip fracture
Falls risk assessments must be reviewed regularly and updated promptly when a resident's condition changes.

6. Fall with fractures to left foot
Staff awareness of individual mobility risks needs to remain consistent across all shifts, including agency and new staff.

7. Fall with fractures to left hand
Post-fall learning should focus on early identification of high-risk residents and ensuring all preventative measures are in place and followed.

Duty of candour informs our learning and planning for improvements as a service, and as a company. It has helped us to remember that people who use our services have the right to know when things could be better, as well as when they go well.

Do you confirm that you have made this report available to the regulator but in the spirit of openness, have also published it to share with residents and their relatives too.: YES