

Angel Care (Devon) Limited

Angel Home Care

Inspection report

37 Fore Street
Bovey Tracey
Newton Abbot
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Tel: 01626830343

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Angel Home Care is a domiciliary care service providing personal care. The service provides support to people in their own homes within Bovey Tracey and the surrounding areas. At the time of our inspection there were 46 people using the service. People had a wide range of needs from minimal social support to assistance with all aspects of daily living. Some people were living with dementia and the service also supported people at the end of their life.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider and registered manager nurtured a culture which truly put people, and the local community, at its centre. Staff were unanimously positive about the provider, registered manager, office staff and each other. All of the people and relatives we spoke to were positive about the support they received. The provider organised celebrations and events to reduce people's social isolation. For example, for the Queens Platinum Jubilee they hired a local hall and held a celebration for the people they support. This brought people who were often isolated together. The provider has strong links with the local community and organised regular charity events. During the heatwave, the provider opened the office space up for people to shelter and provided water. This winter they are offering the office as a 'warm space', for anybody in the local community to use, providing hot drinks and board games. The provider offered dementia training to local businesses, in order to support Bovey Tracey to become a 'dementia friendly' town. The office window display was regularly changed to engage, educate and support staff and the local community. For example, displays were produced to support mental health week, to feature information on dementia and about how to keep safe during the heatwave.

The provider worked in partnership with other healthcare professionals to ensure people got the support then needed and was committed to continuously improving the service. The provider and registered manager demonstrated an ability to maintain an excellent standard of care provision against a backdrop of the Covid-19 pandemic and some of the most challenging operating conditions the care sector has experienced.

People and their relatives told us care staff were exceptional and went above and beyond to support people. For example, one person told us, "It very much feels as if they care about me and I matter to them, and the job they do really matters to me. It's nice to have care from people who are invested in it. They do go the extra mile." Staff provided care in an exceptionally person-centred way. For example, one person's family member was impressed that staff took pictures of the sunrise and of their changing garden to show their relative. Last Christmas staff provided 15 people, who had no family nearby and were unable to cook themselves, with a cooked Christmas lunch. This meant they had a traditional, hot meal and a visitor on

Christmas Day. Staff were pro-active in looking for ways to maximise people's independence and spoke about people with kindness, dignity and respect. A healthcare professional told us the person they were supporting hadn't been out of their home, other than to medical appointments, for several years. Staff had arranged a wheelchair for them and taken them out for a ride in their car. They said, "[Care staff] know her really well, they are caring, warm and respectful."

People's care plans contained specific information about who they were as people, and how staff could understand and respect that. For example, one person's care plan explained the colloquial Devonian terms they used to refer to people and told staff how important it was to them to have a laugh. People and their relatives were involved in creating and reviewing their care plans and told us how supportive staff were. Feedback from people and their relatives was sought. Comments made in response to a survey included, 'I would like to put on record just how helpful and terrific [staff name] is and how life-enhancing this is for me.' And, 'You couldn't do any better.' 'I feel very lucky to get the excellent care and kindness received from Angels.' 100% of people who completed the survey said they would recommend Angel Home Care to others.

Systems were in place to safeguard people from abuse and people's risks were assessed and well monitored. People were supported to receive their medicines safely. People's care plans contained good detail about how staff could support them to manage their health conditions and the risks associated with them. Systems were in place to ensure staff were recruited safely. Disclosure and Barring Service checks were obtained. There were enough staff to ensure people's needs were met and people told us staff had enough time to provide the care they needed, and to spend time talking with them. One person said, "If they're rushed, they don't show it." Well established systems and processes to monitor quality were in place and systems were in place to record, review and learn from things that went wrong.

People's needs were assessed prior to a care package being agreed and consideration given to which staff would be able to meet the individual person's needs. Staff completed training relevant to their role and received regular spot checks, supervision and appraisal. People told us staff who cared for them were well trained and knew how to support them with their medical equipment. People were supported to eat and drink enough and staff monitored how much people were eating and drinking where required. One person's relative told us, "They monitor her eating and drinking, they are very good at facilitating it." People's capacity was assessed where necessary and people were supported in the least restrictive way.

People had personalised care plans which they had developed with staff. Care plans contained detailed information about people's preferences and how they wished to be assisted. People had been supported to create detailed end of life care plans, where they wished to do so. People's care plans contained information about how they, and in some cases the people they lived with, communicated. Staff took action to reduce people's social isolation. For example, by organising equipment so they could be more independent. Systems were in place to ensure complaint and concerns were reviewed to identify where care could be improved.

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

This service was registered with us on 4 December 2020 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 13 November 2019.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was exceptionally caring	Outstanding ☆
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well led	Good ●

Angel Home Care

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2022 and ended on 13 October 2022. We visited the location's office on 27 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We reviewed the information held on our system. We used all this information to plan our inspection.

During the inspection

We spoke with seven members of staff, including the provider and registered manager, five people who used the service and eight people's relatives. We received feedback from two health professionals. We looked at four people's care records, three staff recruitment files and we reviewed a range of records including the training matrix, supervision and appraisals, complaints and records relating to governance and oversight.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- Appropriate referrals had been made where staff had identified people were at risk of or experiencing abuse. One health professional told us staff had identified that one person had been experiencing financial abuse and had been "really proactive" in supporting them.
- People said they felt safe and every person we spoke with knew how to contact the office and told us they felt comfortable raising concerns. One person said, "I feel totally safe with them, I couldn't have a better team."
- Staff had completed safeguarding training and told us they felt confident raising concerns.

Assessing risk, safety monitoring and management

- Risks were assessed and well monitored.
- People's care plans contained good detail about how staff could support them to manage their health conditions and the risks associated with them. For example, one person was at risk of developing skin damage. Their care plan contained detailed information about how staff should monitor this risk and what action to take if damage occurred.
- The electronic care planning system supported staff to monitor people's health and take action to prevent risks developing. For example, the registered manager is alerted if a person at risk of constipation has not had a bowel movement recorded for several days.
- Staff monitored potential risks well. Photographs were taken to help staff monitor wounds and bruises. For example, one person had a mole they were concerned about, staff photographed it on a periodic basis so any changes could be identified.
- Risks to staff were also well assessed and managed. For example, where the circumstances within a person's home might put staff at risk.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. Disclosure and Barring Service checks were obtained. 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.
- Prospective staff attended interviews to ensure they had the skills required for the role and references were sought from previous employers, including when staff had previously worked abroad.
- There were enough staff to ensure people's needs were met. Staff's routes were well planned to ensure they had enough time to travel between people's homes.

- People told us staff had enough time to provide the care they needed, and to spend time talking with them. One person said, "They have nice conversations, they're not rushed." Another person said, "If they're rushed, they don't show it."

Using medicines safely

- People were supported to receive their medicines safely.
- Staff provided support on an individual basis according to what each person needed. For example, ordering and collecting medicines from the pharmacy for one person who was unable to do so themselves.
- The registered manager monitored how well people were managing their medicines and continuously reviewed the support required. One staff member told us, "One person's relative likes to give them their evening medication, however, they kept getting the times wrong. We looked to change the time of our visit, so we could support the relative to give them the medicine at the right time."

Preventing and controlling infection

- Measures were in place to prevent the spread of infection and staff wore PPE in line with government guidance.
- Spot checks completed by senior staff included checking that staff wore the correct PPE and changed it between tasks.
- Staff had completed infection prevention control training.

Learning lessons when things go wrong

- Systems were in place to record, review and learn from things that went wrong.
- The registered manager used a 'you said, we did' format to review any concerns or incidents. They reviewed the action taken in response and how any lessons could be learnt.
- Staff told us they were pro-active in minimising risk to people. For example, one member of staff told us, "If a person was getting a bruise in the same place, I would look to find the cause of this, perhaps a piece of furniture that could be moved. Or if someone tended to fall getting up in the morning, we'd look to see if we could schedule the visit earlier, to help prevent it."

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

- People's needs were assessed prior to a care package being agreed and consideration given to which staff would be able to meet the individual person's needs.
- People's relatives told us they felt involved in their care, and said communication was good. One relative told us how much they appreciated having access to the electronic care records, they said, "I can have a look and see how she is doing on a daily basis, which is very reassuring."

Staff support: induction, training, skills and experience

- Staff completed training relevant to their role, including 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.
- New staff completed an induction programme with regular supervision sessions and all staff received regular spot checks, supervision and appraisal.
- The registered manager was qualified to deliver some core training subjects and the provider had purchased a hospital bed, hoist and resuscitation doll so face to face training could be delivered on site.
- People told us staff who cared for them were well trained and knew how to support them with their medical equipment, such as catheters.
- Staff told us they had sufficient training and felt confident they had the knowledge and skills to meet people's needs. One member of staff told us, "The trainings really good, I'm quite impressed. They are always sending us information, and videos to watch."

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

- People were supported to eat and drink enough and staff monitored how much people were eating and drinking where required.
- People's care plans contained specific information about what assistance people required to eat and drink, and how staff could support them.
- Where people struggled to eat and drink enough, staff found alternative ways to support them. For example, one person was supported with 'jelly drops', which are 95% water, to stay hydrated.
- One person's relative told us, "They monitor her eating and drinking, they are very good at facilitating it."

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

- Staff worked well in conjunction with other agencies and people were supported to access healthcare services.
- One person's relative told us, "They are very pro-active in managing health conditions. They contact the GP if there are any concerns and are really good at involving other health professionals."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity was assessed where necessary and people were supported in the least restrictive way.
- People's care plans were clear about who should be involved if decisions needed to be made in a person's best interest.
- The registered manager understood their role in ensuring applications to the Court of Protection were made at the appropriate time. At the time of this inspection, no applications had been required.

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 Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives told us care staff were exceptional and went above and beyond to support people. For example, one person told us, "It very much feels as if they care about me and I matter to them, and the job they do really matters to me. It's nice to have care from people who are invested in it. They do go the extra mile."
- Another person told us, "They'll go over and above, they make sure the bedroom window is shut and the cat's safe. They won't ever leave until they're sure there's nothing else I need." A third person said, "They are helpful, friendly and do everything I need. They do go the extra mile. [Carer] is always positive, always cheerful, we can have a laugh and a joke."
- One person's relative said, 'How lovely that the night staff take photos of the sunrise for her to see, and photos of her garden to see how it's changing. It really makes a huge difference.'
- Another person's relative thanked the staff, 'For everything you did. [Name] loved everything about Christmas, and your team helped make his last one a joyful time.'
- Last Christmas the provider and registered manager provided 15 people, who had no family nearby and were unable to cook themselves, with a cooked Christmas lunch. This meant they had a traditional, hot meal and a visitor on Christmas Day.
- Staff demonstrated that they really cared about the people they supported. A member of staff knew that one person loved dogs. They visited them with their own dog so they could enjoy spending time with him. Another staff member told us, "I was at the end of a visit and noticed there was no food in the fridge, so I went to the shop for him."
- Staff made efforts to involve people in events. For example, one member of care staff purchased cakes from the Macmillan coffee morning held in the office, to share with the people she supported that afternoon.
- When people don't need any assistance from staff, they seek out other ways they can help them. For example, during the heatwave one person didn't need any help on one of their visits, rather than leave and go to their next visit the member of staff spent the time watering their garden, and moving their tomatoes into the sun so they would ripen.
- During the heatwave, the provider opened the office space up for people to shelter and provided water. This winter they are offering the office as a 'warm space', for anybody in the local community to use, providing hot drinks and board games, free of charge.
- The staff team celebrated events that were important to each other, such as birthdays, weddings and anniversaries, and cared for each other. For example, one member of care staff told us how they were putting a care package together for one of their colleagues who had been off work unwell.

- There was a 'shout out' system in place where staff shared examples of positive things their colleagues had done. One said, '[Staff member] was so attentive with [name] when she was anxious, it felt like she was caring for a member of her own family. [Name] is an absolute pleasure to work with.'

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect, and that staff encouraged and supported their independence.
- One person told us how they had suffered with chronic depression since a young age, they said staff, "Really buck me up, when they notice I'm becoming withdrawn they make sure they actively try to cheer me." They told us that their physical health could make things difficult for them, and that staff "suggest various things to make me more comfortable."
- Staff were pro-active in looking for ways to maximise people's independence. For example, they monitored how often people managing their own medicines forgot to take them. When this became a risk, they considered how people could be supported to remember, for example by setting an alarm on their phone.
- One person's relative told us they had been in hospital for a long time and had become institutionalised. They said, "Angel enabled her to return home, and got her back on her feet. Visits were daily but have now reduced to twice weekly. We wouldn't have managed without them." Another relative told us, "Angels has allowed [Name] to stay in her own home far longer than I thought would be possible and I think, added to her happiness."
- Staff spoke about people with respect. One staff member told us they check people's care plans before their visit, to ensure they know "what they're wanting to achieve from the visit".
- A healthcare professional told us the person they were supporting hadn't been out of their home, other than to medical appointments, for several years. Staff had arranged a wheelchair for them and taken them out for a ride in their car. They said, "[Care staff] know her really well, they are caring, warm and respectful."
- Staff told us that the provider and manager are supportive of their individual needs. One staff member told us, "I told them I have a disability at my interview, I thought they wouldn't want me, but they are great. They make adjustments for me, schedule me breaks, and always notice when I'm struggling. I appreciate that there's no judgement."

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

- People told us they were involved in their care, and feedback from people and their families was sought. We asked one person, who's care plan had recently changed, if they had been involved in this, they said, "Absolutely."
- People's care plans contained specific information about who they were as people, and how staff could understand and respect that. For example, one person's care plan explained the colloquial Devonian terms they used to refer to people and told staff how important it was to them to have a laugh.
- One person's relative told us they spent time with a member of staff and their relative to review things when their needs changed. They told us that staff had "navigated it with her needs in mind", and had been very supportive, including assisting in organising a respite stay in a care home. They particularly appreciated the provider being available out of hours when they needed support.
- A survey was used to help people express their views. It included questions about the new electronic care planning system, how people felt about it, what improvements could be made and how people felt about staff not wearing face masks. This gave people the opportunity to comment on the way the service was operating, and not just their own individual experience.
- Comments made in response to the survey included, 'I would like to put on record just how helpful and terrific [staff name] is and how life-enhancing this is for me.' And, 'You couldn't do any better.' 'I feel very lucky to get the excellent care and kindness received from Angels.'

- 100% of people who completed the survey said they would recommend Angel Home Care to others.

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; End of life care and support

- People had personalised care plans which they had developed with staff.
- Care plans contained detailed information about people's preferences and how they wished to be assisted.
- People were supported to live their lives in the way they wished to, and staff were flexible if people wanted things to be different. For example, one person wanted to visit a friend during a care visit, so the member of staff gave them a lift and ensured they had made arrangements to return home.
- People had been supported to create detailed end of life care plans, where they wished to do so. The care plans considered how people wished to spend their final days in detail, including people and animals that were important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate, and adjustments made where required.
- People's care plans contained information about their communication needs. For example, one person found face masks a barrier to communication. Their care plans contained information about how staff could reduce the impact of this by looking directly at the person and speaking very clearly.
- People's care plans contained information about how they, and in some cases the people they lived with, communicated. For example, turns of phrase that they use that may not be familiar to some staff, and how one person's communication style changed when they felt under stress.

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

- People were supported to maintain links with the local community and the provider organised a range of events throughout the year to bring people together. For example, for the Queens Platinum Jubilee they hired a local hall and held a celebration for the people they support. This brought people who were often isolated together, including two people who had been good friends and neighbours, but had not seen each other for 36 years. As a result of the event they re-connected their friendship and were supported to stay in

touch with phone calls and cards.

- Staff took action to reduce people's social isolation. For example, by organising equipment so they could be more independent.
- Where people were unable to leave their house, staff made extra efforts to spend time with them and talk about their interests.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints and concerns were reviewed to identify where care could be improved.

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

- The provider and registered manager nurtured a culture which truly put people, and the local community, at its centre.
- Staff were unanimously positive about the provider, registered manager, office staff and each other. Comments included, "It's like a family." "[Name] is brilliant, so supportive." "They really value you; you feel appreciated." And, "[Registered manager] and team leaders are great, they have an open door and are willing to help."
- Staff welfare was also a high priority for the provider. For example, during the heatwave in the summer of 2022, they filled the office freezer with ice lollies for carers to enjoy and provided them with an 'essentials' pack, including water, sunscreen, deodorant and wet wipes.
- All of the people and relatives we spoke to were positive about the support they received. Comments included, "I think they're excellent, communication is really good." "They're really easy to talk to." And "There's good support provided by the office. They're a source of reassurance and advice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider has strong links with the local community. For example, when a charity who had offered to provide 15 Christmas dinners was unable to do so due to a Covid outbreak, the provider approached eight local businesses who all pulled together to donate or subsidise the food and goods required.
- Angel Home Care is part of a local business association. They offered dementia training to local businesses, in order to support Bovey Tracey to become a 'dementia friendly' town.
- The provider purchased a defibrator for the benefit of the local community and offered training to local businesses. The defibrator was used just a week after purchase, when a member of the public had a medical emergency in a nearby shop.
- The office window display was regularly changed to engage, educate and support staff and the local community. For example, displays were produced to support mental health week, to feature information on dementia and about how to keep safe during the heatwave.
- The service regularly took part in charity events. For example, to celebrate Angel Home Care's 15th birthday they held a raffle for people, relatives, staff and the local community. This raised £220 for the local air ambulance.
- Other community focussed initiatives included the provider offering free face shields to the local

community during the pandemic and acting as a drop off point to support a local recycling initiative, which raised money for a local animal charity and Mind.

- These initiatives demonstrated Angel Home Care was an active and enthusiastic member of the community it served, which included people using the service, their families, members of staff and the wider community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Well established systems and processes to monitor quality were in place. The registered manager completed a range of audits and monitoring activities to evaluate the quality of the service and ensure regulatory requirements were met.

- There was a clear staff structure and staff knew what their responsibilities were.

- We received positive feedback about the management team from staff, people, their relatives and health professionals.

- The provider worked in partnership with other healthcare professionals to ensure people got the support then needed. One health professional told us, "I did a home visit last week to do a swallow assessment. The visit was arranged so that a carer would be there during the assessment and the care team were responsive and accommodating. When I arrived for the visit the manager of Angel Home Care was there, and stayed throughout the assessment, which was very helpful."

Continuous learning and improving care

- The provider was committed to continuously improving the service. In May 2019 CQC published a report, following an inspection at the providers previous premises, which rated Well-led as inadequate. This was because there were very limited systems and process in place to monitor the quality of care. By November 2019, good systems had been implemented and Well-led was rated as requires improvement.

- At this inspection, we found the systems were now well embedded, and the provider and registered manager had continued to develop the service. For example, they had purchased equipment including a hospital bed and hoist so staff could benefit from face to face on site training.

- The provider and registered manager demonstrated an ability to maintain an excellent standard of care provision against a backdrop of the Covid-19 pandemic and some of the most challenging operating conditions the care sector has experienced.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour, and promoted an open culture where staff were encouraged to report things that had gone wrong.