

Bliss Home Care Ltd

Epsom

Inspection report

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Ratings

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|---------------------------------|--------|
| Overall rating for this service | Good ● |
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| 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

About the service

Epsom is a domiciliary care agency run by Bliss Home Care Ltd which provides personal care support to people living in their own homes and flats. It supports older people living with physical and health support needs, some of whom also live with dementia. At the time of the inspection the agency supported six people with personal care.

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

People were supported in a way which they chose and were in control of. Staff knew how to support people safely around their day to day needs, COVID-19 precautions and medicines. The provider employed only suitable staff and ensured there was enough of them to provide all planned care visits.

People told us they felt their care was personalised and provided by caring and polite staff. Staff knew how to support people to be as independent as possible, to communicate effectively and to make their own choices which were then respected. People were offered and given support around their day to day personal needs, upkeep of their homes, safety and access to their preferred activities or healthcare as per individual circumstances.

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.

Staff felt competent for their roles and were complimentary about support they had been receiving from the management. People, relatives and staff felt communication was good and there was a caring, professional and open culture in the service which brought good outcomes for people.

The registered manager ensured the quality and safety of the service were monitored and was very involved in the day to day running of the service. They made a range of improvements based on people's feedback and service needs. For example, new roles within the management team were developed. 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 06/04/2020 and this is the first inspection.

Why we inspected

This inspection was based on the date the service registered with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Epsom

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and management are often out of the office supporting staff and people. We wanted to be sure the registered manager would be in the registered office to speak with us.

Inspection activity started on 19 August 2021 and ended on 23 August 2021. We visited the office location on 19 August 2021.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, administrator, senior care coordinator and healthcare assistants.

We reviewed a range of records. This included three people's care records and medicines records for people who received support in this area. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including quality and safety audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data, further governance records and policies and procedures.

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 for 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

- People and their relatives told us they felt safe with staff visiting them to provide care. One person said, "I do feel safe with them, very much so." One relative explained to us why they felt safe about their loved one's care, "There was a time when a carer arrived but [relative] forgot and went for a walk. [Staff] phoned me straight away to let me know [relative] wasn't there. [Relative] is in safe hands."
- Staff received safeguarding training and were aware of their responsibilities to protect people from abuse or neglect. Staff knew how to report any safeguarding concerns and felt empowered to do so by the open culture of the service. One staff member told us, "I would call my manager, police or ambulance [if needed] and social services."
- The provider had systems and processes in place to protect people. For example, there were clear safeguarding and whistleblowing policies in place which staff could access and ongoing management support to refer any safeguarding concern to the local authority. The registered manager reported any safeguarding concerns externally as required and worked with other professionals to ensure action was taken to protect people.

Assessing risk, safety monitoring and management

- People and their relatives told us staff knew how to help them safely. One relative said, "Safety is top notch, [staff] always take care of it and I never worry about safety."
- People told us staff were not only able to provide safe support but also proactively discussed any risks and supported them to keep themselves well. For example, one person told us, "[Staff] are competent. They advised me I should be standing up at least hourly as I spent most time in a wheelchair. I can do that with a frame." The person explained staff also discussed skin integrity risk with them and supported them to ensure good skin care outside of care visits.
- People had care plans in place which addressed their individual risks and provided staff with clear guidance. For example, where people had specific needs around their mobility, the care plans included information on how other health conditions could affect their mobility and what support they needed with different activities of daily living. People's risks around continence needs, skin integrity or their home environment were also assessed.

Staffing and recruitment

- People and their relatives told us they were happy with the timeliness and consistency of the visits. The registered manager discussed people's preferences and time flexibility with them before they started using the service. They also ensured there were suitable numbers of staff available in the area, so people received care meeting their needs. A relative confirmed this, "We agreed right from the start there'd be a bit of flexibility around timing, [staff] are not rushing [when on a care visit]."

- People were visited by regular staff and felt informed where a new staff member was introduced to their care team. One person said, "I know all of [staff], they come within reasonable time all the time, and [the registered manager] always says 'If you have any problems, phone immediately', so you feel you are able to contact them if you have any problems." One relative said, "I think they make a big effort to keep it to the same [staff], so they can build a relationship with my [relative] which I really like."
- Staff felt care visits were planned in a way which allowed them enough time with the person and for travel. They also told us they knew what to do should they be running late for a visit due to unexpected circumstances and had ongoing access to management support. The registered manager implemented an electronic system which was monitored in real time throughout the day to ensure all people received their care visits as planned and any issue could be communicated and resolved promptly.
- New staff were recruited safely. The provider ensure appropriate pre-employment checks were completed to satisfy themselves potential candidates were of good character and could work safely with people. This included a robust interview, reference and right to work checks and Disclosure and Barring Service (DBS) check. DBS checks help employers in health and social care make safer recruitment decisions.

Using medicines safely

- People and their relatives told us staff knew how to support them with their medicines safely and asked people to check if all was well, even if they remained independent. One relative said they felt the support was safe, "Because of all the drugs, how that is monitored and logged, the [medicines] locked away, [staff] support very well with medicines."
- People had clear plans around the support they needed with their medicines and this was closely monitored by management via the electronic medicines and care records. The registered manager ensured there was information and guidance available for staff where medicines posed any specific risks to people. Staff also accessed body maps to make sure any topical medicines, such as creams were applied correctly.
- Staff were trained in safe administration of medicines and competency assessed prior to supporting people. The registered manager regularly checked staff practice and audited people's medicines records to ensure no errors were made. Staff knew how to spot and report a medicines error to protect people from any adverse effects.

Preventing and controlling infection

- People and their relatives told us staff followed good infection prevention and control (IPC) practice and wore personal protective equipment (PPE) when on the visit. One relative told us, "[Staff] change in the hallway separated (from the rest of the house) via door. They put the gear on, continuously change it and when they finish, they ditch the PPE into the dust bins. I am not worried from that point of view. When we saw them, they all distanced themselves. We couldn't ask for a better crew." People's care plans included prompts for staff to ensure good IPC during the visit.
- People told us they could access support to keep their living environment clean and hygienic. One person said, "[Staff] ask if there is something they could do for me, like housekeeping and laundry. They are very good, they keep my bed clean, wash the sheets. They do it all."
- The registered manager regularly updated their policies and procedures around COVID-19. Staff told us they felt supported to ensure they kept themselves and people safe from the risk of infection. Staff commented they had relevant training, ongoing access to PPE, regular COVID-19 testing and were supported to access COVID-19 vaccination.

Learning lessons when things go wrong

- The registered manager ensured any adverse events were reviewed and lessons were learned to improve the service. For example, when an administrative error was made and one care visit was cancelled a day too early, systems and processes for care visit planning were reviewed to ensure no similar mistakes in the

future. The person was not harmed as they were independent and planned to cancel the visit.

- The review included analysis of the root causes of the error which showed additional level of monitoring was needed to double check any changes made to the planner in order to keep people safe. This was implemented and the system was improved, any changes to regular care provision were now confirmed both by staff and the registered manager prior to implementation.

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 and their relatives were complimentary around how their needs were assessed and met at the point they wished to access care in their homes. One person said, "Before we became involved with them, we had telephone conversation. Then [the registered manager] came as she wanted to understand what our situation was. I was involved in care planning and had 'information pack'. I was invited to identify in my own words what I wanted. It was really in depth exploration of what I wanted and my preferences."
- The registered manager ensured robust assessments were completed with people and their network of support before a care plan was prepared and care visits scheduled. They also introduced staff and supported them when a new person started using the service to ensure any issues could be resolved promptly.
- The registered manager kept up to date with the national guidance changes and as the agency was a small provider, they also ensured they had external support to do that. This supported them to ensure their policies and procedures were in line with legal requirements and the national guidance, for example around COVID-19.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were competent for their roles. One relative said, "There had never been any carers that were not above and beyond the duty of care. [Relative] is very happy and me as well."
- Staff received robust training and support when they started their employment. One staff member explained, "The [staff] I was working with explained the theory and practicalities to me. We (worked together) and I also have written guidance on the application (electronic care records system). Before that I did the mandatory training courses as well. I felt competent." The registered manager was also a qualified trainer in some areas of care which enabled them to provide ongoing in-house practical support for staff during the time of the pandemic.
- There were a lot of new staff members within the team and the registered manager planned further training to develop their skills, especially around specific needs of people supported, such as diabetes. We saw evidence of the training being booked for staff with clear timeline for completion. We will follow up on this at our next inspection.
- Staff told us they felt supported in their roles. One staff member said, "I can get support anytime I need, training and supervision as well." Another member of staff said, "Anytime I need help I can call. [The register manager] told me 'don't be afraid to call, be honest, call anytime you need me' You can't find many managers like that."

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

- People told us they were encouraged to eat and drink well and support was offered when needed. One person said, "[Staff] help me with a with meal and drinks,. They always prepare me a dinner at night and when they are coming in the morning, they make sure I had something to eat. They always check with me."
- People's nutrition and hydration needs were assessed in their care plans which also informed staff around people's preferences. For example, people's care plans included details on how they liked their drinks made, what they usually choose to have for their meals and what their preferred snacks were. One person who spent most of their time in bed had a mini fridge available for them in their bedroom so they could help themselves to a drink in between care visits.
- Staff worked with people, their families and other healthcare professionals to address any changing needs around eating and drinking. For example, staff explained they regularly communicated with one person's family to ensure they had ongoing access to hydrating jellies to stay well-hydrated.

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

- People and their relatives told us staff were good at spotting any changes and communicating with families to support to access appropriate healthcare services when needed. One relative said, "At one stage [staff] were very concerned and wanted to go to a doctor, although I knew the doctor was aware, I spoke to [GP] again. They certainly let you know if they feel there is an issue. As a result of their intervention, the [community] nurses got involved in care. I have no concerns from that point of view."
- Staff knew what to do if people's health deteriorated. One staff said, "One day I knew something was not right (for the person). I informed the manager and the family and stayed with [person] until the [family member] returned home. I could also call NHS 11 or an ambulance if needed."
- Staff had access to appropriate information about people's health and how to address any changes in needs. One staff said, "We have all information around the health of people. When I see something different, I send all the information to my manager." The registered manager then liaised with people's families and healthcare professionals if needed to manage any changes safely.

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. 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 told us they were asked for consent to the care being provided and their choices were respected. One person said, "I expected it to be impersonal but that has been furthest from my experience. [Staff] are incredibly concerned that things are done in a way I want them done."
- Staff were aware how to enable and promote people's choices and about the importance of consent. One staff said, "I always I ask 'would you like some help', all the time I give the choice." The senior care coordinator told us this was also checked during spot check visits to ensure staff ask people for consent and offer choices, being polite and respectful.
- The registered manager had good understanding of the MCA and DoLS and the process they would need

to follow should they have concerns someone may lack capacity to make a certain decision. They also worked in close partnership with people's relatives where they were people's legal representatives.

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; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and caring and treated them well. One person said, "[Staff] are always lovely, professional, look smart and are nice company. I always felt comfortable with [them]." A relative confirmed this, "[Staff] are really nice people. They have got on well with [relative], he has spoken very highly of them. [Staff] are really good and helpful, I cannot sing their praises enough to be honest. There is nothing bad to say about them."
- Staff we spoke with told us about the caring values they strived to show in their day to day work. One staff said, "I chat a lot with my clients. I always wait for them to finish their story and never stop them. I listen and ask some questions. Some stay alone all day, I am happy when I arrive that they have people to chat to and I can learn about them and their life."
- The management team strived to ensure staff were kind and compassionate. The senior care coordinator said, "You have to be positive, empathic, have a smiley face and be polite. We build up the team like that." A relative said about the registered manager, "I feel she genuinely cares and had been great support to me. I found her very knowledgeable and she has given me good, sound advice. I am very pleased."
- People told us staff encouraged and supported them to be independent. One person said, "In fact [staff] prefer me to do what I can and then they help me when I am not able to, that is what they are here for." They explained how important that encouragement was for them as it enabled them to remain independent for as long as possible, despite their changing health needs.
- People and their relatives told us staff respected their privacy, dignity and their home environment. One relative told us, "[Staff] help [person] with bathing, [person] will get everything ready and [staff] prompt them to have shower or bath. They get all clean clothes ready and a towel. [Person] is very independent, staff definitely respect this."
- People's care plans included information for staff on which activities of day to day life people were independent with, when they may need encouragement and what support they require. For example around personal care, meals or housekeeping. Where people wished to receive support from their family with certain aspects of their care, this was also included and respected.

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

- People and their representatives felt involved in care and regularly consulted so they felt in control. One relative told us how their loved one had some reservations around accessing care at first. The commented, "I was initially worried [relative] would not be happy, they absolutely embraced it and enjoy [the care visits]. It speaks for itself, if they were not nice, (person) wouldn't be so happy."
- Staff knew how to involve people in their care and ensure they were enabled to express their views and

make their own decisions. One staff said, "We are respectful, asking permission from [people]. Even if I move from room to room, I inform them, communication is important."

- People's care records confirmed they were asked to be involved in their care plans and their views were listened to. People's wishes around their care were included in their care plans, for example where people decided they needed more or less care visits, this was adjusted by the service.

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 and their relatives told us they received personalised care which met their needs. One person said, "[Staff] are considerate and interested in doing what I want them to do. They do it in the right manner." A relative of a person receiving care explained how their loved one did not wish to use certain aids and how staff went about it respectfully and with understanding, providing different kind of support in a sympathetic way. The relative summarised, "For me it is really a big relief to know it is working out well. I feel [person] is in very good hands."
- People's preferences were listened to by staff. One person said, "We are all on very friendly terms. They address me as I told them to address me. I do not want to be on formal terms, I'd rather be on more personal terms." We saw this person's care plan included information on what they wished to be called.
- Staff told us they felt they knew people and their wishes well. Staff were required to read people's care plans and any updates on changes were shared with them by management prior to the next care visit. One staff said, "I have access to care plans in my phone, so I know about the client. I read about their needs before I start, it is good."
- People's care plans included information on their preferences around care, life story, interests and things important to them, For example, one person's care plan stated although they did not practice any religion, their spiritual outlook on life was 'my religion is love'. For another person, their care plan stated 'home is important for [name]'.
- The registered manager made sure care provided to people was responsive to their changing needs and provided in a timely way. One relative said, "[The service] put in care very quickly." Another person told us when they became unwell, the registered manager came in and stayed to support them for a few nights. They also helped them to get to hospital when it was needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received support to communicate freely with staff and were encouraged to do so. One relative said, "[Person] actually enjoys the interaction with [staff]."
- Staff knew how to communicate with people effectively. One staff member gave an example, "Because of dementia [person's communication] may become repetitive. I reply politely with the same answer but in a different manner, so they understand and know I am not getting irritated."
- People's care plans included information on how to best communicate with them, if they needed glasses

or had any difficulty hearing. The registered manager was aware of the Accessible Information Standard and had systems in place to enable information sharing in another language or format should that be more suitable for people.

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 told us staff were attentive to their wider social and wellbeing needs when they visited and remembered what was important to them. For example, one person said. "The care and help and the attitude have been exemplary. They go above and beyond what normal care I would expect. [Staff] sent me birthday card yet again this year, something I would not expect, I can't speak highly enough of them."
- Staff provided support for people as per individually assessed needs. For example, some people were supported to go out for a walk during their care visit. Other people wished to have support with day to day tasks only, but staff strived to ensure this was provided in a way enabling them to have some social interaction with people which they told us they really enjoyed. One person said about the staff visiting them, "She is absolutely delightful, like a little ray of sunshine."

Improving care quality in response to complaints or concerns

- The provider had effective system in place to manage and respond to complaints. People had access to the information on how to place a complaint and share concerns from the outset of the service provision.
- The register manager was well-known by people and relatives who commented they felt confident to approach them with any complaints. One relative said, "I would reach out to [the registered manager] if concerned about anything."
- Where complaints were raised, we saw evidence of these being dealt with promptly and the person raising complaint told us they were satisfied with the response and action taken by the registered manager. People's relatives confirmed this, one said, "[The registered manager] would listen and would solve any issues."

End of life care and support

- The service did not provide end of life care and support at the time of the inspection. However, people were encouraged to voice their wishes during the discussions around their care plan.
- The registered manager was aware on how to ensure appropriate personalised plans were created with people and their families should people require care at the end stages of their lives. They also had good working links with palliative care nurses and other healthcare professionals to ensure safe and joined- up care for people.

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.

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

- The governance recording systems were effective in meeting the needs of a small service where only six people received support and the registered manager was able to be up to date with any changes. However, we discussed the need to develop systems to ensure processes used to record induction and spot checks were effective as the service expanded. The registered manager assured us they had taken action to adapt the systems used. We will monitor this during our next inspection to ensure the changes have been embedded into practice.
- The registered manager was very involved in day to day running of the service and completed regular audits and checks of quality and safety. They also recognised staff's good practice based on positive feedback of people using the service, as well as their individual strengths and skills and supported them to develop into more senior roles. This enabled the registered manager to effectively delegate monitoring tasks, so they were completed consistently and in a timely way.
- The management team completed regular 'spot checks' during people's care visits where they gathered feedback from people and staff and observed staff practice in key areas, such as support with medicines, good IPC or how staff communicate and support people in kind and respectful way. They also completed a range of other audits, for example around care plans, people's care and medicines records.
- Feedback from staff and people was addressed by the management to improve people's experience and safety of their care. For example, one person commented they had not always known who was coming to support them. Following the feedback, the registered manager ensured the administrator regularly contacted the person over the phone to update them on any changes. The person told us this improved their experience and reassured them.
- The registered manager was knowledgeable around their regulatory responsibilities and notified CQC of any significant events in the service as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they thought highly about the registered manager and leadership in the service. One relative said, "[The registered manager] was on the phone the other day. She is very easy going, nice person to be with and accommodating." Another relative said, "[The service] is very well managed, very professional."
- People and their relatives told us they felt involved in the care, well-informed and the communication

from the service was good. One relative said, "They are very organised in the office, any concerns or feedback I always have an email or a phone call. I feel we have good line of communicating." The relative explained they were asked to support to do an inventory of the person's belongings which they were happy about as staff noticed the person may need new clothes to feel comfortable.

- The registered manager and staff regularly asked people and their relatives for feedback on care they received. One person told us, "[Staff] have been checking how I am. [The registered manager] in particular, and permanent carers I have. [Staff] came from holiday and was anxious of what I thought of the care whilst she was away."
- Staff felt the service was well-managed and there was a positive culture which promoted openness, inclusion and person-centred care. One staff said, "[The registered manager] is just amazing. I am so happy in this place. [The registered manager] helped me a lot and encouraged me to do the job properly." Another staff said, "I definitely had support. I would always ask and I feel listened to. Any concerns I have, I always voice them and [the registered manager] will always deal with it, we work quiet well together."
- The provider worked closely with people's families as the key contact point for people between the care team and other healthcare professionals. They also told us how they worked effectively with social services and NHS partners to ensure they were able to meet people's needs safely and effectively before offering to provide support to them in their own homes.

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

- People's relatives told us the registered manager worked in open and transparent way. One relative said, "I am always open and frank with [the registered manager] and vice versa, no secrets between us." They explained to us they were offered an apology and update on action taken when there was an error made around scheduling their relative's care.
- Staff told us the service had an open and transparent culture and they were confident to raise any concerns. One staff said, "Any questions, I am not scared. [The registered manager] is very honest, not only for me but for all."