

## Help and Company at Home Ltd

# Help and Company at Home Ltd

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected Help and Company at Home on the 24 November 2015 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that people would be in whom we needed to speak with.

Help and Company at Home provides personal care and support to people who wish to retain their independence

and continue living in their own home. Personal care and support is provided for older people and people living with early stages of dementia. At the time of our inspection 26 people were receiving a care service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us "I feel very safe, wonderful, I couldn't praise them enough". Another person told us "I think my carer is very pleasant and thoughtful".

People told us they received their care calls consistently and always received the care they needed. Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

The service was flexible and responsive to people's individual needs and preferences. Staff were able to accommodate changes to care calls. Staff regularly

fed-back concerns to the registered manager. Where people's health had deteriorated, the service responded in a timely manner and people were supported to access healthcare services.

Staff knew how to support people and help maintain their safety. They understood their responsibility to protect people from harm and abuse and they felt able to report any concerns appropriately.

People confirmed staff respected their privacy and dignity. Staff had a very good understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care. One member of staff told us "I ask people how they would like me to call them. I think how I would like to be treated and I try and respect them in the same way especially when I'm providing personal care".

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service. Staff commented they felt valued and enjoyed working for Help and Company at home.

Feedback was sought by the provider. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

# Summary of findings

## 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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Good



### Is the service caring?

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and the support they received.

Good



### Is the service responsive?

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good



### Is the service well-led?

The service was well-led.

Good



## Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and supportive.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

# Help and Company at Home Ltd

## Detailed findings

### Background to this inspection

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

The inspection took place on the 24 November 2015 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

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

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out a questionnaire to people to gather feedback before the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people and two relatives on the telephone who use the service, four care staff, one supervisor, the registered manager and the provider. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with three health care professional after the inspection to gain their views of the service.

This is the first inspection of this service since registration.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person told us “I feel very safe, quite happy to raise a concern, it’s in every body’s interest”. Another person told us “I feel very safe, wonderful, I couldn’t praise them enough”.

A health professional told us “The service ensured that the correct equipment was in place. The registered manager has turned up to meetings, including best interest meetings and was able to provide useful and relevant information which informed safety planning. One of the clients was detained under the Mental Health Act 1983 and the manager stayed throughout a very long difficult evening until the client was safe in hospital. The company also have a good understanding of the safety needs of their staff and risk assess appropriately”.

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us “I took (X) out shopping and saw them make a large withdrawal of money. I realised it was a lot of money and felt they could be vulnerable so I made sure I reported my concerns to my manager when I got back”. Staff training records confirmed that all staff had completed training on safeguarding adults from abuse. The contact details for people to report concerns externally were made available to staff. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. The registered manager told us there were opportunities for safeguarding concerns to be discussed at meetings. Policies and procedures on safeguarding were available for staff to refer to if needed.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned on a weekly basis and care staff were informed of their shifts a week in advance. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting

a person could be increased if required. The registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service. They said “We aim to be overstaffed to account for staff annual leave or sickness to ensure we have enough staff to care for people”.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people’s homes and the process they would undertake. One person told us “They check I am taking my medication and give it to me every day”. Another person told us “I only take it from a blister pack, they always remind me”. Staff received a medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration records (MAR) were completed by the registered manager on a monthly basis to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person’s care plan.

Individual risk assessments were reviewed and updated on a regular basis to provide guidance and support for care staff to provide safe care in people’s homes. Risk assessments identified the level of risks and the measures taken to minimise them. These covered a range of possible

## Is the service safe?

risks such as nutrition, falls and risks of equipment used to aid people's mobility. For example, one person used an electric wheelchair around their home. The risk assessment detailed for staff to ensure the wheelchair was switched off before they assisted the person out of the wheelchair and ensure they talked the move through with the person. Staff

could tell us the measures required to maintain safety for people in their homes. One member of staff told us, "We need to ensure people are safe, especially when you are using equipment. We always have training to ensure we are using equipment safely and correctly".

# Is the service effective?

## Our findings

People and their relatives felt confident in the skills of the care workers. One person told us “They are always the same staff and identical with their treatment of me. I’m very happy with them”. Another person told us “Yes they are very well trained. The manager came today and introduced a new carer to me”.

A health professional told us “I have found their input with my clients to be caring, compassionate but most of all effective in stabilising the home situation to allow my clients to remain at home. In the past year I have felt confident that if I needed additional care support I could approach the senior management team, and the situation would be handled in a timely and responsive manner. They also feedback any concerns they have so that as a clinician I can review the situation effectively. Professionally I wish I had this relationship with all my social care providers. All their carers show the level of commitment and care skills that I would want for my own relatives”.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) 2005 because they had received training in this area. People were given choices in the way they wanted to be cared for. People’s capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us “At the start with a new person we have to read their care plans and that sets out what needs to be done. I always check with people as well”.

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed they liaised with health and social care professionals involved in people’s care if their health or support needs changed. One person told us

“One of the staff took me to the eye care hospital recently, they made sure everything was quite clear to me. They make our doctor’s appointments. We do our own chiropody”.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us “Before I leave I always leave some snacks, juice or a bottle of water for people”. People’s nutritional preferences were detailed in their care plans. For example in one care plan it detailed that a person liked to have their meal at the dining table and would like sauces and condiments ready at the table for them. Another care plan detailed a person’s drink preference and how they liked it made. One person told us “They check that I’m happy with the breakfast and lunch. We discuss what I’m going to eat and I agree it”. Another person told us “I do my breakfast, they have been showing me how to use my cooker better. I do my evening meal with their help”. The registered manager told us that if they had concerns about a person’s nutrition or weight they would seek advice from health professionals. They told us of a person who had previously had a fall and when they returned home were very anxious, which impacted on their food and fluid intake. The registered manager involved the person, relatives and GP to ensure the person was given the correct support. This included talking and reassuring the person and the placement of food and fluid charts to record the person’s intake. The registered manager told us that the person’s confidence and appetite grew and they now have reduced their care calls and supported to go shopping with care staff.

People were supported by staff who had the knowledge and skills required to meet their needs. Care staff received essential training which provided them with the skills and confidence in providing effective care. Staff records showed staff were up to date with their essential training in topics such as safeguarding and medication. The online training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. One member of staff told us they shadowed a more experienced member of staff before they started working with people and told us “This was a really valuable experience, and the good thing is there is no pressure, you can shadow until you feel completely confident”. Staff also told us training



## Is the service effective?

they had received whilst working at Help and company was good. They said it had improved over the last year and they had gained enough knowledge and skills to be able to manage situations that arose whilst carrying out their jobs. One member of staff told us “We have to do a mandatory training course that covers a lot of important areas to do with our jobs; we found this helpful”. We were also told the service offered qualifications in health and social care to its staff. The registered manager told us of additional and in depth training that was offered for all staff. This included topics such as behaviours that challenge and further detailed training in dementia awareness.

Care workers confirmed they called people by their preferred name and the principles of privacy and dignity were covered in their induction. Staff told us that the registered manager or supervisor carried out a combination of announced and unannounced spot checks to review the quality of the service provided to people. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were

appropriately completed. Staff told us senior staff often came to observe them at people’s homes to ensure they provided care in line with people’s needs and to an appropriate standard. A member of staff told us, “We have spot checks done by senior staff to see how we are doing. “We don’t know when they’ll be there, it keeps us on our toes.”

Staff had regular meetings with the registered manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person’s home. This ensured that the quality of care being delivered was in line with best practice and reflected the person’s care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial. Staff we spoke with all told us the registered manager was always available to provide guidance and support to help them provide effective care to people.

# Is the service caring?

## Our findings

Every person we spoke with told us staff were very caring. Comments included “I cannot grumble about my treatment at all. They are excellent, very caring”, “I think my carer is very pleasant and thoughtful” and “Yes, definitely the care staff are very nice and caring”.

A health professional told us “I found the service to be very caring. They always responded to telephone calls and showed an in depth understanding and knowledge of the client and I felt that they went beyond what would normally be expected. The staff put up calendars, prompts and reminders in clients room to aid memory and carried out personal care tasks, such as painting finger nails etc. I felt that this showed a regard for self-esteem and the need to go beyond the basics of personal hygiene”.

People we spoke with told us they saw regular care staff and were advised in advance of who was coming and what time. New care staff were always introduced by the registered manager in advance. One person told us “I always know who is coming. A list comes to my daughter on her computer, she gives it to me. Always see regular staff”. Another person told us “It’s the same staff usually. Any changes, we know about them. We get a weekly list and the times”.

Care staff spoke with compassion for the people they supported. One member of staff told us “I ask people how they would like me to call them. I think how I would like to be treated and I try and respect them in the same way especially when I’m providing personal care”. The registered manager matched staff to people which created a positive sense of creativity which staff felt helped to forge strong and trusting care relationships. One member of staff told us “Because we are matched to people, you get to know their ways, this helps to give the best person centred care”. Another staff member of staff told us “They look forward to seeing you, it’s like popping in to see a member of the family”.

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt

involved in decisions about their care and support. One person told us “I have a copy of my care plan in a folder, which I signed”. Another person told us “My daughter was involved as well in my care plan”.

Staff told us how they promoted people’s independence. In one care plan it stated that a person wanted to maintain their independence and remain living in their home. It detailed the support that was required including supporting them with personal care. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A staff member told us “The most important thing is to always make sure you allow the person to do as much as they can for themselves, they do like to be independent so it should never be taken away from them”. The majority of people we spoke with felt they were independent. Two people told us they were encouraged by carers to be independent. One person told us “They changed my microwave recently and bought me an identical one so I would know how to use it. They show you how to do it then encourage you to do it, like my cooker recently”. Another person told us “I say, I can put the cream on my legs after my shower. They encourage me to do simple things, we work together”.

Care staff were aware of the need to preserve people’s dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care, and helped people to cover their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people’s privacy was respected. People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us “It’s not easy to do when they shower me but they do it in a lovely and nice way. They use the shower curtain, they are very careful”. Another person told us “I can do most of my bath myself. The staff stay outside once they have done my back. They leave me to it and get on with other work”.

People’s confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care staff rotas were sent via email or collected

## Is the service caring?

from the office. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to care staff and was also included in the care staff's employee handbook.

# Is the service responsive?

## Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us “They are very considerate in asking me my opinions. They asked me if I preferred ladies initially”. Another person told us “I think they do focus on my support. The fact that I can change it proves that. There are only women on their staff”.

A health professional told us “The service has been very responsive to the needs of clients and always provided well written information and care plans”.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people’s needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to go to the local shops and the person’s preferences relating to this. In another care plan it detailed a person had always enjoyed reading books and how they liked to discuss books with care staff on visits. The registered manager told us how important it was to match care staff to people. They told us “I know my staff very well and when I am on an assessment with a person, I start thinking about what member of staff would be most suited to this person to ensure they receive care and support from someone they will build rapport with easily”.

There were two copies of the care plans, an electronic copy in the office and one in people’s homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. In one care plan it detailed that a person had become frustrated about their limitations in day to day activities. The care plan provided

information for care staff to involve and encourage the person to remain as independent as possible. In another care plan it detailed the person’s working life and how they liked to reminisce about their work with care staff and how the care visits were a boost for their morale.

One member of staff told us “We ensure the care plans are detailed and updated all the time. This ensures people are receiving the correct care and support required from staff”. Care plans were reviewed on a regular basis and staff were made aware of these updates.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in their care plans and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. A follow up to the complaint were in place where needed. The people we spoke with all confirmed they had never had a reason to make a complaint. One person told us “I’ve never made a complaint. You can be sure I would if necessary. They do the job 100%. I can’t fault them, they are the best”. Another person told us “No I have never complained. We have such a personal relationship, we would sort it out”.

Staff told us that there was always enough time to carry out the care and support allocated for each person. Staff stated that the minimum call they would do is an hour, which they felt was sufficient to carry out care and support to a high standard. The registered manager told us they would only accept care calls of an hour or more, to ensure people received a quality service and how the service was flexible to people’s needs if they needed to change call times or have additional calls. Care staff said they always had enough travel time in between visits to people. One staff member told us “Yes we have enough time, depending on traffic sometimes”. We spoke with the member of staff who completed the staff rotas and discussed the scheduling with them. The staff member told us “If the staff are running late we ensure that the person is informed, we ensure staff have enough travel time to get to each call”. Each person has a regular member of staff for continuity. This is also recorded on the system, for when I complete the rotas”.

# Is the service well-led?

## Our findings

People and relatives all said how happy they were with the management and felt communication was very good from the office and the registered manager. One person told us “The communication, it’s excellent. I have rung the office and I’ve always had pleasant dealings with the manager”. Other comments included “The manager comes to me, she has been here about six times. She asks me about my care in a dignified way” and “The manager came this morning and often comes at weekends. The boss is very nice. I have problems in using the phone, I am very deaf”. A health professional told us “The service is very well led and I am able to speak with the registered manager directly. She attends meetings and shows a good insight and understanding of people’s needs”.

The atmosphere was friendly and professional in the office. Staff told us they were able to speak to the registered manager when needed, who they found very supportive. Staff told us there was a positive management ethos that included an open and positive culture with approachable management and a clear sense of direction for the service. They said the service was forward thinking and the registered manager always considered how the staff could provide people with better standards of care and support. Staff told us the registered manager was keen to ensure continuity and consistency in the way their service was provided for people. Staff felt they had regular communication with the registered manager with regular meetings, phone calls and coming into the office regularly. One staff member told us “The manager always puts the people first and always communicates with us”. Staff also said they had been given training opportunities to help them widen their knowledge and skills base. Staff were encouraged and supported to learn and develop professionally, which they told us was motivating and helped them to take pride in their work. Staff presented as enthusiastic and committed to their roles, they felt part of the organisation and talked about how the company would go the extra mile for their staff. One staff member told us “The company helped me through a difficult time during my employment and were there for me, they are brilliant people to work for”.

Feedback from people and relatives had been sought via the registered manager speaking and seeing people

regularly and asking for feedback at the bottom of communications sent to people. Comments from recent feedback praised the staff. This helped the provider to gain feedback about what they thought of the service and areas where improvement was needed. One area the registered manager was looking to improve was for people and relatives to access support from the local community including local solicitors. The registered manager told us “I am always looking how we can improve and support people. We recently held a workshop for relatives from the Alzheimer’s Society to improve their understanding on supporting their relatives who maybe living with the condition”.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as complaints, staffing and care records. This highlighted areas needed for improvement. Findings were also communicated with staff when required and ways to drive improvement were discussed. The registered manager also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided.

The service had a clear set of values in place. We discussed the culture and ethos of the service with the registered manager. They showed great passion in ensuring the service was delivering good care and support for people. They showed drive and commitment to ensure people and staff were supported. The manager told us “I have a great team of staff who deliver brilliant care to people. I am very hands on and work with the staff and people each week”. We were also told on how the staff had worked closely with health care professionals such as GP’s and district nurses when required. The registered manager told us “We have good links with the local health professionals. Recently we supported a person by involving a dietician to help with the nutrition which has helped a lot”.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.