

Care Solution Bureau CIC

Care Solution Bureau CIC

Inspection report

Room 7, 1st Floor
22 Market Square
London
E14 6AB

Tel: 02073751444

Website: www.caresolutionbureau.co.uk

Date of inspection visit:

03 December 2019

04 December 2019

05 December 2019

11 December 2019

Date of publication:

16 January 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Solutions Bureau CIC is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people, some living with dementia. 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.

At the time of the inspection the provider was supporting 280 people in the London Borough of Tower Hamlets.

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

Relatives told us how beneficial it was that care workers and office staff could communicate with them and their family members in their own language and understood their cultural requirements. One relative said, "We are so grateful for this. As they share the same language and culture, they've bonded so well."

People and their relatives spoke positively about the kind and caring attitude of the whole staff team, including the registered manager. One relative told us they treated their regular care worker as part of their family.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives felt safe using the service and told us staff prevented them from coming to any harm. We saw some minor inconsistencies in the records we reviewed related to risk assessments and financial transaction records.

People and their relatives were positive about the management of the service. They felt the registered manager was kind and approachable and were confident he would deal with any issues or concerns appropriately.

The provider had worked hard to make the necessary improvements from previous inspections to monitor the service and improve the performance of care workers recording responsibilities.

People were supported by a staff team that felt valued and appreciated, who praised the support they received and the positive work environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 29 December 2018) and there was one continuing breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. They also submitted monthly audit reports to us. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Care Solution Bureau CIC

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

This consisted of two inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Care Solutions Bureau CIC is a domiciliary care agency. It provides personal care to people living in their own homes.

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 provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 3 December and ended on 23 December 2019. We visited the office location on 3, 4, 5 and 11 December 2019 to see the registered manager, office staff and to review care records and policies and procedures. Experts by Experience made calls to people and their relatives between 5 and 6 December 2019. We made calls to care workers between 6 and 13 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority commissioning team and reviewed their recent monitoring visit report. We also reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 22 people's care and medicines records and 11 staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance checks, complaints, incidents and accidents and minutes of team meetings.

We spoke with 21 staff members. This included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the operations manager, a risk assessor, the compliance manager and 14 care workers.

We made calls to 130 people and spoke with 18 people and 26 relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed samples of electronic call monitoring (ECM) data and care worker rotas. We also spoke with two health and social care professionals who had experience of working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has stayed the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure that people were always supported to receive their medicines safely. This was a continuing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made since the last inspection to ensure people received their medicines safely. A more robust system was in place which identified any errors with medicine administration records (MARs) when they were returned to the office. The compliance manager said, "We explain the importance of this to staff and they have a better understanding. We can see it is getting better and better every month."
- People and their relatives were positive about the support they received with their medicines. One person, who had highlighted some issues they had in the past said, "The most important thing for me is my medicine and I feel safe now that I have a regular person who knows about this. I can rely on them and they check what I should take every day." A relative told us they felt much more confident with the medicines support their family member received.
- Staff completed medicines training and had regular reminders, including memos being sent out with information and guidelines to follow to ensure safe procedures were followed. Supervisions were completed when any errors were found in people's MARs. One care worker said, "At the office, they go through the MAR chart, how we need to complete it and it has helped with my understanding. They are always telling us how to complete it and return it to the office so they can check it."
- We did see minor inconsistencies with two people's care records and information about their medicines. We discussed this with the registered manager and we saw both files were updated during the inspection.

Assessing risk, safety monitoring and management

- Risks to people were assessed and there was evidence of regular reviews being carried out if there were changes in people's needs. There were guidelines in place for staff to follow to ensure they kept people safe.
- However, we did see that separate fire risk assessments had not been carried out for two files we reviewed, where one person was a smoker and the other used oxygen. The registered manager said they would do this immediately. The nominated individual told us after the inspection the smoker used e-cigarettes, but confirmed they would update the care plan accordingly.

- Care workers were knowledgeable about the risks to people they supported and explained how they managed them to keep people safe. One person who was supported with a hoist due to limited mobility said staff were properly trained and knew how to support them. One relative told us staff always made sure their family member had an alarm pendant around their neck in case they had an emergency, which gave them reassurance.
- People and their relatives were happy with the support they received related to the management of finances if any shopping support was needed. Guidelines were in place and staff understood the procedures to follow. Minor improvements were needed as we saw financial transaction records had not always been completed accurately, which the registered manager acknowledged.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to ensure any concerns were followed up and investigated. Staff completed safeguarding training to ensure people were protected from avoidable harm and had a good understanding of their safeguarding responsibilities.
- We saw safeguarding was discussed at the interview stage for new applicants and during regular staff supervision meetings. One care worker said, "We need to be aware of their safety, keep them safe, but also ensure our own safety. We discuss how to keep people safe and are reminded to report any concerns right away." Staff were confident any issues would be dealt with appropriately by the registered manager.
- People and their relatives told us they felt safe using the service and having staff in their home. Comments included, "The carers need an award, they are very good and I feel very safe with them" and "They look after me well, and my family and this makes me safe. I have no concerns at all."
- A health and social care professional was positive about the provider and their proactive response to any safeguarding concerns. The provider had also attended safeguarding workshops with the local authority and were involved in a new safeguarding panel project where they could discuss and seek advice with safeguarding issues.

Staffing and recruitment

- People and their relatives told us they had regular care workers and we received positive feedback about the timekeeping and punctuality of visits, including people being informed if their care workers were running late. Comments included, "No, they've never missed a visit and they always stay the full time" and "If the regular carer cannot come or is ill, they call me and send another one."
- The provider used an Electronic Call Monitoring system (ECM) where care workers logged in and out of their calls, either through the person's landline or through an app on a smartphone. The provider told us they had been having a number of technical issues with the system, which affected the reliability of the ECM data. This was confirmed by the local authority monitoring team. The nominated individual said they were waiting on the action of the local authority in the new year on whether the ECM system will be changed.
- We reviewed samples of ECM data over a two-week period and although not all data was reliable, from the samples of data that had been logged, we did not identify any major issues related to timekeeping and people's feedback confirmed this.
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We did see one staff file only had one reference in place. The nominated individual followed this up and obtained a second reference during the inspection.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service and staff were regularly reminded about reporting them to the office. We saw the provider used them as learning

experiences and followed up with the staff members involved.

- When incidents had occurred, the provider discussed them during staff meetings and sent out regular memos to staff reminding them about best practice and keeping people safe. For example, a safeguarding case study had been shared with staff regarding their duty of care in relation to failed visits.

Preventing and controlling infection

- There was an infection control policy in place and staff completed infection control and food hygiene training. People's care records had guidelines for staff for when to use personal protective equipment (PPE) during personal care and food preparation. It was also discussed with staff during supervision meetings.
- Staff confirmed PPE was always available and they could pick it up on a regular basis from the office. Spot check records showed safe hygiene practices were checked and if the home was kept clean and tidy. One relative told us their care worker kept gloves and aprons at their home and always used them to avoid any cross contamination.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had been assessed before they used the service and there was information in place about people's health conditions. The provider continued to liaise with the relevant health and social care professionals to provide shadowing opportunities for staff to understand people's support needs.
- The provider had guidelines for staff from the East London NHS Trust in an approach to prevent pressure sores for people living in the community. We saw correspondence from the NHS pressure ulcer team thanking staff for their committed efforts. A relative complimented the staff team in how they monitored their family member's skin condition.

Staff support: induction, training, skills and experience

- Staff completed an induction and shadowed regular care workers before they first started. New staff with minimal experience in health and social care confirmed they worked in a double up care visit to help them understand the role.
- The training programme was focused around the Care Certificate, which was introduced during the induction and refreshed annually. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- The provider also accessed further training for staff from health and social care professionals, which was specific to people's health conditions. This included training on catheter and stoma bag care, dementia awareness and nutritional support with feeding tubes.
- Staff were positive about the amount of training available to them and had further support with regular supervision meetings to discuss any issues or concerns. Care worker comments included, "The refresher training is always helpful as things change and we need to be updated" and "Supervision gives us the chance to discuss any issues with our clients, discuss their health and wellbeing and if we have any training needs. They listen and help to put things right."

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

- People were supported to eat and drink if this was part of their agreed care. People's records included what support was required, food likes and dislikes, nutritional risks, cultural requirements and whether they needed to be encouraged at mealtimes.
- Spot checks in people's homes checked if people had adequate food available and memos were sent out to staff to remind them to check people had sufficient food and drink at home, especially if they lived alone or had no family support.
- People and their relatives were positive about the support they received and confirmed staff had a good understanding of their needs. Comments included, "They have a carer that understands their culture and

how to prepare the type of food they like" and "The carers know [family member] is not able to swallow properly so they are good at mealtimes. They know about the condition and we are very happy with them."

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

- The management team worked closely with a range of health and social care professionals and followed up any concerns to ensure people accessed healthcare services and received effective care and support. A health and social care professional told us they appreciated the quick and effective response when trying to reduce delayed discharges from hospital.
- Samples of daily logs and accident and incident records showed care workers regularly reported any changes in people's health and wellbeing. People's care records included information about their current health conditions and reminded care workers to report any changes or concerns.
- People and their relatives spoke positively about the support provided and were confident staff would take the necessary action if people's health and wellbeing deteriorated. Comments included, "If ever there was an issue, they'd notify me and write it in the logs", "They have called the ambulance before and also NHS 111 to get advice. They are good like that" and "They have booked appointments for me and picked up my tablets from the chemist as well."

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

- The provider continued to follow best practice and care plans recorded information about people's capacity to make decisions about their care and support. Where people had capacity, the provider ensured they had signed to consent to their care.
- Where people lacked capacity, we saw relatives and the relevant health and social care professionals had been involved to make best interests' decisions. Local authority assessments were in place which also confirmed if capacity assessments had been completed.
- Staff completed MCA training and had a good understanding of their responsibilities to ensure people were given choices and agreed to their care and support. One care worker said, "We can't force people to do anything, so we try and encourage them, but if not we have to respect their wishes." Another care worker explained how they always asked people for consent as they may not be feeling well and not in the mood for some care tasks.
- We did see some examples where care workers had recorded 'unable to sign' when completing people's financial transaction records, despite there being no capacity issues. We raised this with the registered manager and saw this had been discussed at a care worker meeting held during the inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives praised the kind and caring nature of the staff and the positive relationships they had built. Comments included, "She does all that she possibly can for me, she is wonderful", "Oh, my carer is a diamond. She sometimes stays longer than she should" and "I couldn't wish for a better carer. She has looked after me wonderfully this year."
- Where possible, the provider tried to ensure continuity of care with regular care workers, which people confirmed. One person said, "I have had my regular ones now for over a year and they are very kind and gentle."
- The majority of care workers we spoke with confirmed they supported people who spoke their native language, mainly either Bengali or Somali. One care worker said, "My three clients are Bengali and can't speak English. It is helpful to both of us." One relative said, "The carers are from the same cultural background so understand us, which we are very happy with."
- We saw a compliment from a health and social care professional who thanked the staff team for working so hard to uphold caring values which had made a difference to vulnerable people and their families in the local community.

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

- People and their relatives confirmed they were involved in making decisions about their care and support. Care records recorded whether people's relatives were present during any reviews. One relative said although they did not live with their family member, the provider involved them as much as they possibly could.
- Relatives confirmed how important it was that they and their family members were able to communicate with office staff and their care workers in their own language. This ensured people were supported to be fully involved and understand decisions made about their care.
- We saw 60 respondents out of 62 returned satisfaction surveys felt they were fully involved in their care plan and the decisions made about their care.

Respecting and promoting people's privacy, dignity and independence

- People's care records included information about what support was needed with personal care and what care tasks people were able to do for themselves. There were also reminders sent out to staff with guidance about personal care, the importance about being gentle, explaining each step and performing tasks in a dignified manner.
- Care workers had a good understanding about the importance of respecting people's privacy and dignity

and these principles were discussed during the interview and induction process. Spot checks recorded if care workers maintained people's confidentiality, privacy and dignity during the visit.

- Feedback from people and their relatives was positive. One relative said, "They are all very respectful, especially when giving them a bath. As we have a male carer, my [family member] is comfortable with this."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans were personalised and provided a clear picture for staff about their care and support needs. Care workers had a good understanding of how people wanted to be supported. When shifts needed to be covered, staff told us they were given important information from the office about the care and support needs and felt people's care plans provided sufficient detail.
- People and their relatives spoke positively about how their care needs were met and the provider tried to be flexible when needed. Comments included, "I can decide what they do and they listen to what I have to say and support me with what I want. I'm happy with that" and "In the beginning, we needed a lot of support. They were always there for us and they reviewed our package often to ensure it was working for us."
- A health and social care professional expressed their appreciation on how quick the staff team were to understand people's needs and felt the organisation truly strived to offer person centred care and aimed to match suitable care staff depending on people's personalities and needs.

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's communication needs had been assessed and there was information for staff to help them communicate more effectively. For example, care records included what difficulties there could be with people's communication and how staff could support them to understand them better.
- Due to the diverse nature of the office team, staff were able to communicate with people in their own language. The operations manager, who was bilingual, said this was an important role in ensuring they could communicate effectively with people. They added, "It also gives me an opportunity to give back and help my local Bengali community."

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 received support to access the local community or activities of interest if this was part of their agreed care.
- People told us care workers spent time chatting with them and had built positive relationships. Comments included, "They do sit and chat with me, we have a laugh and joke and they get on well with my family too" and "We have a trusting relationship. They don't just come in, do their job and disappear. There is always

good conversation."

- The provider supported people's cultural and religious needs. For example, we saw one person's call was scheduled earlier so they could be supported to go to church. A relative told us staff supported their family member to the mosque which they found extremely helpful.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place that allowed people and their relatives to feedback about the care they received. This was given to people when they first started and people and their relatives knew how to complain if they needed to.
- People and their relatives told us the management team were approachable and were confident any concerns raised would be addressed. People said they were happy with how any issues had been dealt with. Most people said they had never had to make a complaint.
- We reviewed the complaints which had been dealt with through the formal procedures and saw they had been investigated and followed up appropriately. The registered manager said, "We are very robust in dealing with things right away so issues don't escalate."

End of life care and support

- Where people needed this support at this stage of their life, the provider worked closely with the local hospice and relevant health and social care professionals. We saw correspondence the provider responded to changes in people's health and made the necessary referrals.
- Staff followed guidance from health and social care professionals and had been involved in a training workshop with the local hospice. We saw further training had been requested and the local hospice were scheduled to speak at an upcoming care worker meeting to provide further advice and guidance.
- We saw two examples of positive feedback where people at the end of their life had requested specific care workers to support them as they had developed a close bond and made them feel comfortable.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Continuous learning and improving care

- Improvements were seen in how the provider monitored the service and ensured staff were completing records correctly since the last inspection. A compliance manager had joined the organisation directly after the last inspection and was responsible for audits across the service.
- Monthly compliance meetings discussed the number of daily logs and MARs that had been returned and identified training needs for staff where any issues were found. Care workers confirmed they received training and supervision if any errors had been picked up, which was also followed up with unannounced spot checks.
- Monthly compliance audits showed vast improvements in recording and a reduction in the number of staff disciplinarys. For example, the most recent audit showed all 194 MAR charts had been returned and audited, with only 14 examples of unexplained gaps or incorrect key codes.
- A new disciplinary procedure had been implemented by the compliance manager which had led to improvements in record keeping across the service. The compliance manager added, "The biggest improvement across the board is the return of the daily logs and MAR sheets. With this, we can identify where we need to improve and follow up with the care workers."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their regulatory responsibilities regarding notifiable incidents and had submitted all the relevant notifications since the last inspection. The provider had also updated their website to ensure they were displaying their current CQC rating.
- Regular memos were sent out to care staff to remind them about their key responsibilities. This included guidelines with completing people's medicines records, logging in and out of visits, responding to failed visits and professional boundaries.
- Management meetings, office team meetings and care worker meetings were also held regularly to discuss the service and ensure best practice was being followed and people received a good level of care.

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

- People and their relatives spoke positively about the management of the service and how the registered manager was very approachable. Comments included, "They are very open, we can see what they are doing and they always do the right thing" and "They are all really kind people. The manager even came to see me when I was in hospital. I have nothing to complain about."

- One relative described the positive impact the care and support their family member received had also benefited other family members who had caring roles. They added, "We can get on with our lives, knowing [family member] is very happy."
- Staff we spoke with complimented the management of the service and positive work environment. One care worker said, "They listen to us, give us good training and the manager always gives us his time and is available. They deal with any concerns we have. It is a great place to work as they look after us."
- We saw the importance of person centred care had been discussed at a team meeting and how staff should put people at the heart of their care and ensure they were given choice and control. Group discussions also shared best practice examples of how care workers provided person centred care.

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

- People and their relatives had opportunities to give feedback about the care and support they received through spot checks, reviews and satisfaction surveys. Samples of responses were positive, and 59 respondents out of 62 said they were fully satisfied with the care they received.
- Staff also completed a satisfaction survey and 105 respondents out of 108 felt fully supported. Where some staff felt they had not had the opportunity to attend staff meetings, we saw memos had been sent out reminding staff meetings were held at different times across different days so more staff could attend.
- Care workers told us the provider had put on an awards night in recognition of their hard work. One care worker said, "They really support us and I can say I feel 110% valued. It really was an awesome night." We spoke with the care worker who was awarded 'Care Worker of the Year'. They said, "It was nice to be appreciated and has given me the confidence to do my best."

Working in partnership with others

- The provider worked in partnership with a range of health and social care professionals to ensure people's needs were met or if there were changes in their health and wellbeing. This included the local hospice, social workers, the district nursing team and occupational therapists.
- The provider continued to develop links with organisations in the local community. They supported a local community centre who provided a Christmas meal for people in the local community if they were alone.
- The registered manager and nominated individual were involved in joint meetings with the local authority and other home care providers in the local borough to discuss issues within the care sector and share best practice.

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 had a good understanding of their responsibilities of making sure they were open and honest with people and their relatives if things went wrong. We saw they had acknowledged and apologised when responding to complaints. One person said, "They came to see me and listened to me when I had some issues. Now it's changed and the carer I have is very good."