

Oasis Private Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This comprehensive inspection took place on the 7 December 2018 and was an announced inspection.

At our previous inspection in June 2018 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made. However, we identified two continued breaches of the regulations.

Oasis Private Care Limited is a Domiciliary Care Agency (DCA) who provide personal care to people with a variety of needs living in their own homes. At the time of inspection, the service was delivering personal care to 16 people.

There was a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

People were not always kept safe because there were continuing issues with risk management at the service. Risk assessments did not always provide sufficient or accurate information to provide direction for staff, or information about how to reduce risks.

People's care records were not always accurate and did not give clear guidance to staff on how to support people to meet their needs.

Staff understood their responsibilities to identify and report concerns related to harm or abuse. Medicines were managed safely. There were sufficient staff to meet people's needs.

Staff treated people with kindness and compassion. People told us that they were treated with dignity and respect by caring staff.

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 were supported to access health care professionals to aid them to lead healthier lives. The service was responsive to people's changing needs.

Staff were well supported through regular supervisions and felt listened to. Staff benefitted from training to ensure they had the skills and knowledge to meet people's needs. People were positive about the knowledge of staff supporting them.

Although there were some systems in place to monitor the service these required further development to ensure they were effective in providing an overview of the service. This would enable the provider to identify areas of improvement.

Due to the continued breaches identified at this inspection we could not be sure the registered manager and provider fully understood their responsibilities in relation to their regulatory requirements.

At our inspection in January and June 2018 we rated the service inadequate overall. As a result, the service remained in special measures during this time. At this inspection in December 2018 we found the service had made some improvement but further improvements were needed. The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures' as well-led continues to be rated inadequate.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Risks to people were not always accurately assessed. Where risks were identified there were not always plans in place to manage the risks.

There were sufficient staff to meet people's needs.

Medicines were managed safely

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA).

Staff received training and support to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services.

Good ●

Is the service caring?

The service was caring.

People benefitted from being supported by staff who treated them with kindness and respect.

People were involved in their care plan and staff supported people in the way they chose.

Staff had a clear understanding of the importance of protecting people's dignity and privacy.

Good ●

Is the service responsive?

The service was not always responsive.

People's care plans were not always accurate.

Requires Improvement ●

The service was responsive to people's changing needs and ensured care needs were reviewed.

There was a complaints policy and procedure in place and people were confident to raise concerns.

Is the service well-led?

The service was not well-led.

The provider had failed to meet the regulations.

Systems introduced to improve the service were not effective.

People felt the management team were approachable.

Inadequate ●

Oasis Private Care Limited

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 checked 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.

This was a comprehensive inspection which took place on the 7 December 2018 and was announced. We gave the registered manager two days' notice of the start of the inspection because we wanted key people to be available and we needed to ensure someone would be at the office.

This inspection was conducted by one inspector, an inspection manager and one Expert by Experience (ExE). An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We did not request a provider information return (PIR) because the inspection was a review of the service following the last inspection in June 2018 where the service remained in special measures. Before the inspection visit we looked at all the information we held about the service. This included the service's inspection history and any notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We received feedback from the local authority safeguarding team. We also requested feedback from commissioners of the service. Following the inspection, we received feedback from three health and social care professionals.

During the inspection we spoke with the registered manager, the deputy manager and the care coordinator and the consultant. We spoke with four care staff, eight people who use the service and six relatives. We looked at two people's care records, both of which had joined the service since the last inspection, two new staff recruitment files, induction and training records, quality assurance audits, accidents/incident records and medicine administration records.

Is the service safe?

Our findings

At our inspection in January and June 2018 we found the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 relating to safe care and treatment and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 relating to good governance. The service was rated inadequate in safe on both occasions.

At this inspection in December 2018 we found some improvements had been made, however the regulations relating to safe care and treatment were still not being met and we could not be sure that risks to people were being managed effectively.

The registered manager told us the service had developed a new care plan format. The two care plans we looked at were completed in the new format. However, we found that risk assessments were not always accurate and where risks were identified there were not always plans in place to ensure risks were managed. For example, one person's care plan stated they were at high risk of choking and required thickened fluids. The care plan did not contain any guidance for staff on the required consistency of fluids. The care plan guided staff to support the person with fluids and to ensure fluid intake was recorded. We spoke with the registered manager who told us the person's relative always prepared drinks for the person and that staff would only offer drinks prepared by the relative. This information was not included in the care plan and there was no guidance advising staff they should not prepare drinks. Therefore, we could not be sure the risk of choking was being managed safely.

Another person's care plan stated they had 'No history of falls'. However, the medical history stated the person had experienced, 'recurrent falls'. The falls risk assessment identified the person was at medium risk of falls. The person's care and support plan stated the person was at 'high risk of falling due to losing balance'. We spoke with the registered manager who felt that as the person was now supported by staff they were no longer at risk of falling. We could not be sure the person's risk of falling was being effectively managed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At our inspection in June 2018 we found that information about people's medicines was not recorded accurately. Medicines were not managed in a way which ensured people received their medicines as prescribed. At this inspection we found that there had been some improvements. There was evidence of regular medicines audits now being undertaken to identify any areas of concern and action them. Staff's competency at administering medicines was checked via regular spot checks; however, the management team acknowledged that this was not as robust as it could be and we were shown a medicines competency assessment tool that was planned to be put into use.

People told us they were supported to take their medicines where it formed part of their support needs. One person told us, "Give me my medication. Don't forget. Comes in a dosette (monitored dosage system) box

from the pharmacy. [Care staff] Do write it down that I have had it".

Medicines administration records (MAR) had been fully and accurately completed. MAR did not list the individual medicines prescribed to the person where they were dispensed in a monitored dosage system (MDS). However, this information was held separately on people's records. The MAR used by the provider were in line with the commissioning authorities Home Support Medication Policy as part of the Oxfordshire Joint Shared Care Protocol.

We found there was still some improvements in the management of medicines needed. For example, one person's record relating to the administration of a topical medicine gave conflicting information. The body map for the person showed the cream needed to be applied to the sacral area. On the person's skin care plan, it stated the topical medicine needed to be applied to the 'crown'. We spoke to the registered manager who told us this was a typing error.

At our inspection in June 2018 we found that accidents and incidents were not consistently reviewed to look for patterns or to check that effective measures had been put into place to mitigate the risk going forward. We also found that investigations into incidents were not always carried out which meant that opportunities to learn from them were missed. At this inspection there had only been one incident since their last inspection and this incident was in the process of being reviewed. However, we could see that some improvements had been made as new recording processes enabled a more detailed analysis of each incident including detailed prompts about what actions needed to be taken. However, we did not see any evidence of how incident and accidents would be analysed overall and patterns or themes identified. We discussed this with the registered manager who told us, "We analyse as we go along".

At our inspection in June 2018 we found that people remained at risk of being supported by unsuitable staff because of a continued lack of robust recruitment processes. At this inspection we found improvements had been made and recruitment of new staff was undertaken safely, including obtaining references from previous care employers to ensure they were of good character, explorations of gaps in employment and ensuring that the Disclosure and Barring Service (DBS) was checked and in place before staff started work with the service. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults.

People told us they felt safe with the service. Comments included; "Marvellous. Most are very kind, feel very safe with them [care staff]" and "Never felt unsafe because they always turn up three times a day. When they go they lock up and put the keys in the key safe". Relatives were also confident people were safe. One relative told us, "Safe with carers. Very good with [person who has] dementia. Cope very well".

There were sufficient numbers of staff to meet people's needs. People received their care visits in line with their assessed needs. No one we spoke with had experienced a missed visit and told us they were told if staff were going to be late. One person said, "Not on time quite often by a quarter of an hour or so. Traffic bad. Always let us know if they are going to be late". Relatives told us staff always attended and stayed for the scheduled length of the call. One relative told us, "Care four times a day. Arrive and stay for the full time".

Staff confirmed that there were sufficient staff to meet people's needs. One member of staff said, "There are enough staff and we have time to get to people".

People were supported by staff who understood their responsibilities to identify and report concerns relating to abuse and risk of harm. Training records showed and staff confirmed they had completed training in safeguarding adults at risk. All the staff we spoke with could give examples of the different types

of abuse people may face and what action to take if they suspected abuse was taking place. One staff member told us "Any little concern we have we report and it gets actioned, but nothing is really little to us; every concern is important". Staff knew the outside agencies to contact if they felt action had not been taken by Oasis Private Care Limited. One member of staff said, "I would report [concerns] to the office straight away, or call social services".

One health and social care professional told us the service was responsive to concerns and had raised safeguarding concerns appropriately. Records showed that appropriate action had been taken in relation to concerns and outside agencies notified.

The service had a whistleblowing policy and staff received training in whistleblowing awareness. There was also evidence that it had been discussed at a recent staff team meeting. Staff told us they would be happy to report any concerns.

The provider had suitable procedures for preventing the spread of infection. Staff completed training in relation to infection control. There was an up to date infection control policy in place and evidence that staff had read and understood the policy.

Is the service effective?

Our findings

At our inspection in June 2018 the service was rated Requires Improvement in Effective. At this inspection we found improvements had been made and the service was rated Good.

People's needs were assessed prior to them accessing the service. Assessments and care records reflected current good practice. For example, people's communication needs were assessed and care records identified how people's communication needs should be met to ensure they received information in a way they understood. We also saw that people's oral care needs had been assessed.

People told us they received support from staff who were appropriately trained. One person told us, "Well trained no problems there. Do everything right". New staff received a five day induction programme of training to include food hygiene, infection control and safeguarding. All staff we spoke with confirmed that they had the training needed to meet the needs of the people they were supporting. The care co-ordinator managed a training matrix which recorded the dates when staff training had been undertaken and when staff required refresher training in a particular area. The matrix showed that all staff had been fully trained in the areas considered by the provider to be mandatory.

Staff told us they received regular one to one supervision where they could discuss any concerns and development needs, these were recorded and kept on their file. Recently group supervision had also been started. The deputy manager told us that some staff preferred to have these development discussions within a group setting and so staff were now offered the opportunity to attend either one to one or group supervision as they preferred. Performance and competence of staff was monitored through spot checks. Staff told us and records confirmed that these spot checks were undertaken regularly.

All the staff we spoke with had a good practical understanding of the Mental Capacity Act 2005 (MCA) and told us they always assume capacity and ensure they obtained consent prior to delivering care. One staff member told us, "Gaining consent is a big issue and we can't assume they [people] lack capacity. We must assume they do and have patience and give encouragement". Another staff member said, "If there are any changes in a person's capacity or how they are able to make decisions we inform the office straightaway".

People told us staff always sought consent before providing any support. One person told us, "They [care staff] do ask my permission before any care takes place, 'would it be ok' and the like".

The 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 be as least restrictive as possible. In the community people can only be deprived of their liberty if agreed by the Court of Protection. There were no requirements regarding people receiving care from Oasis Private Care at this time to make applications to the Court of Protection to restrict people's liberties.

Where people required support to meet their dietary needs this was included in their care plans. People told us staff supported them with food and drink and included them in decisions relating to their meals. One person said, "Sort out and get all my food. Get my breakfast, lunch and a roll for supper. Do what I ask them to do". Another person told us how they guided staff to prepare food in a way they enjoyed. The person said, "I do teach them and they soon get the message".

People were supported to access health professionals to enable them to live healthier lives. One person told us, "[Care staff] will call in the GP if I'm not well". A health and social care professional was extremely positive about the service seeking support for a person they were involved with. They told us, "Were it not for Oasis staff, I think the patient might have been at considerable risk of serious illness or even death".

Is the service caring?

Our findings

At our inspection in June 2018 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to people's involvement in their care and we rated the service Requires Improvement in caring. At this inspection we found improvements had been made and the provider was meeting the regulation. The service has been rated Good in caring.

People told us they were involved in developing their care plans. People's comments included: "[Deputy manager] comes in to see me to ask how things are going with my care. Rings me up on occasions"; "Do come and look at care plans with me" and "Talk to them about my care with my wife present. Do listen to what you want".

Relatives told us they were also involved and that the service carried out an assessment of people's needs. Relatives comments included; "Went to see [person] in the care home and went through everything. So they know him well and what he needs. We have talked about his future wishes with the manager" and "'Initially we had a long meeting and went through care needs, support that he needs, everything really".

Records showed that people were involved in the development of their care plans. For example, care plans were signed by people when they had agreed to the care plan in place.

People were positive about the caring approach of staff. Comments included: "Always treated kindly. Carers nice people who give me the care that I need. Will do the odd kind thing like getting me bits of shopping"; "Care always very good, don't need a lot but can't fault any of them. Get the care that I need. Treated in a respectful way" and "Carer we've got this week [name of care worker] lovely, patient, clears up, helpful to us. Lady last week equally helpful".

Relatives were equally positive about the kindness and compassion of staff. Relatives comments included: "Can be very kind. One-day [person] had an appointment at the hospital and the return transport didn't turn up so the carer [care worker] said 'come on we'll go back'. [Care worker] pushed her back from the hospital in her chair, about a mile. It was a nice sunny day. She enjoyed it"; "Previous care organisation couldn't provide two people, [person] couldn't get out of bed then, Oasis could and care has been brilliant since" and "[Care worker] has a good sense of humour. A very pleasant person. A caring person".

Feedback from health and social care professionals included; "The service is very caring and give of their best to the people they care for in my opinion. They are always seeking to improve their practices to give the best care possible" and "I have observed Oasis carers with [person] and they are very warm, professional, caring and good humoured".

Staff spoke about people in a respectful manner and showed the importance of developing valuable relationships with them. One member of staff said, "Relationships are everything. Really important for people to know who's visiting". Records identified that staff showed an interest in people and valued them as individuals. For example, in one care record care staff had written "Enjoyed a great conversation about

Scandinavia with carers". In another care record it was written "[Person] is happy and cheerful and looking forward to her birthday".

People's privacy and dignity was respected. Information about people was written respectfully. Care plans promoted a dignified approach to people's care. For example, one person's care plan detailed how the person liked to be left alone when they were in the bathroom.

Staff understood the importance of respecting people's privacy. One staff member told us how they recognised the importance of respecting a family's privacy. The care worker had been invited to spend time with the family over the Christmas period and told us would not stay long as they understood it was important for the family to have time together. Another staff member told us, "We always treat the people we look after the way we would like to be treated. I always think to myself how would I like this care to be done? And then I do it that way".

Is the service responsive?

Our findings

At our inspection in June 2018 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to people not receiving person-centre care. The service was rated inadequate in responsive. At this inspection we found some improvements had been made. The service has been rated requires improvement.

We found that people's care records still did not always contain accurate and consistent information. For example, one person's care record contained a risk assessment plan that stated the person required the care staff to provide oral care. However, the document 'my day, my life' stated the person was independent looking after their dentures. On the 'oral care assessment' form it stated the person 'has own natural teeth'.

Another person's care record included a 'care and support plan-skin care' which stated, 'I can apply my lotion myself'. On the same document it stated, 'I may require some assistance with the lotion'. This person's care record also identified the person was at risk of pressure sores. There was no record on the person's skin care plan of the risk or how the risk would be managed.

Staff we spoke with told us they would use information in peoples' care plans when they supported them for the first time. For example, one member of staff said, "If it's a first visit we would have to rely on the care plan". This meant people were at risk of receiving care that did not meet their needs as records did not always contain consistent and accurate information.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People were assessed prior to using the service and care records were developed from these assessments. Care records included some person-centred information and identified cultural and religious needs. Assessments enabled people to identify any needs related to protected characteristics and staff respected people as unique individuals.

People received support from consistent staff which enabled them to build relationships with care staff and meant staff knew them well. One member of staff told us, "We have our own area so the people get to know us and we get to know them".

Health and social care professionals were positive about the responsiveness of the service. One health and social care professional's feedback stated, "[Registered manager] and [deputy manager] are extremely responsive, and often take the lead in raising concerns about the patient, when he is at risk, becoming unwell, or is in need of [health professional] intervention". Another health and social care professional described them as, "Extremely responsive".

People knew how to make a complaint and were confident that action would be taken to resolve issues. One person said, "No complaints at all if anything was wrong I would soon let them know about it". People

told us of issues they had raised and the prompt action that had been taken. For example, one person told us that an unsuitable care worker had been allocated for live-in care. The person had raised a concern and the care worker had been immediately changed. A relative told us, "[Person] likes everybody but for some reason took a dislike to one particular carer. Phoned and they changed the carer".

People's individual complaints were responded to appropriately. There was an up to date complaints policy in place. However, since our last inspection there had been no new complaints received by the service and so we were unable to evidence how themes or trends from the outcome of complaint investigations would enable actions to be put in place to prevent reoccurrence or make improvements to the service.

Is the service well-led?

Our findings

At our inspection in June 2018 we found a breach of regulation related to the governance of the service. The service was rated inadequate in well-led. The service was also rated inadequate in well-led at the previous inspection in January 2018. Although there were some improvements seen at this inspection the poor history of the service related to governance means we cannot be sure these improvements will be sustained and further improvements made. We have rated the service inadequate in well-led.

CQC carried out this inspection well within the six-month period required when a service is placed in special measures. It would therefore not be proportionate to expect the service to have addressed all of the significant issues identified at the inspection in January and June 2018. However, when inspecting the service, we expect that any changes made would reflect an improved standard. However, this was not the case in all of the developments implemented since the last inspection. For example, the registered manager had introduced a new care plan format, which they told us was to improve the information regarding people's needs. This format had been used for the two care plans we looked at, for people that had joined the service since the last inspection, and had been completed by the registered manager. The significant inconsistencies in these care plans did not reassure us that the new format would enable staff to know how people's needs should be met and did not demonstrate the improvement needed to meet the providers legal requirements.

At the inspection in June 2018 we identified concerns relating to the management of risks to people. At this inspection in December 2018 we found that new risk assessment processes and documentation had been implemented by the registered manager. However, the new assessments and management plans were not effective. The provider's auditing system had not identified these shortfalls.

At our last inspection we found that the provider did not have effective systems in place to monitor and act on feedback from people. At this inspection we found some improvements. The provider continued to regularly send out service user feedback surveys, there was now also evidence that the response data had been collated and analysed. The most recent feedback was all positive. However, we continued to be unable to evidence, and the registered manager could not tell us, how the provider was able to identify and act on overall trends and themes to drive service improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We spoke with the registered manager regarding the issues and shared our concerns that the registered manager did not have a clear understanding of their regulatory responsibilities as they had continued to fail to take effective action to meet the legal requirements of their registration.

At our last inspection we found that the provider did not have effective quality assurance systems in place. At this inspection there were some improvements. Various audits were in place, for example care records audits and medicines audits. We could see that they were undertaken on a regular basis and that new audit

forms had been implemented that prompted the auditor to ensure they identified not only the action needed when an error or concern had been found but also when an action had been completed and by whom. When we cross referenced care records with their audits they appeared to have been accurately assessed. However, further time was needed to evidence that these governance processes were fully embedded and that clear links could be seen between the monitoring systems in place and service improvement.

The provider had engaged an independent consultant who was supporting the service twice a month to help the service improve the quality of care and meet its regulatory responsibilities. The consultant was present during inspection and provided significant guidance and support to the management team.

The consultant had supported the provider to develop an action plan and at the time of the inspection was spending two days with the management team auditing records and reviewing the action plan. Following the inspection, the registered manager provided a copy of the action plan to the inspector. The action plan included all the issues identified during the inspection and clear plans to address the issues with a time actions would be completed.

During the inspection the registered manager provided evidence that the service was implementing a new electronic system. The system, if used effectively, would provide a range of auditing tools which would enable the registered manager to monitor the service and identify areas for improvement. The system would also provide an electronic recording system for all records. The management team were in the process of completing training for the system before its implementation in January 2019.

The management team had taken action to keep up to date with current best practice and to improve their skills and knowledge by attending workshops organised by the Oxfordshire Association of Care Providers. The service was also engaging with the commissioners of the service to look at new systems for monitoring calls.

People told us they knew the management team and that they visited them in their home. One person said, "Met the manager and all of the management. Get on well with all of them. Rate them as excellent". Relatives also told us the management team were approachable. One relative said, "[Registered manager] comes out. Approachable, very good, very approachable. Have a laugh and joke".

Health and social care professionals were positive about the management team and told us they were approachable and responsive when contacted. One professional told us, "The management team do all they can to sort out any issues that come up in a timely manner". Another professional said, "[Registered manager] seems to be very effective and, from my first-hand experience leads her team well. [Registered manager] is certainly prepared to be hands-on and will attend face-to-face meetings with patients and [health professional] staff. All matters I have been involved with have been managed very effectively on her part".

Staff told us that they felt the management team were available, responsive and listened to them. One staff member told us "They listen to us. They are always there to support us".

Staff told us and records confirmed that regular staff meetings were taking place. Records showed that topics such as training needs and improving communication were addressed at the meetings. However, we did raise with the management team that the meeting records did not contain evidence of any staff discussion or staff feedback, they recorded what staff were told only. However, staff told us that at these meetings they were encouraged to give their feedback. For example, one staff member told us, "They let us

take part in the meetings". Another staff member said, "I feel free to give my ideas [at meetings]. Communication between the team has improved, more open and responsive. That came from staff saying it needed to improve". The care coordinator, who maintained the staff meeting records, agreed that they needed to reflect what discussions actually took place and then they could evidence how staff feedback helped to drive improvement.

The provider is required by law to visibly display their CQC rating at their premises. We found that the current rating was displayed clearly at the time of inspection.