Hollybank Trust

Poplars

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

Summary of findings

Overall summary

The inspection of Poplars took place on 24 and 26 May 2017. The visit on 24 May 2017 was unannounced and the visit on 26 May 2017 was announced.

We previously inspected the service on 06 January 2015 and at that time we found the registered provider was not meeting the regulations relating to staff training and support. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we found improvements had been made.

The service is required to have a registered manager. 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. The service had a registered manager in place.

Poplars is a purpose built care home serving young adults with profound and complex needs. It is part of the Holly Bank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound and complex needs. At the time of this inspection there were 12 people using the service. The service has two units each with its own lounge and dining kitchen plus a sensory room and assistive technology suite. Each bedroom has direct access to an enclosed garden area.

There were enough staff on duty to meet people's individual needs and keep them safe.

Staff had a good understanding about safeguarding adults from abuse and knew who to contact if they suspected any abuse. Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

The provider had effective recruitment and selection procedures in place.

Medicines were managed in a safe way for people.

Staff had received an in depth induction, supervision, appraisal and specialist training to enable them to provide support to people who lived at Poplars.

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's capacity was always considered when decisions needed to be made. This helped ensure people's rights were protected in line with legislation and guidance.

People enjoyed the food and were supported to eat an individualised balanced diet. A range of healthcare professionals were involved in people's care and people had access to a dedicated multi-disciplinary therapy team.

We observed staff interacting with people in a caring, friendly and respectful manner. Staff were able to clearly describe the steps they would take to promote the privacy and dignity of the people they cared for and supported. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews. People's needs were reviewed as soon as their situation and needs changed.

People were able to make choices about their care. Care plans detailed the care and support they required and included detailed information about people's likes and dislikes.

Community engagement was promoted and people engaged in social activities which were person-centred. Care plans considered people's social life which included measures to protect them from social isolation.

Relatives told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

People told us the registered manager was approachable and the culture of the organisation was open and transparent. The registered manager was visible in the service and knew the needs of the people in the home.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and the service provided was of a high standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a good understanding of how to safeguard people from abuse.

Individual risks had been assessed and identified. Risk assessments included the least restrictive option to keep people safe.

We found that medicines were well managed.

Is the service effective?

Good

The service was effective.

Staff had received specialist training to enable them to provide support to the people who lived at Poplars.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. Staff had an understanding of the principles of the Act and how to support people if they lacked capacity.

People were supported to eat and drink enough and maintain a balanced diet.

People's health needs were anticipated and they had access to health professionals as the need arose.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives

Is the service responsive?

Good

The service was responsive

Support plans were detailed and person centred. People were supported by staff who knew them well and were compatible with them.

People were supported to participate in activities both inside and outside the home.

A complaints procedure was in place for staff to follow and was also displayed in the home.

Is the service well-led?

Good

The service was well led.

Staff and relatives were positive about the registered manager and told us the home was well led.

The culture was positive, person centred, open and inclusive.

The registered provider had an effective system in place to assess and monitor the quality of service provided.

Poplars

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.

This inspection took place on 24 and 26 May 2017 and was unannounced on the first day and announced on the second day. The inspection was conducted by one adult social care inspector. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners.

Before the inspection, the provider 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 used this information to help plan the inspection.

Some people who used the service used non-verbal communication and as we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time with people observing the support they received. We spoke with one person using the service and two relatives, three support workers, two senior support workers, the head of direct services, a learning and development officer and the registered manager. We looked in the bedrooms of six people who used the service.

During our inspection we spent time looking at four people's care and support records. We also looked at three records relating to staff recruitment, training records, maintenance records, feedback and a selection of the service's audits.

Good

Is the service safe?

Our findings

One person we spoke with told us they felt safe. The relatives we spoke with told us they felt confident that their family member was safe at Poplars.

Relatives told us, "There seems to be enough staff. Activities have never been cancelled. They involve (name of person) but they keep them safe."

Staff told us there were enough staff on duty and staff picked up extra shifts to cover for sickness if required. The registered manager said there were some staff vacancies, which had been recruited to and were awaiting pre-employment checks, so agency staff were still regularly being used. This was beginning to reduce with the recruitment of new staff and the registered provider was providing extra initial support to try to retain new staff.

The registered manager told us each person who used the service was allocated staff according to their assessed needs. We saw this was reflected in their care records and tallied with the number of staff on duty. We looked at historic staff rotas and found there were sufficient staff on duty to meet people's assessed needs. We saw appropriate staffing levels on the days of our inspection which meant people's needs were met promptly and they received a good level of support.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "I would speak to my manager if I had any concerns and go higher if they didn't act on it. I would whistle blow and go to social services." We saw information around the building about reporting abuse and whistleblowing.

Records evidenced safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and CQC had been notified. This showed the registered manager was aware of their responsibility in relation to safeguarding the people they cared for.

The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. We saw in the care files of people who used the service comprehensive risk assessments were in place in areas such as mobility, bathing, security, medicines, bedrails, choking, managing behaviour that may challenge, self-harm and management of specific conditions. Risk assessments were detailed and included measures to mitigate risks to people, for example, the risk of bedrail entrapment was reduced with the use of specialised padding and individually designed beds for some people.

We saw risk assessments were reviewed regularly, signed, and up to date. Moving and handling plans contained very detailed information for staff on how to support each person, and contained information about maintaining the person's dignity and self-esteem. This showed us the service had a risk management

system in place which enabled staff to deliver safe care to people.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. We saw in the incident and accident log incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action.

The registered manager checked all incident and accident records and ensured any required action to prevent future incidents and improve wellbeing was followed up. This demonstrated they were keeping an overview of the safety in the home.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. For example, the service ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

Appropriate arrangements were in place for the management of medicines. The registered manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw staff medicines competence was also assessed regularly. This meant people received their medicines from staff who had the appropriate knowledge and skills.

We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. All staff administered medicines and each administration was observed by a second staff member. We saw a stock check was completed every week and signed by two members of staff. This demonstrated the home had good medicines governance in place.

Staff we spoke with had a good understanding of the medicines they were administering and we saw medicines being administered as prescribed. People's medicines were stored safely in a secure medicines room. The temperature of the medicines room had occasionally gone over the recommended temperature and a fan had been used to reduce this. The registered manager told us air conditioning was being installed in the medicines room and this was completed shortly after our inspection.

Topical medicines were stored in the medicines room and records for these were up to date.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

Medicines care plans contained detailed information about medicines and how the person liked to take them, including an individual 'when required' (PRN) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place.

Appropriate equipment was in place to meet the needs of people who used the service, for example ceiling tracking hoists and profiling beds with air flow mattresses. Equipment had been properly maintained and serviced.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported when the building needs to be evacuated. A fire training sheet was signed by all staff and fire drills occurred regularly. This showed us the home had plans in place in the event of an emergency situation.

The service was very clean and odour free. Personal protection equipment was available for staff to use.

Good

Is the service effective?

Our findings

The relatives we spoke with told us they were confident the staff team at Poplars could meet their relation's needs. One relative said, "They have best interest meetings and invite me."

At our inspection on 06 January 2015 the registered provider was not meeting the regulations related to staff training and support. At this inspection we checked to see if improvements had been made.

We found staff were provided with training and support to ensure they were able to meet people's needs effectively. Staff told us they completed a comprehensive induction including four days of training, and a month of shadowing more experienced staff before starting work at the service. The shadowing focused on getting to know people's individual needs and preferences. This was followed by completing the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. This demonstrated that new employees were supported in their role.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. One staff member said, "The training is brilliant. I have completed level three in management and infection control level two." Staff told us, and we saw from training records, they had completed training in areas including moving and handling, first aid, fire safety, health and safety, safeguarding adults and infection control. Training was a mixture of booklets, computer based and practical face to face training. Staff also received additional specialist training related to the individuals they supported, such as managing epilepsy. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by the registered manager and they said they had regular supervision. One staff member said, "I feel very supported." Supervision gave staff the opportunity to discuss their development needs and records showed praise was given as well as discussing areas for improvement. Annual appraisals were also completed and planned onto the rota for staff. This showed staff were receiving regular management supervision to monitor their performance and development needs.

Staff told us communication was good. A 15 minute handover was held between shifts and a daily handover sheet was used for each person to share information such as health issues, activities, appointments and meal planning.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act 2005. One staff member said, "It's to protect people and support them to make decisions." Another staff member said, "It's about whether people can make safe decisions for themselves and holding best interest meetings if you are taking some freedoms away, such as bedsides, wheelchair straps, arm splints and locked doors."

We asked the registered manager about the MCA and DoLS and she was able to describe to us the procedure they would follow to ensure people's rights were protected. 11 people were subject to DoLS authorisations. One of these had conditions attached and the registered manager was aware of the conditions and they were incorporated into care planning. One person was assessed as having the capacity to decide to live at the home.

A mental capacity assessment and best interest meeting had taken place with the relevant person's representative in important areas such as consent to medicines, the use of chest, waist and ankle straps in a wheelchair, the use of bedrails, attending enrichment activities and the use of a night time monitoring device. This meant the rights of people who used the service were protected in line with the requirements of the Mental Capacity Act 2005.

The registered manager told us staff did the cooking and some people who used the service joined in with chopping vegetables and local food shopping. People made choices in what they wanted to eat. We saw meals were planned around the tastes and preferences of people who used the service. Each person had an extensive list of food likes and dislikes in their care records, which was used to inform meal planning.

We heard staff offering a person who used the service a choice of snack and we saw they received the snack of their choosing. People had the equipment they needed to enable them to eat or drink independently, such as specialised cutlery and non-spill cups to access drinks at any time.

One relative said, "They do a good job with food choices and Halal meals." We saw the individual dietary requirements of people were catered for. Two people who used the service followed a Halal diet. One person was living with diabetes and was supported to eat a healthy diet. A food and fluid diary was kept for each person and each person was weighed regularly to check for any changes and any necessary action was taken. This showed the service ensured people's nutritional needs were met.

People had access to external health professionals as the need arose and staff were proactive in ensuring people's health needs were anticipated, monitored and met in a timely manner. People had a hospital passport and an up to date health action plan in their care records. Staff said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. This had included GP's, hospital consultants, psychiatrists, community nurses, chiropodists and dentists. The registered provider also had its own multidisciplinary team which included occupational therapists, speech and language therapists, and physiotherapists to provide dedicated support to people who used the service. This showed people who used the service received additional support when required for meeting their care and treatment needs.

People's individual needs were met by the adaptation, design and decoration of the service. The home was divided into two units on one level and all doors and corridors were designed for ease of access for wheelchair users. People had direct access to the garden area from their bedrooms. Cushion chairs and floor mats were available in communal rooms for people to spend time out of their wheelchairs as often as they wished. People spent time in the sensory room, where they could access a glide chair, which could easily be moved around the room by people with limited mobility whilst remaining safe. One person's bedroom used a stay safe bed and sockets had been blocked off to enable them to be restricted as little as possible whilst remaining safe. There were art works produced by people who used the service and photographs of people using the service in the communal areas giving a homely atmosphere. This meant the design and layout of the building was conducive to providing a comfortable but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

Relatives and the person we spoke with told us the staff were caring. One relative said, "Staff are lovely."

Staff we spoke with enjoyed working at Poplars and supporting people who used the service. One staff member said, "I enjoy making people happy and helping people." Another said, "I like the people I look after." A third staff member said, "I love working with these guys." The staff we spoke with all told us they would be happy for a relative of theirs to live at the home.

Staff worked in a supportive way with people and we saw examples of kind and caring interactions that were respectful of people's rights and needs. We heard staff asking people what they would like to do and explaining what was happening. We heard staff speak with people whilst supporting them with daily living tasks or with their meals and just generally chatting and interacting with people. Staff were patient with people, and waited for their responses. Staff joked with some people and danced to music and people enjoyed the banter.

Staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally, to help interpret their needs. We saw they supported every day decision making by showing people a choice of food or drink, observing body language and knowing people's communication styles. For example, one person used clapping to indicate yes or no. Some people used technology, symbols or photographs to communicate their choices. One staff member said, "We get a booklet pack to show people holiday destinations so they can choose a holiday every year."

People using the service appeared well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. Staff complimented people on their clothes and hair and some people responded with a smile.

People's individual rooms were personalised to their taste. Personalising bedrooms helps staff to get to know a person and create a sense of familiarity, and to make a person feel more comfortable. Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they kept people covered during personal care and ensured the door was shut.

People were encouraged to do things for themselves in their daily life. Staff told us people helped with some household tasks where possible, such as shopping and laundry. One staff member said, "We help people to keep as much independence as they can for as long as they can." We saw one person being enabled to use a spoon themselves when eating a meal and being supported only when necessary to complete the meal.

Staff were aware of how to access advocacy services for people if the need arose, and two people who used the service had independent mental capacity advocates. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves. This meant people had access to independent support with decision-making when they needed it.

People and their representatives had been consulted regarding end of life plans and wishes. Following the death of a person using the service the previous year the service had worked with people regarding death and bereavement alongside speech and language therapists. A memorial garden was also created along with the person's family. The registered manager told us the service was currently working toward the Gold Standard Framework. This is national framework recommended by government and professional organisations to support good practice in end of life care.

Good

Is the service responsive?

Our findings

The relatives we spoke with told us they were involved in planning their relations support. They said, "They have listened to me from day one. They always phone me at home. That means a lot to me. I am involved." Another said, "I'm involved in everything."

Staff told us they spoke to the person or their family members about people's likes or dislikes and spent time getting to know them during induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service and staff told us they had the opportunity to read these before commencing work with the service. One relative said, "Staff know (name) really, really well. When they have new staff they introduce them."

People's care files contained care plans covering areas such as moving and handling, nutrition and healthy eating, health and wellbeing, finances, behaviour management, sleep, activities, seizure management, and accessing the community. Support plans were very detailed and person-centred and included photographs of the equipment people used. They also contained details of each person's daily routine to enable staff to deliver person-centred care. For example, "Staff must give (name of person) an appropriate choice of two outfits to pick from."

There was evidence people and their representatives had been involved in discussions about their care. Relatives we spoke with told us they were always invited to reviews and involved in their relative's support. We saw on one person's door a 'My communication' summary was attached. This explained with pictures, 'How I say yes and no' and 'How I make choices.' We saw people making choices, for example by pushing food away when they had had enough. This meant that the choices of people who used the service were respected.

People's needs were reviewed as soon as their situation and needs changed. The registered manager told us reviews were held annually and care plans were reviewed regularly and updated when people's needs changed. These reviews helped to monitor whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

A detailed health file was also kept containing a medical profile and detailed information about what each medicine was for, how and when to take it, any side effects and any foods to avoid. Daily records were kept detailing what activities the person had undertaken, as well care that had been delivered and the person's mood.

One person we spoke with told us there were enough activities on offer. A relative we spoke with said, "People go out and socialise. They take (name) bowling. They have different themed nights."

One staff member said, "We do things on a big scale. Parties, mini-Olympics, bonfire night. The facilities here are really good." People were supported to participate in activities both inside and outside the home. Staff spoke with good insight into people's personal interests and we saw from people's support plans they were

given many opportunities to pursue hobbies and activities of their choice. On the day of our inspection two people using the service were attending a school trip. We saw from daily records people had been to parks, shopping in town, horse riding, to a sailing club, swimming, completed craft activities, attended bubble play, listened to music and visited places of interest.

People had access to a day service facility on the site and could choose sessions such as hydrotherapy and rebound therapy. An assistive technology room was available for people to use at the home for computer based activities with adapted controls to enable people to use computers, listen to music and use other electronic devices. The registered manager said the registered provider was looking into equipment that could be controlled with eye movement to further promote control and independence.

Relatives told us, and we saw from records, people were enabled to see their families as often as they liked. This meant staff supported people with their social and relationship needs.

The relatives we spoke with told us staff were always approachable and they were able to raise any concerns and these would be acted on. There was an easy to read complaints procedure on display for people at the home and in people's care records. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these had been documented and responded to appropriately. Compliments were also recorded and available for staff to read.

Good

Is the service well-led?

Our findings

The family members we spoke with told us the service was well-led. "It's a great atmosphere. (Name of registered manager) is a super manager. She would act on concerns every time. She would swap staff if (name of person) didn't like them. I haven't been able to fault them." Another said, "Since (name of registered manager) came it runs very smoothly. It is very well-led. The best thing is having an approachable manager."

The registered manager had commenced her role in October 2015 and her registration as manager had been approved in June 2016.

Staff we spoke with were also positive about the registered manager and told us the home was well led. One staff member said, "I like the open door policy. You feel valued. She is the best manager I have ever had. She puts people first all the time." Another said, "She is a very good manager."

The registered manager told us she felt supported by the registered provider and we saw she had regular supervision and support visits throughout the year.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager and senior support workers regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported. Staff were aware of the ethos of the service. One staff member told us the registered provider's aim was to provide, "Quality of life for life."

The registered manager met regularly with an internal network of managers to share good practice. She said the registered provider sent her good practice updates and they completed regular training. This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

We saw from records individuals or their representatives had been consulted on every aspect of their support and their views were recorded. The provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires. We saw feedback had been acted on by the registered manager. For example, following feedback from a family member about staff turnover they ensured all new staff were introduced to relatives and also informed them of staff changes.

People and relatives were also involved in how the service was run through the residential services advisory group. They also took part in staff recruitment and induction training. Residents meetings were held regularly for people to feed into the running of the home.

Staff meetings were held every one to two months. Topics discussed included individual people's needs, positive feedback from families, dignity, use of mobile phones, training, and teamwork. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the

provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment provided to people living at the home.

There was evidence of internal daily, weekly and monthly quality audits, and actions identified showed who was responsible and by which date. We saw audits were maintained in relation to premises and equipment such as wheelchairs, mattresses and water temperature checks, and a monthly health and safety audit was completed.

The management of people's money was also audited weekly and care plans and documents were reviewed and checked regularly by the management team. Two people's medicines administration charts were audited every day, a weekly audit was carried out and then a further monthly audit was completed by a senior member of staff. The registered manager had appointed a number of champions to lead on audits in areas such as infection control, medicines and health and safety. This showed staff compliance with the service's procedures was monitored and addressed to improve the quality and safety of the service.

Managers from other services run by the same provider audited one another's services regularly and highlighted any areas that needed addressing. The registered provider completed regular quality visits which included sampling files, speaking with staff and completing audits. This demonstrated the senior management of the organisation were reviewing information to improve the quality and safety of the service.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit statutory notifications to the Care Quality Commission (CQC) when certain incidents, such as serious injuries or allegations of abuse, happen. We found all incidents had been notified as required.

The previous inspection ratings were prominently displayed at the home and on the registered provider's website. This showed they were meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.