New Outlook Housing Association Limited

Tulip Gardens

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

This inspection took place on 5 July 2018 and was unannounced. At the previous inspection in June 2017, we found that the service was rated as Requires Improvement overall, and we found that the home was in breach of the law in relation to regulation 17 and good governance. At the last inspection, we asked the provider to take action to make improvements in relation to the auditing and monitoring of the service. We found this action has been completed.

Tulip Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tulip Gardens is a home without nursing and can accommodate up to 8 people. At the time of our inspection, 8 people were living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

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. Tulip Gardens did not have a registered manager in post at the time of our inspection, but the acting manager was in the process of applying to become registered with us.

People were protected from potential abuse by staff as they were trained and understood how to safeguard them. People had risks to their safety assessed and there were plans in place to reduce the risks, which staff understood and followed. There were sufficient staff that had been recruited safely to support people when they needed it. People received support to have their medicines as prescribed.

People had their needs assessed and were supported to meet them by trained and knowledgeable staff. People had their nutrition and hydration needs met and enjoyed mealtime experiences with choices and options. The building was being upgraded and improved in line with people's wishes. 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. We found that Tulip gardens had submitted applications appropriately.

People had good relationships with staff and were supported in a kind and caring manner. People made choices about their care and support and were involved in decision making. People were supported in a way which maintained their dignity, and staff were respectful. People had their preferences met and staff

understood people's needs. There were opportunities for people to follow their interests and take part in a range of activities. People's communication needs were considered and some improvements with literature had been made in this area. People had support to follow their religious beliefs and cultural practices.

People understood how to complain and complaints were responded to in line with the provider's policy. A manager was in post and people, relatives and staff found they were easy to talk to and available to them. People and their relatives had an opportunity to have a say in how the home was run. The manager had formal and effective checks in place to assess the quality of the service people received. The manager had a vision for the service and plans in place to make continual improvements.

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.
People were safeguarded from potential abuse and risks to their safety was managed well.
People received support from staff that were recruited safely.
People had their medicines as prescribed, and infection control measures were in place.

Is the service effective?

Good

The service was effective.
People had their needs assessed and plans were in place for effective support.
Staff were knowledgeable about care and received training and supervision.
People were supported to maintain a healthy diet and could choose their meals.
People had access to health professionals.
People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Good

The service was caring.
People were treated with respect and staff were compassionate and caring.
People could make choices and were involved in decisions about their care and support.
People were supported to maintain their independence and had their privacy and dignity maintained.

Is the service responsive?

Good

The service was responsive.
People's preferences were understood and they were involved in their assessments, care plans and reviews.
People were supported to take part in activities and follow their individual interests.
People could be confident their complaint would be listened to and acted on.

Is the service well-led?

Good

The service was well led.
People felt able to express their views, and felt listened to.
The manager understood their role and responsibilities.
The quality of the care people received was monitored and the manager had checks in place to ensure people were supported effectively.
The coordination between staff and other agencies was effective and people received consistent care.

Tulip Gardens

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 inspection took place on 5 July 2018 and was unannounced.

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

Before the inspection the provider was asked to complete 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 took this into account when we planned our inspection and when we made the judgements in this report.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. Healthwatch is a national independent champion for consumers and users of health and social care in England. We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The information from the SOFI was used to make the judgements in this report.

During our inspection we spoke with five people who lived at the home, four relatives, the manager, a senior manager and three care staff. We also spoke with a health care professional. We reviewed some aspects of the care records of five people who lived at the home and other documentation relating to the management

of the service.

After the inspection, the provider sent us the information we had requested during the inspection.

Good

Is the service safe?

Our findings

At our last inspection in April 2017, we rated this key question as 'requires improvement', because we found that there were not enough staff to support people safely. At this inspection, we found improvements had been made and the rating for this key question is now Good.

People and their relatives told us they felt safe living at Tulip Gardens, comments from people included, "I feel safe," and, "The carers are all okay. They're not rude." A relative told us, "She's safe. I think so - she'd say if she wasn't." Staff knew what constituted abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the manager and or external agencies such as the Care Quality Commission or the Local Authority. Staff we spoke with could confidently describe the different signs and symptoms that a person might present, which would indicate they were being abused and confirmed that they had received training in safeguarding to support their understanding. The manager had a good understanding of their responsibilities in keeping people from harm. They had notified us appropriately in response to any concerns they had in relation to people's safety, for example any incidents of potential abuse or serious injury to people.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe whilst not restricting their freedom. We saw people used different aids, such as moving and handling equipment like hoists and special wheelchairs designed for them. On the day of our inspection we observed good interaction between staff and people during moving and handling support. Equipment was used safely and people were reassured as the transfers were taking place.

We saw people had up to date care files that included risk assessments around many areas and were easy for staff to access. These had been tailored to suit each person. People told us that they had meetings with their key worker if they wanted them. Staff told us that these meetings were used to keep issues around people's safety and well-being up to date.

People were encouraged to have as full a life as possible, while remaining safe. We saw that the manager had assessed and recorded the risks associated with people's medical conditions. They had also looked at safety in the environment and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. All the risk assessments we looked at were reviewed regularly. We noted that risks to people were reassessed as their conditions changed.

We saw that plans were in place to manage emergency situations. Personalised emergency evacuation plans were in place for each person which detailed whether people needed equipment to mobilise in the event of a fire. Staff we spoke with were consistent in their response as to what actions to take in the event of a fire or an emergency to keep people safe. The provider told us the home practiced regular fire drills and evacuations to keep people safe.

People and relatives felt there were sufficient numbers of staff to respond to people's care and support

needs. People told us and we saw that there were enough staff available to meet people's needs. Staff were consistently nearby in communal areas and responded to people's requests for support. A relative told us, "Now the home has revamped the staffing and the shift system they rarely use agency staff." We found that changes made by the management had improved the availability of staff to keep people safe.

We reviewed two staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

Staff told us that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process. The manager confirmed they were supported by the provider's human resources (HR) department during the recruitment process, and showed us the current DBS or police checks that they held for all of the staff who worked there. The manager said they were unable to offer employment to applicants until the HR department confirmed that they had conducted the appropriate checks to identify they were suitable to support people who used the service. A member of staff said, "The inductions are much better for the new staff. They are mentored better."

People received their medicines on time and as prescribed by their GP. People told us they were happy with the way they were supported with their medicines. One person said, "I get my tablets on the morning, they don't forget." Staff who were responsible for administering medicines had received regular training and medicine competency assessments. Care plans provided staff with guidance about how to support people to take their medicines safely and as prescribed. There were systems in place to ensure people received their medicines as prescribed which included monthly audits carried out by nursing staff and the manager. We saw that for people who wished to manage their own medicines, assessments had been carried out to ensure that they were able to do this safely. One relative said, "Two staff give the medicines and they do it discreetly." We found medicines were administered in a safe and unrushed manner.

We checked the balances for some people's medicines and they were accurate with the record of what medicines had been administered. We saw that staff signed to indicate that prescribed creams had been applied, but the instructions for staff to describe where creams were to be applied on the person were not easily available to staff. However they were found later during our inspection. We saw that medicines were kept in a suitably safe location, and disposed of correctly if they were not used. People received their medicines safely and when they needed them.

We found that people were protected from the spread of infections, and staff ensured that the home was clean and hygienic at all times. All areas of the home were clean and smelt fresh. We saw that cleaning schedules were in place with a list of cleaning duties to be completed primarily by night staff. We saw that chemicals and cleaning materials were kept safely locked away and did not present a danger to people. There were good hand washing facilities in people's rooms, and communal areas with each room having an individual soap and paper towel dispenser. We observed that food hygiene standards were good and did not present any visible concerns.

There was also evidence that the equipment people used to assist them move such as slings, were for one person's use only, and therefore reduced the risk of any cross infections. The manager carried out audits of infection control and we saw these were effective in keeping the home clean. People could therefore be confident that practices were in that place would reduce the risk of infection.

We noted that the provider recorded all accidents and incidents. All information relating to an accident or incident was recorded on an electronic system to include details of the person, any investigative action taken and any lessons that were learnt. The manager reviewed all accidents and incidents and these were shared with the provider. This helped identify trends and patterns in order to implement improvements to prevent re-occurrences where possible. This system was replicated for other areas of learning such as falls, infections, and safeguarding concerns. Processes were in place to make improvements based on learning from when things went wrong.

Good

Is the service effective?

Our findings

At our last inspection in April 2017, we rated this key question as 'requires improvement', because people were not supported to make their own decisions as far as possible, and it was unclear that people had access to enough food or drink. At this inspection, we found improvements had been made and the rating for this key question is now Good.

The manager carried out comprehensive pre-admission assessments to ensure that they understood and were able to meet people's health, care and medical needs. We found that the assessments for people were person centred and holistic, looking at the person as a whole and considered all aspects of their lives. Assessments were completed with the person and in partnership with involved relatives and health care professionals.

Staff had the right mix of skills and knowledge to support people well. People told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared for and supported them. One person we spoke with explained that staff knew their job roles well. Staff we spoke with told us that training within the home was good. Staff were provided with training in key areas as well as more specialised training to meet specific needs of people living at the home, such as training in autism or epilepsy.

Staff we spoke with told us that they received regular supervision to reflect on their care practices which enabled them to care and support people more effectively. The manager described how they made observations of staff care practices to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff told us that they received an induction which included getting to know people's needs and shadow more established staff. Staff were offered…. the care certificate [a nationally recognised induction programme for new staff]. We saw that staff participated and contributed to handovers between shifts to enable continuity of care and provide good outcomes for people. Staff we spoke with told us that communication was effective within the team. The provider had suitable management on-call rotas in place to support staff if they required advice and guidance outside of office hours.

People told us they liked the food provided. One person told us, "Food is better. They have lots of choice." One relative told us that staff made sure that one person's food was made in a way they could eat safely. The relative confirmed the food was of a good quality and enjoyed by people at the home. Menus were available to assist people in the choice of food. We saw that people had a pleasant and inclusive dining experience. Staff were present but unobtrusive which showed respect for people while they ate. The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. People who required assistance were appropriately supported by staff.

People's health was promoted through good access to healthcare services. A healthcare professional told us that the home always followed their advice and medical instructions, and were proactive in getting health

support if needed. We saw from people's records that referrals had been made to the dietician, GP and other healthcare professionals as appropriate. People were also supported to attend routine appointments to maintain their health. Staff told us that they had established positive working relationships with visiting healthcare professionals and were able to promptly and accurately share information about people's current health needs, which ensured appropriate care was provided.

Appropriate decoration and signage had been used around the home to support people and promote their independence. The building had been designed for people with disabilities and was fully accessible. This included an enclosed safe outside area with garden furniture and planted areas. Further improvements to the accessibility of the building had been planned in consultation with people, for example to improve the facilities in the activity room.

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. Staff adhered to the principles of the MCA by seeking people's consent on a day-to-day basis. We observed and heard staff seeking people's consent before they assisted them with their care needs. One relative we spoke with told us, "Staff handle her sensitively and let me know what she said, and we make a joint decision." Where people were unable to make decisions we saw that Mental Capacity Assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved contributions from the person and their families.

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. The application 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. The manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS).

We saw that the manager had sought and taken appropriate advice in relation to people in the home. When the manager had received approval to restrict people's liberty these practices were regularly reviewed to identify if they were still required. Staff were able to explain how they supported people in line with these approvals. There was a process to ensure that applications to renew existing approvals would be made promptly.

Good

Is the service caring?

Our findings

We spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff responded to people in a timely, supportive and dignified manner. For example, supporting them with slowly sipping a drink. There was a friendly and relaxed atmosphere within the home. We observed staff checked with people before providing physical care and respected their choices. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. Staff could describe individual preferences of people and knew about things that mattered to them. For example, one person with limited verbal communication made an unhappy expression when they sipped their coffee. The member of staff smiled and asked them if they wanted it stronger, the person nodded and grinned back at them.

People told us they were involved in their own care and made decisions about their day. Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about them. Staff told us and we saw that they gave people choices and involved them in making decisions about their care and daily lives. For example, whether or not to sit outside in the warm weather and what activity to take part in.

Staff were aware of people's individual diverse needs and supported people in accordance with these. Where people belonged to a particular faith group, or had specific cultural or religious needs these were recognised and appropriate support offered. For example, some people were supported to visit the church of their choice, and we saw that people's care records reflected their cultural needs and included information about whether or not people liked to be supported by a male or female staff.

People were treated with dignity and respect and their privacy was maintained. Relatives we spoke with told us that they felt people's dignity was being respected. We saw examples of staff maintaining people's dignity in the way they supported them. For example adjusting people's clothing to maintain their appearance, or gently supporting people with their mobility. We saw in one record that a member of staff had considered a person's dignity after they had experienced a fall in the bathroom, and the staff member covered them up while they called for help. Staff could describe how they supported people to maintain their privacy. They told us they ensured doors and curtains were closed and people remained covered whilst having personal care.

People had their independence maintained in many areas. However the manager had recognised that this required further improvement and had begun to develop a system of ensuring that peoples independence was given more priority at Tulip Gardens. One relative commented that, "[My relative] has learnt new skills and developed in ways that we did not think were possible." We saw that some people had adapted crockery to help them to eat their meals independently. Other people had sensor mats that were used to alert staff when people got out of bed so that assistance could be given, when it was needed. This helped to ensure that people were given privacy but also independence to move about safely. We found that while people had some elements of their independence maintained this was not consistent throughout the home. The manager told us this was an area that had been identified for further development.

Good

Is the service responsive?

Our findings

At our last inspection in June 2017, we rated this key question as 'requires improvement', because people did not have sufficient access to meaningful activities. At this inspection, we found improvements had been made across the service and the rating for this key question is now 'Good.

People and their relatives told us they had been involved in the assessment, planning and review of their care. One relative told us, "They put the needs of the resident first, that wasn't happening 12 months ago. Residents have one-to-one meetings with a key worker, and it's a lovely and positive atmosphere." The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Other staff could approach key workers for guidance and advice on how to meet people's specific needs. The providers information return told us that the homes approach was to ensure holistic delivery of care that did not discriminate and recognised each individual person.

A person told us about how they were involved in running their home and said, "The big meeting is once a month." Relatives said they felt informed about their family member's care, "What's also improved is that they now keep me informed about appointments." We saw that care plans identified what people needed and wanted and had been reviewed as required. The manager told us an assessment of need was undertaken before people moved in. Records we saw confirmed this, and we saw a care plan had been obtained from people's funding authority to also highlight people's needs and risks. Those processes were undertaken to ensure that people's needs could be met.

Staff understood people's individual needs and we saw staff shared information for example through handovers as people's needs changed, so that people would continue to receive the right care. All staff we spoke with told us that this handover of information was a good way of working and gave them the information they needed.

People and relatives felt that there were enough activities for people to enjoy. A relative told us, "She attends the day centre one day a week and has in-house fitness on Monday and Tuesday, and goes to a library and chooses talking books, goes to local fairs and fetes, there's been a massive improvement." A member of staff said, "[The person] sits here as it's quieter and they like that, they go bowling with us, and they have a Wii machine." We saw photographs of things people had taken part in, including celebrating big events such as football, special birthdays and the Royal Wedding. Staff were keen to encourage people to take part in activities they knew people would enjoy. A member of staff told us, "There's more activities for people now." We saw that one person was ready to go out in a taxi to the shops, and they described some of the things that they do in the week including art work and exercise. The manager had a list of activities that had been developed with people to encourage them to try new things, and people had access to the homes minibus for outings if they wished to use it. Improvements had been made / people had good access to activities of interest to them.

The Accessible Information Standard of 2017 defines a way of identifying, recording, and sharing people's

communication needs. The standard aims to improve the health, care and wellbeing people receive by making sure they are communicated with in a way that suits them. This helps make sure that people can take part in decisions as much as possible. At Tulip Gardens we found that some people did not always have the most effective support with their communication needs. For example, one member of staff told us that for one person, staff had to rely on the knowledge of the person's communication such as gestures and the sounds they made. The staff member said that tools to help communication were not routinely used. The staff member spoke of another person's needs and said, "They don't have a file for communication. There are no tools, only hand gestures, and what guides us is the body language." In other areas however, Tulip Gardens had improved in how they communicated with people. We saw that key documents about complaints and safeguarding were in an easy to read format and that the newsletter for people was also written in a way that people would find accessible.

People told us they could raise any concerns with staff. One person told us, "Yes I can complain. I complained to the staff. Me and [the manager] have sorted out things many a time." Relatives told us if they had an issue or concern, they were happy to raise these with staff and they were confident they would respond well. One relative said, "I complain by email or go to a higher process if needed." Another relative told us how their complaint had been dealt with to their satisfaction.
We saw that complaints received, were dealt with in a timely manner and reviewed by senior managers through a formal complaints process to ensure an appropriate response. All the staff we spoke with had a good understanding of how to support people and others if they wished to complain. The manager was aware of their responsibilities in relation to the duty of candour. People were encouraged to raise concerns or grumbles and we saw that these informal issues were recorded and dealt with in a timely manner.

The home had also received several written compliments. We noted that in the last 12 months the home had received six compliments from family members. Comments included "We have the utmost confidence in the care team, you contact us straight away," and, "We are extremely impressed with your care."

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. This practice meant people could be confident that their personal information would not be shared.

Good

Is the service well-led?

Our findings

At our last inspection in April 2017, we rated this key question as 'requires improvement', because we found audits had not always identified where improvements were needed. The provider was not meeting the law in relation to this area. At this inspection, we found improvements had been made across the service and the provider was no longer in breach of regulation. At this inspection, we rated this key question Good.

During this inspection, we found that while improvements had been made at Tulip Gardens, they had not been made in a timely manner by the provider, and had only very recently been implemented. We noted that concerns similar to those identified at Tulip Gardens had also been identified at other care homes registered with the provider, and these continued to present areas that required improvement.

At the time of our inspection, there was a manager in place who was applying to become registered with us. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had notified us about incidents and events as required by law. People and their relatives spoke highly of the management and staff. One person told us, "Now there is a really good staff team and they're working hard." Relatives said, "With the change of manager, the home has improved - it's a lot more positive, there's a lot more going on and people are treated well." Another relative told us, "It's a lovely and positive atmosphere. It's as if somebody's waved in magic wand!" Staff were enthusiastic about their role in supporting people and spoke positively about the home, the manager and the provider. One staff member told us, "It is better now, the new management is better, all the staff like it."

We found that the provider had begun to involve people and their relatives in the running of Tulip Gardens. Since January 2018, people had been asked if they wanted to go to group meetings across the provider's other homes that took place every three months. These meetings brought people together and gave them the opportunity to feedback on key issues about their home while attending a fun event. People and relatives were also invited to monthly meetings within Tulip Gardens. Relatives told us they had been asked to give their feedback about their experiences of the home, including. the staff, food, how they were treated, visiting arrangements and social activities. The summary of responses we reviewed were positive overall, with many of the comments reflecting on the quality of care provided by the staff team.

Our inspection visit and discussions with the manager identified that they understood their responsibilities and felt well supported by the provider. The manager had kept up to date with new developments, requirements and regulations in the care sector. They had done this by the use of the internet and relevant websites and by partnership working with other organisations such as the sister homes of the provider, and local groups such as various local City Councils and independent organisations for example Sense and Challenge. The manager knew how to access other support for people, such as that from health professionals. The providers' information return told us that the home will actively looked to continuously improve their knowledge for delivery of best practice.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain

events. The manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

There was a clear leadership structure which staff understood. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the home. They told us of the planned redevelopment of the home, which included a new dining area and refreshed bathrooms and activities room.

The manager and provider conducted regular audits and checks to ensure effective governance of the service. The provider told us that a manager's tool kit for self-audit had been developed, to support managers with clear guidance on actions required when auditing. We saw that current audits included monitoring of DoLS authorisations, medication audits, accident and incident monitoring for patterns and trends, infection control audits, care plan reviews and health and safety audits. Information was then collated and reviewed so that any patterns and trends could be identified and action taken where areas for improvement were identified. Incident forms included a review by the manager and any follow up actions were recorded. The provider also conducted monthly visits, to check the quality of care provided. These visits were recorded, and an action plan was completed with timescales to ensure any concerns were addressed without delay.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.