

Roseberry Care Centres GB Limited

Beech Grove Care Home

Inspection report

St Pauls Street
Clitheroe
Lancashire
BB7 2LS

Date of inspection visit:
03 July 2017
04 July 2017

Date of publication:
18 July 2017

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

We carried out an inspection of Beech Grove Care Home on 3 and 4 July 2017. The first day of the inspection was unannounced.

Beech Grove Care Home is registered to provide accommodation and personal care for up to 33 people. At the time of the inspection 32 people were accommodated in the home. The home is located in a residential area near to the centre of Clitheroe. Accommodation is provided on two floors in 31 single bedrooms and one shared bedroom. 13 of the bedrooms have an ensuite facility.

This was the first inspection of the home since the registration of a new provider. We found the provider was meeting all the current regulations.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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 living in the home said they felt safe and staff treated them well. People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People's medicines were managed appropriately and according to the records seen people received their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. 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. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and wherever possible had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly. People were encouraged to remain as independent as possible and were supported to participate in a variety of daily activities. People were also offered the opportunity to go on regular trips in the community.

The registered manager was well respected and provided strong, supportive leadership to her team. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care.

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 knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people living in the home.

People were cared for by staff who were well trained and supported.

People were provided with a balanced and healthy diet. People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

People were provided with a range of appropriate social activities, both inside and outside the home.

People knew how to raise concerns or complaints and were confident that the registered manager would respond effectively.

Is the service well-led?

Good ●

The service was well led.

The registered manager had developed positive working relationships with the staff, relatives and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff.

Beech Grove Care Home

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.

We visited Beech Grove Care Home on 3 and 4 July 2017. The inspection was carried out by one adult social care inspector and the first day was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people living in the home, two relatives, two members of staff, the deputy manager, the administrator, the registered manager and the regional operations manager.

We conducted a partial tour of the premises and looked at a range of documents and written records including four people's care records, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I feel as safe as houses. All the staff are handpicked and are excellent" and another person commented, "I feel very safe in the home, all the staff, days and nights are marvellous." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I feel [family member] is well looked after."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff had received training in this area and policies and procedures were in place to provide them with guidance if necessary. We also noted the safeguarding procedure was clearly displayed in the hallway and in the office. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

We saw that safeguarding issues were routinely discussed during residents' and staff meetings as well as staff supervisions. This meant people living and working in the home had the opportunity to discuss these issues and were familiar with the safeguarding procedures.

Risks to individuals and the service were managed. This helped to protect people's rights to freedom and independence. Environmental risk assessments had been undertaken by the registered manager in areas such as fire safety, slips, trips and falls, hazardous substances and the use of equipment. All risk assessments seen were thorough and included control measures to manage any identified risks. The assessments were updated on an annual basis unless there was a change of circumstances. Emergency plans were in place including information on the support people would need in the event of a fire.

We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration and falls. Records showed that the risk assessments were reviewed and updated on a monthly basis or in line with changing needs.

People told us the home was well maintained and kept clean. We found all parts of the building seen during the inspection had a good standard of cleanliness including people's rooms, lounge, bathroom and toilet areas. Over the last two years, new carpets had been fitted in the communal areas and corridors, a new boiler had been installed, and new chairs had been purchased in living rooms.

The provider had arrangements in place for ongoing maintenance and repairs to the building. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, hoists, wheelchairs and assisted baths. All records seen were complete and up to date. We also saw

the gas safety certificate, portable appliance testing (PAT) certificate and the five year electrical certificate were all within date.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the GP and falls team. A detailed analysis of the records was carried out on a monthly basis in order to identify any patterns or trends. We noted action had been taken to limit future reoccurrence. This included the use of technology such as sensor mats.

People told us the provider employed sufficient staff to keep them safe and meet their care and support needs in a timely way. For example, one person told us, "The staff are here, there and everywhere. There is always someone available." Reflecting on the staffing levels a member of staff said, "We have an extra member of staff in the mornings now and everything works really well." The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. We noted there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible in line with people's changing needs. Extra staff were placed on duty to facilitate appointments and trips out of the home. In addition to the care staff, the provider also employed administrative, maintenance, catering and housekeeping staff.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a face to face interview, a record of staff members' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We saw notes were maintained of the interviews to support a fair process.

People told us they were satisfied with the management of their medicines. We saw staff administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. We observed people were given time to take their medicines without being rushed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook regular competency tests to ensure they were proficient at this task. We saw staff had access to a full set of policies and procedures which were readily available for reference in the policy and procedure file.

A monitored dosage system of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored in a locked trolley in a locked room and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. The registered manager explained a new pharmacy had been engaged to supply people's medicines. On looking at the records, we noted not all the instructions from the prescription labels had been recorded on the medication administration records. Immediate contact was made with the pharmacy during the inspection and we were assured updated records would be supplied to the home the next day.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

Is the service effective?

Our findings

People told us they felt well cared for by staff who had the knowledge and skills to meet their needs effectively. For example, one person said, "They have the best staff you could get here, they are such a happy lot together" and another told us, "The staff are very well trained and the good thing is they want to be here and they want to help. I think this is really important."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. 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 as least restrictive as possible.

We found staff understood the importance of obtaining consent before providing care or support. One member of staff told us, "I always ask people if they need any help. I wouldn't dream of taking over." If people did not have the capacity to make specific decisions around their care, the registered manager involved their family or other social or health care professionals as required to make a decision in their 'best interests' in line with the MCA. We noted best interests decisions had been made in respect to people's admission to the home.

We saw that wherever possible people had signed their care plans to indicate their agreement and consent to the care being delivered. People had also signed consent forms in relation to the taking of photographs and the administration of their medicines. However, we found people's capacity to make decisions had not been formally assessed and recorded. The registered manager explained a new comprehensive care planning system was due to be implemented. We looked at the new documentation and noted this included an assessment of people's ability to make decisions in relation to each area of need identified on the care plan.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted four applications to the local authority for consideration. The registered manager had a central register of the applications and checked progress with the local authority every month. We noted there was documentation in people's care plans to inform staff of the application.

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were

provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their individual supervision meetings with their line manager and annual appraisals. Individual staff training records and an overview of staff training was maintained. We also saw a training plan was in place to ensure staff received regular training updates.

Staff told us they had completed a variety of courses relevant to the people they were supporting including moving and handling, food hygiene, fire safety, health and safety, infection control, safeguarding, MCA and DoLS, first aid, safe handling of medicines and nutrition. Care staff also undertook specialist training which included care planning, end of life care and dementia awareness.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation to the service, training in the provider's policies and procedures, completion of the provider's mandatory training and where applicable the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff spoken with told us they were provided with one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work. We saw detailed records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. This meant staff were able to discuss any issues relating to people's care and the operation of the home. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The meals are exceptional" and another person commented, "The meals are very varied and if you want anything in particular they are willing to cook it for you." We noted people were asked for their choice of meal during the morning and the full menu was displayed on the wall in the dining room.

Weekly menus were planned and rotated every four weeks. People had been consulted about the menus and had been asked for suggestions at residents' meetings.

We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured. The meal looked well-presented and appetising. All food was made daily on the premises from fresh produce.

We noted there were systems in place to ensure the cook was fully aware of people's dietary requirements. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We saw that people's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. People living in the home had access to ongoing healthcare support and they confirmed the staff were responsive when meeting their health needs. For example, one person told us, "I've been ill lately and the staff really looked after me until I was better. They

have all been great."

Records looked at showed us people were registered with a GP and their health care needs were monitored and supported through the involvement of a broad range of professionals including district nurses, podiatrists, physiotherapists and opticians. People's healthcare needs were considered within the care planning process. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records, we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person commented, "Everybody is so kind. I cannot speak too highly of them" and another person told us, "The staff are brilliant. I genuinely feel happy and contented here. As far as I'm concerned I'm here for good."

Relatives gave us positive feedback about the service. One relative said, "I am very happy with the home and have no complaints at all." Relatives spoken also with confirmed there were no restrictions placed on visiting and they were made welcome in the home. For example, one relative told us, "It's a very friendly and relaxed home." We saw relatives visiting throughout the days of our inspection and noted they were offered refreshments. We observed the home had a welcoming and cheerful atmosphere. Commenting on this one person said, "I asked to come here. The home has such a lovely feel. You can be yourself."

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love caring for the residents. They have so many interesting stories and it's a very rewarding job." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff knew people well and understood their needs. Staff were able to tell us each person's routine, preferences and the support they required. They explained they were able to use this knowledge to provide people with person centred care. For instance, one person particularly enjoyed the company of staff and we observed the staff interacting and checking on the person's welfare every time they met them in the hallway or living areas. As a consequence the person was chatty and cheerful throughout the day.

People's privacy and dignity was consistently maintained. Staff told us they knocked on people's doors before entering, closed doors and curtains when providing personal care and gave them space when they wanted private time in their rooms. People told us they could meet their visitors in private and without interruption, carry out a telephone conversation on their own and receive their mail unopened. Care records were stored safely and securely in a locked cupboard and computers were password protected to keep people's information safe and maintain their privacy. Daily care records showed staff promoted people's dignity by providing support in line with each person's individual preferences and wishes.

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, one staff member said, "I think people should do as much for themselves as possible. It makes sure they have their dignity." Confirming this approach a person told us, "I have the freedom to do what I want to do here. The staff totally respect I like to do things for myself."

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. One relative

told us, "[Family member] brought in all her own photographs and bits and pieces and they didn't mind at all."

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were also involved in the care planning process and we saw people had signed their plans to indicate their participation and agreement.

People were given appropriate information about the home which clearly set out the services and facilities available. This meant people were aware of what to expect at the service.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "The staff are always asking me if I'm okay and if I need anything. I can't fault them" and another person said, "The staff are very attentive and obliging." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative said, "I think [family member] is happy here and if there is anything to discuss, the staff are always very receptive."

People were supported by staff who understood their individual needs and preferences. Before a person moved into the home a member of the management team undertook a detailed pre admission assessment to ensure their needs could be met. We looked at completed pre-admission assessments and noted they covered all aspects of people's needs. The registered manager told us people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We reviewed four people's care records and noted all people had an individual care plan which was supported by a series of risk assessments. The plans were split into sections according to people's needs and files contained a "This is me" form which provided information on people's needs, interests and preferences. The plans were written in a person centred way, enabling staff to respond effectively to each person's individual needs and preferences. We saw records to demonstrate the care plans were reviewed on a monthly basis and were updated as necessary. Staff told us they had ready access to people's care plans and felt confident the information was accurate and up to date. The registered manager explained a new detailed care planning system was due to be introduced and confirmed all staff had received training in the new system.

We saw charts were completed as necessary for people who required any aspect of their care monitoring. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms. Staff spoken with clearly knew and respected people as individuals. They talked openly and warmly about people's care wishes and preferences.

Wherever possible, people had signed their care plan to indicate their involvement and participation. One person told us, "I read my care plan last week. I think it covers everything. I can look at it any time I like." The provider had systems in place to ensure they could respond to people's changing needs. For example, a handover meeting was held at the start and end of each shift. We sat in during a handover meeting and noted staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of the people who lived in the home.

People had access to various activities and confirmed there were things to do to occupy their time. People told us they particularly enjoyed the canal trips, for instance one person said, "The recent canal journey was

great. It was a really relaxing day. I'm looking forward to the next trip." Activities arranged inside the home were displayed in the hallway and included quizzes, dominoes, discussion and board games. We observed people enjoyed a game of dominoes during the inspection. We noted there were numerous photographs on display around the home of people enjoying activities. The registered manager explained that an activities co-ordinator had recently been appointed and they were due to start work in the home as soon as all the pre-employment checks had been completed.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. For example one person said, "I feel I can speak up whenever I want and I know there will be no retributions. It's good to say how you feel." Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide. The registered manager had received one minor complaint during the last 12 months. We noted there were systems in place to record and investigate any complaints. The complaint received had been investigated and resolved.

Is the service well-led?

Our findings

People and the relatives spoken with told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "I've never been in a better place in all my life and I've been to Buckingham Palace. Everything is spot on and it runs like clockwork" and another person commented, "I think the home is very well managed. It seems to run smoothly and everything is organised and efficient."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the service. The registered manager was visible and active within the home. She was regularly seen around the home, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a strong rapport with them.

The registered manager was very knowledgeable about the needs of all the people living in the home and was aware of their personal preferences and wishes. All people and their relatives spoken with thought highly of the registered manager. One person told us, "[The manager] always has real interest. She is such a caring person. It's a great home we can all have a laugh and a joke." Similarly, a relative said, "[The manager] is always there if I need to know anything. Her door is always open and she is easy to talk to."

Throughout our inspection the registered manager demonstrated a positive and forward-thinking approach. She was committed to the ongoing development of the home and told us she planned to further develop the activities in the home, implement a new care planning system and embed the principles of the Mental Capacity Act 2005 within the care planning processes. The registered manager had also set out planned improvements for the service in the Provider Information Return.

The registered manager provided strong, supportive leadership which was clearly appreciated by her staff team. One member of staff commented, "[The registered manager] is very approachable and is always willing to listen." The registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. Staff members spoken with said communication with the registered manager was good and they worked together in a well-coordinated and mutually supportive way.

People and their relatives were regularly asked for their views on the service. This was achieved by means of meetings and satisfaction surveys. The last annual satisfaction questionnaire had been distributed in August 2016. We looked at the collated results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "The manager and staff are all very professional and caring. I love living here." The results of the survey had been analysed and presented in the form of graphs. We saw the graphs had been displayed on the main notice board in the entrance hall to inform people of the outcome of the survey.

The registered manager used various ways to monitor the quality of the service. This included audits of the systems to manage medicines, staff training, supervision and appraisal, care planning, infection control,

catering and checks on the environment. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager was supported in her role by a regional operations manager, who visited the home on a regular basis. The regional operations manager completed a detailed report of her visits which included feedback from people and staff. The registered manager was also part of a wider management team and met regularly with other managers in Roseberry Care Centres GB Limited to discuss and share best practice in specific areas of work.

The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. We noted the provider was meeting the requirement to display their latest CQC rating.