

Mr Christopher Chawner

# Minshull Court Nursing Home

## Inspection report

Minshull New Road  
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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 25 and 26 July 2018 and was unannounced. At our last inspection in February 2017 we found that the service was not meeting the required standards. We had found two breaches of the Regulations in relation to safe care and treatment and good governance. Following the inspection in February 2017 the provider implemented an action plan. At this inspection we found that the actions had been met and the provider was no longer in breach of the Regulations.

Minshull Court Nursing Home is a care home providing accommodation and personal care for up to 34 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home specialises in caring for people with dementia and advanced dementia leading to behavioural challenges.

The service had a registered manager. A registered manager is a person who is 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 registered manager was a qualified mental health nurse (RMN).

Risks to people's health and wellbeing were managed to keep them safe from harm. Potential or actual risks were assessed and staff followed the plans put in place.

People's medicines were managed safely. The registered manager was taking a number of actions to help improve their ordering and supply of medications and to try and control the room temperatures during this weather spell of excessive heat.

There were enough staff to meet people's needs and preferences. Staff were recruited using safe recruitment procedures and processes.

There were systems in place to monitor the quality and safety of the service. The service was safe although the fabric of the building was in need of a lot of refurbishment. The registered provider was developing a purpose-built building for everyone to move into in October 2018.

Staff felt supported and the training they received enabled them to be effective in their roles. Staff received supervisions to ensure a good quality of care was delivered and they received support from the management. Syringe-driver training was not available to staff but the registered manager assured us that this would be sourced to enhance the skills of the qualified nurses in delivering end of life care.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the

capacity to make certain decisions about their care. People were offered choices and options regarding their daily lives and staff supported people with their choices.

People were supported to access external healthcare professionals and other agencies to ensure their healthcare needs were fully met.

People were supported with their nutritional requirements and preferences. People who lived there and their representatives told us they enjoyed the food.

People were supported by staff who were kind, caring and compassionate. People who lived there had their privacy and dignity respected.

People were provided with an original and varied recreational and leisure activity programme. The activities organiser was innovative and caring. They adapted a variety of activities to meet the needs of the individuals they were supporting.

People and their representatives were involved in the planning and review of their care.

The provider had a complaints procedure and people knew how and to whom to complain if they had concerns.

There were regular staff, resident and relative meetings and the registered manager acted on feedback received.

Staff told us the Registered Manager was supportive and approachable.

## 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.

Risks to people's health and well-being were identified, reviewed and managed consistently.

Staff were recruited using safe recruitment procedures and processes.

There were enough staff to support people with their needs and preferences in a timely manner.

### Is the service effective?

Good ●

The service was effective.

Staff received training that was effective and enabled them to meet people's needs and preferences.

The principles of the MCA and Deprivation of Liberty Safeguards (DoLS) were followed to ensure that people's rights were respected.

People's healthcare and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People and their representatives told us the staff were kind to them.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and met their individual needs.

People were offered the opportunity to engage in activities that were designed to meet their needs and preferences.

### Is the service well-led?

Good ●

The service was well-led.

There was a clear quality assurance system in place, this was used to monitor the effectiveness of the service.

There was a registered manager in post who was respected by staff and liked by people who used the service.

# Minshull Court Nursing 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 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.

The unannounced inspection took place on 25 and 26 July 2018. The inspection team consisted on three adult social care inspectors.

Prior to the inspection we reviewed information held about the service. This included statutory notifications sent to us about the service. Statutory notifications are information the provider is required to send to the CQC about certain significant events that occur at the service. On this occasion we did not ask the provider to complete a provider information return (PIR) before the inspection. The PIR is a form that asks the provider to answer some questions that give information about the service, what they do well and how they plan to improve.

We reviewed information held by other agencies that had an interest in the service such as the local authority and commissioners. The local authority shared positive information about their recent visits to the service.

We used a range of different methods to help us understand the experiences of people using the service. We spoke to nine staff members, two people using the service, seven representatives of people using the service and three visiting health professionals.

During the two days of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care and the management of the home and staff. This included six support files of people living at the service, a sample of medicine administration records and three staff personnel files. We also looked at staff supervision records, training and records relating to the management of the home such

as health and safety checks and quality assurance systems.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us their opinions.

We looked around the building and gardens, including the communal areas, bedrooms, kitchen, medicine room and bathrooms. The service is moving to a new purpose-built building in October 2018 so the limitations of the current building were noted but not acted upon as long as they were safe and meeting people's needs.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at the service and they liked their surroundings and felt it was always kept clean and well maintained. One person told us, "All you need to know is that everything is ok here." Relatives told us: "The building is not wonderful but the people straight away are lovely", "They need more lounges I think the new building will be better", "I know my relative is safe when I go home" and "They have lots of staff." A visiting healthcare professional told us "No issues, never had a problem here".

At our last inspection in February 2017 we found that the service was not meeting the required standards. We had found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment for moving and handling practices. The registered provider had submitted an action plan stating what actions had been taken to show improvements and compliance. We observed good practice in the moving and handling of people living at the service, staff were sensitive and discreet in the use of any lifting aids such as hoists and the chair lift. Staff had been provided with updated moving and handling training and were confident in their knowledge and expertise when supporting people with their mobility needs.

We looked to see if the service employed sufficient staff to meet people's needs. On the day of the inspection there were two qualified nurses and nine care staff. This was enough to ensure that people's needs and preferences were met. We observed and noted the staff response times to call bells and saw that staff acted promptly to calls for help. The registered manager regularly reviewed dependency assessments for each person living at the service to ensure staffing levels were adequate to meet people's needs. The registered manager had key information on the needs of people living in the home which were entered into a development tool to establish the number of staff needed to meet the needs of people they supported. They were able to demonstrate that they had an effective system to provide enough staff to safely support people living at Minshull Court Nursing Home. One person living at the service told us, "The staff always come when I ring the bell." Staff were happy with the staffing levels, and staff were very visible within the communal areas.

Staff had developed support plans that also included risk assessments for people living at the service. Risk assessments covered potential risks such as falls and the use of equipment such as bedrails. The risk assessments were regularly reviewed by staff and showed good practice in how they identified and managed risks to people. The plans were clear in the actions they took to reduce those risks. People who displayed behaviour that challenged had their triggers noted and there were clear plans explaining how staff should respond.

The registered manager had a detailed fire risk assessment in place to manage the safety of people within the building in the event of a fire. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

We looked at recent environment health and safety checklists for 2018 which covered call bell check panels, bed rails and hot water outlets. The records were well managed and up to date and covered environmental risk assessments and actions to manage risks within the building. The maintenance person told us he had revised his recorded checks of the call bells to include both a check on the panel and the call bell cord. We had noted one cord broken on the first day of the inspection and staff immediately replaced this. The maintenance person felt the revised checks would help to make sure all call bells were functioning at all times.

We checked a number of service contracts relating to the fire alarm system, fire extinguishers, emergency lights, electrical installation, portable appliances, gas safety and hoist servicing. We found all records to be in order and showed good management of making sure the building and systems were safely maintained and in good working order.

On the first day of inspection we found the kitchen to be lacking an organised cleaning schedule, the dry storage area was not cleaned properly and we found the first aid boxes needed updating. The registered manager and staff took appropriate action and improved the cleanliness and organisation in the kitchen. A recent environmental health inspection in June 2018 identified a number of recommendations to help improve and the service had been awarded a four out of a possible five-star rating. On the second day of the inspection the registered manager shared with us their detailed action plan showing what actions they had taken about the recommendations made, including ordering a new fridge for meats and hair nets for catering staff to use. The first aid box had been updated and cleaned and staff had improved the store cupboard for dry stores.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy which was in line with the local authority's 'safeguarding adults at risk multi-agency policy.' This provided guidance to staff on identifying and responding to the signs and allegations of abuse. The registered manager had developed internal processes and spreadsheets to review and analyse the details of the safeguarding referrals. We saw that certain months there was a higher than average number of referrals. This was appropriately explained by the registered manager including necessary actions they had taken to support people with specific needs such as behaviour that challenged. Staff we spoke with told us they knew how to keep people safe and they had received regular training in the safeguarding of vulnerable adults as detailed within staff training records. There was a whistleblowing procedure and this was detailed on posters in all areas of the home.

We found that appropriate checks had been carried out to show that staff were recruited in accordance with the regulations and staff were assessed as suitable for their job roles. The service had a written procedure for the safe recruitment of staff. The written policy contained out of date information but the registered manager was working within current best practice guidelines. This included seeking references and obtaining Disclosure and Barring Service (DBS) clearance. The DBS carry out checks and identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people.

Staff we spoke with told us they had received regular training to help them to safely support people with their medicines and training records confirmed this. We saw there was a photograph at the front of each person's medication records to assist staff in correctly identifying people to make sure they received the correct medication as prescribed by their GP. We looked at a sample of medication records and a variety of medication audits, some carried out daily and found them to be detailed and well managed. The audits covered all aspects of managing people's medications and showed any actions needing to be taken to make sure everyone followed their medication policies and procedures. We noted the recent extreme hot weather had affected the room temperature on a few days. The registered manager told us they were taking steps to



provide a fan in the medication room to help cool the room temperature.

# Is the service effective?

## Our findings

People told us they liked the staff and felt that their needs and preferences were met. One person told us "all staff are mindful and helpful."

We looked at staff supervision records and saw they were individualised to that staff member and addressed both the thoughts of the management and staff members. Supervision is a one to one meeting between staff and senior staff to review observations done in the work place. The service took the opportunity to discuss staff welfare and enable them to make suggestions. This shows the registered manager utilised this time in a meaningful way and clear outcomes were documented.

All the staff we spoke to told us they felt well supported through regular supervisions. One staff member told us "I love working here, everything about it. The job, the residents, the staff, the manager", a staff survey feedback sheet contained the comment "the manager is approachable and supportive 5 stars, we get lots of supervision".

People who lived at Minshull Court Nursing Home were cared for by staff who were well trained and well supported in their role. Staff members were aware of their roles and had the skills, experience and knowledge to support people who used the service. We looked at staff and management training records. Staff received mandatory training to meet the needs of people who lived there. This included safeguarding, first-aid, health and safety, violence and aggression.

The registered manager had gained a qualification to deliver moving and handling training as this was identified as an area that required improvement at the last inspection. The registered manager now delivered face to face training for moving and handling. This shows the registered manager had responded well to feedback given at the previous inspection. Staff told us they felt this training was effective. We saw safe and effective moving and handling techniques used by staff during the inspection. The service outsourced challenging behaviour training from an external company.

An incident where a person displayed behaviour that challenged was seen by the inspection team and staff reacted in a calm and effective way. A visiting healthcare professional told us "they have a client base who display behaviour that challenges yet I have never heard raised voices or seen anyone unhappy here."

Staff received an induction when they began working at the service. This included up to 3 days when they observed experienced staff working. The deputy manager explained that more days like this could be arranged if staff were new to care or did not feel confident in their role. The induction programme also included mandatory training and gaining and understanding of policies and procedures. We saw evidence of staff working towards the Care Certificate. The Care Certificate sets the standard for induction for healthcare support and adult social care workers.

We saw that care plans for people using the service were person centred and documented their needs,

preferences, life and family history. We saw that their representatives were involved in care planning. Care plans presented a full view of the person and their care needs. We saw that care plans were regularly reviewed by nursing staff. Within the care plan was a section which covered the Equality, Diversity and Human Rights of the person. This shows the service treated people as individuals and respected their wishes and culture. One example was a person who enjoyed going to Church so the home had accommodated this for them.

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 the mental capacity to make particular decisions any made on their behalf must be done in their best interest and as least restrictive as possible. We saw evidence of effective mental capacity assessments and best interest decisions in people's care files. Staff we spoke with demonstrated an understanding of the MCA. One staff member told us "Mental capacity is about making their own choices if they can and us acting in their best interest if they can't".

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 authorisation procedures for this in care homes is 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. We noted the service was meeting all conditions on authorisations to deprive people of their liberty and any restriction was within the legal framework. The registered manager kept a list of all DoLS applications, authorisations and refusals and this enabled them to monitor when authorisations were due to expire. This showed the registered manager was organised and able to plan applications ahead of time.

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

People we spoke with told us they enjoyed the food. One person told us "I'm more than happy with the food, my husband has always been a good eater so meals are huge, you get several choices." Another person told us "They are very good, our relative is vegetarian and they have a lot of choices". The inspection team saw that a variety of food was offered. Food was prepared using fresh ingredients by a cook who had the relevant food hygiene certificates. People told us the cook would provide anything they requested. The inspection team saw that picture prompts were used by the staff to enable people living with dementia to understand what food was on offer that day. The cook used photographs of actual food she had prepared. This demonstrated that people who were unable to communicate verbally were assisted to make choices about their food preferences.

We observed meal times and saw that there was a calm and relaxed atmosphere. Staff asked if people would like a drink and help to go to their room, or the dining area. We saw people who required support to eat were provided this support in a respectful and dignified way and were not rushed. This allowed people to take their time and enjoy their food. Lunchtime was a sociable time with staff engaging well with people. The food looked and smelt appetising and people were offered larger portions if preferred. Everybody appeared to enjoy their meal. We received mostly positive comments from people at the service and their relatives about the food.

Care records showed the service involved other healthcare professionals to meet the needs of people, such as visiting district nurses, advanced nurse practitioners and the GP. People's weights, nutrition and hydration needs were recorded and monitored effectively. We saw evidence within a person's care plan of the nursing staff referring a person to the appropriate healthcare professional when their weight had

changed. This shows the service was proactive in monitoring people's health needs.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. A relative told us "The care is very good ..... it's very good, they were beautiful they made us so welcome straight away." A person using the service told us "Yes, they knock on my door, they are good, they look after me." A visiting healthcare professional told us "the staff know the people very well, they give them a lot of time and attention"

We saw that the staff had close relationships with the people who use the service and their visitors. Staff did not appear rushed; they had time to chat to people. This was evident throughout both days of the inspection. We saw staff welcome relatives and visitors and it was clear that staff knew them well. Visitors told us they were always made to feel welcome and always offered drinks and a meal if they wanted it. Relatives were very positive about the care being delivered.

We carried out a short observational framework inspection (SOFI). During the SOFI we saw that people sitting in the communal lounge were relaxed, with staff engaging and interacting well with people. People living at the service and their relatives told us the staff were caring. We observed people and their relatives being treated with kindness and compassion. For example, on the day of inspection there was a resident who was distressed, the registered manager offered emotional support and professional advice in a kind and discreet way. The caring attitude to families as well as people using the service was reflected when the staff continued to offer emotional support after a person died.

The inspection team saw staff go the extra mile to ensure people who used the service were happy. For example, one person told a staff member that they would like a particular meal only available at one restaurant. The staff member arranged to take that person to the restaurant that afternoon. This was possible as the registered manager ensured there were enough staff for them to be able to leave the building with a person and not leave the service short staffed.

We saw evidence of people and their representatives being involved in their care planning. The care plans reflected people's needs and preferences had been considered and were centred around the individual. One relative told us they were always kept up to date and others shared their opinions stating, "They do involve me with my relative's care plan."

People were treated with dignity and respect. We saw staff knocking on doors, being discreet when discussing personal care and calling people by their preferred name. Relatives told us they felt the staff were very respectful towards them and to the people they supported. They explained that on occasions some people might display some behaviours where they started to undress. They always saw the staff trying to sensitively support them and the staff used privacy screens if this occurred in a communal area to help protect the persons dignity.

We saw that people had access to an advocacy service when needed. Advocates are independent people who are consulted in order to protect the rights of people who lack the mental capacity to make certain decisions. This demonstrated that the service has taken steps to ensure people's human rights are

respected.

## Is the service responsive?

### Our findings

People who use the service and their relatives told us they felt involved in their care. One relative told us "we are involved in the care plans, they ask me."

We saw people's care plans were detailed and contained information that was accurate and consistent with the care people required. They were well organised and easy to follow. They were person-centred, this means they were designed around the individual and formatted in a way that would ensure the staff were informed how to meet people's needs. Daily logs of the care a person had received were kept within the care file and handover sheets were filled in by staff to allow a quick point of reference to a person's well-being that day. Where a person was unable to communicate for themselves a family member had provided an account of the person's life history including their professional and social life. Care plans were reviewed monthly, or more regularly if a person's needs had changed.

We saw that end of life care was not offered as mandatory training to all staff but that qualified nursing staff had completed appropriate training, worked in conjunction with the G.P and a local palliative care team and hospice. The hospice provided a 24-hour advice telephone line that was available for nursing staff if they required support. We noted that syringe-driver training had not been completed, the registered manager assured us this would be sourced after the inspection in order to enhance the skills of the nurses in this area. There were no people in receipt of end of life care at the time of inspection.

People's care plans included a section detailing their wishes for the end of their life. This was regularly reviewed and this showed the service were able and prepared to respond to people's wishes in a calm and respectful way.

We found that staff, resident and relative and nurse meetings were held regularly and minutes were kept. One relative told us "I don't always go to the meetings, I know when they are but I talk to the staff so much that I can tell them anything anytime."

People told us they were aware of how to complain if they needed to. There was a complaints policy and procedure in place however, this and other policies are due to be updated in the week following the inspection. We saw evidence of one complaint documented and this had been dealt with as per the policy.

We saw that research had been done by the registered manager to enable the staff to provide alternatives to meet the needs of people living with dementia. The registered manager told us that they research up-to-date practice guidelines and then try new techniques with people to see if they react positively. One person had reacted very well to doll therapy so this was continued, others had not enjoyed this so it was discontinued. The inspection team saw the positive impact that doll therapy had on the person using this. Others were offered knitted 'twiddle-muffs' and one person assisted with basic decorating tasks as they had expressed a desire to do so.

We saw that staff, people who use the service, their representatives and visiting professionals were invited to

complete feedback surveys to express their views. We looked at the surveys and saw positive feedback. There was a notice board where the registered manager had documented questions they had received from staff, relatives and people who use the service. There were clear outcomes and responses which answered the questions and detailed how, when and where improvements would take place.

People were offered day to day choices about their care and support and encouraged to be as independent as possible. There were two lounge areas, one was busier and this was where most activities took place. The other was quieter and people who preferred not to engage in activities often sat in there.

The service employed an activities co-ordinator who displayed a caring manner towards the people who used the service. The activities co-ordinator explained to us how they researched new activities to ensure innovative and original ideas were used.

The activities were varied, original and tailored to the needs of the people who used the service. Over the two days of inspection we saw many different activities offered and people who lived there appeared to enjoy them. The activities calendar documented at least one activity every day. We saw an exercise of balloon tennis in the busier lounge, all the people in the lounge appeared happy and entertained even if they weren't joining in. Other activities were less energetic to meet the needs of those who preferred this. We saw reading, board games, singing, hand massages and bingo. We saw evidence of primary school children coming in to sing to people, music therapy including light exercise, a Royal Wedding Party and a world cup barbecue. In the garden there was garden furniture which had been made and painted by people who live there. There were weekly quiz nights and trips out. Audio books were readily available for those who struggled to read as well as normal books and reminiscence books, these are books with photographs from a particular era. There was art therapy and baking activities for those who wished to engage in these.



## Is the service well-led?

### Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because training in moving and handling was seen to be ineffective. At this inspection we saw improvements in this area. The registered manager had completed a train the trainer course which enabled her to deliver the practical training herself. We saw positive examples of moving and handling techniques throughout the inspection and documentation providing instruction on safe moving and handling. This shows that the registered manager had responded well to previous concerns and a high standard of moving and handling techniques were prevalent throughout the inspection.

The service had a registered manager who had been in post since 2011. The registered manager showed a calm, competent and caring manner throughout the inspection. We saw that when they were in their office, the door was always open and they regularly stepped in to assist with personal care or reassure a person if this was required. This meant the registered manager was a visible presence for the staff and people using the service.

Staff told us they were supported by an approachable management team and the registered manager was fair and led by example. One staff member told us "The registered manager is supportive, has a genuine open-door policy and encourages us to make suggestions. She appreciates our honesty and we can call them anytime of the day or night" Another staff member told us "The manager is brilliant you can go to them with anything, they have really helped me and are very supportive".

We noted there is a low staff turnover and low use of agency staff. One visiting professional told us "I speak to the same nurses every time I come". This shows that staff remain in employment at the service and people who use the service benefitted from consistency and familiarity.

We found all documentation and record keeping was organised, thorough and easily accessible. Systems were in place to monitor and assess the quality of care provided, these were robust and comprehensive.

The registered manager told us the policies and procedures issued by the registered provider were in the process of being updated. The registered manager had already highlighted areas for improvement and these were to be addressed with the provider the week following the inspection. We did find some areas of the policies which referred to outdated practice. The registered manager was aware of this, the areas of concern were removed during the inspection. The registered manager was working in a way that reflected current best practice guidelines. After the inspection the registered manager contacted us to say that "more straight forward and user- friendly policies" would be in place within a week.

The registered manager had a clear vision for the service and was working towards a move to a new purpose-built premises approximately 3 months after the inspection. We saw evidence of the registered manager discussing this with people who use the service, their representatives and the staff. There were

photographs of the new building available in communal areas and people had been taken for visits to ensure a smooth transition that didn't unsettle them. One family member told us "I have been told I can go with them [family member] and stay with them on the first day as seeing my face will make the move easier for him". This shows the registered manager was planning in a way that reassured people and their families.

We saw that accidents and incidents were recorded and issues or potential issues were discussed with staff at team meetings or supervisions.

The satisfaction surveys were thorough and included first impressions, staff friendliness and quality of care. The feedback was all positive. This showed that people felt the service was well-led. We saw that people who visited the service and decided not to place someone there were also asked for feedback. They were asked why they had not chosen the service and how they could improve. This showed the registered manager welcomed negative and constructive feedback.

There were procedures in place for people to report concerns to the CQC and our records showed the registered manager had appropriately submitted notifications to us and the local authority.

We saw the last CQC inspection report and quality rating was accessible via the registered providers own website. There was a copy of the latest report including the rating clearly displayed in the reception area of the home.