

Travid Enterprises Limited

Guys Cross Nursing Home

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? | Outstanding ☆ |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection took place on 25 October 2017 and was unannounced.

Guys Cross Nursing Home is a nursing home providing accommodation and rehabilitation for up to 34 people with severe mental health disorders. The home consisted of four units over three floors. There were 32 people living in the home at the time of our inspection.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager working at the service.

At the last inspection on 2 November 2015 the service was rated Good. At this inspection we found there was a real sense of integration and companionship between the staff and the people who lived at the home which was outstanding. Overall the service remained Good.

Staff were very motivated and enthusiastic to provide people with a homely environment where they felt valued. They had built good, supportive relationships with people and had a clear understanding of people's needs, wishes and expectations. Staff promoted people's privacy and dignity by being aware of their moods and emotional wellbeing and supported people's diverse needs.

People had ownership of their care plans which were developed with them and built around what they wanted to achieve in their lives. Staff worked within the principles of the Mental Capacity Act 2005 because people were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions.

There were enough staff on duty to provide safe and effective care and respond to people's requests for assistance. Staff understood their responsibilities to protect people from the risk of abuse and the provider checked staff's suitability before they started working at the home. Staff received training, support and supervision to enable them to effectively carry out their role and responsibilities. Staff were positive about their role in supporting people and had a clear understanding of the provider's values in care.

Staff supported people to maintain their health. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks to people, whilst continuing to promote people's independence. People received their medicines in line with nationally recognised standards for safe medicines management.

People were encouraged to participate in activities in the home and in the wider community. This ensured people were given support to maintain interests and friendships that were important to them and which

promoted their emotional wellbeing.

Quality monitoring and auditing systems were in place, where each month regular checks were made to ensure a safe, effective, responsive and well-led service was provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was outstanding.

People felt valued and cared for in a way that met their individual needs, wishes and expectations because staff were very motivated and enthusiastic to provide people with an environment where they felt valued. Staff had built good, supportive relationships with people and worked in partnership to ensure care plans reflected each person's individuality. Staff were non-judgemental and respected people's diversity. The provider was committed to providing people with an environment that was homely, well-maintained and conducive to recovery.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Guys Cross 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 inspection visit took place on 25 October 2017. It was a comprehensive inspection and was unannounced. The inspection was undertaken by one inspector, a specialist advisor 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. A specialist advisor is a qualified health professional. Our specialist advisor was a registered mental health nurse.

The provider had completed a provider information return (PIR). The PIR 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. The PIR was detailed and was an accurate reflection of what we saw on the day.

Prior to our visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

During our visit we spoke with seven people about what it was like to live at the home. Some people were not able to tell us in detail, about how they were cared for and supported because of their complex needs. Therefore, we observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We spoke with the clinical lead, two registered mental health nurses and six care staff about what it was like to work at the home. We spoke with the registered manager about their management of the service. We also contacted two healthcare professionals who provided support and services to people who lived at Guys Cross Nursing Home.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at 10 medicines records to check how medicines were managed in the home. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to continually improve the quality of the service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People we spoke with told us they felt safe living at Guys Cross Nursing Home. One person told us, "I feel safe and happy because here I have friends." Another person showed us the home's unique finger print recognition entry system. This meant people who lived in the home could come and go as they wished, but visitors had to be let in by staff. This person also showed us the book visitors signed and explained, "You have to sign here and say what you have come for." The person told us these systems made them feel safe.

People were cared for by regular staff who knew them well and who understood their individual risks. This enabled staff to provide safe, effective care and respond to requests for assistance. People told us, "Two or three care staff are all that is needed (on each unit), so there is enough. I can call staff anytime." One staff member told us, "It's not stressful, there are plenty of staff."

The provider took action to minimise risks of abuse, harm or neglect. Staff received training in safeguarding and protecting people from the risk of abuse and avoidable harm. Staff understood their responsibilities to record and report any concerns about people's health or wellbeing. The registered manager understood the requirement to notify us if they made a referral to the local safeguarding authority. They had not needed to make any safeguarding referrals in the 12 months prior to our inspection visit.

Each member of staff was provided with a personal alarm which enabled staff to call for routine or emergency assistance when providing care and support. The alarms were tested every two weeks to keep people and staff safe.

Recruitment records confirmed checks were made on new staff before they were allowed to work in the home. The checks included references and Disclosure and Barring Service (DBS) checks to ensure new staff were of good character and suitable to work with vulnerable people.

Detailed risks assessments were linked to people's recovery plans and the goals they wanted to achieve. Assessments provided staff with information about how risks to people could be minimised whilst encouraging people to live their lives as they wished. Staff's knowledge of how to support people to minimise risks was evident in their actions and in the explanations they gave to us about how they managed risks. One staff member explained how they worked with people to help them understand and manage risks to their health and wellbeing. They told us, "We try and encourage something else. We don't say point blank 'No that is wrong', but we try and point them into a better decision." The clinical lead explained, "Staff balance the risk, they do that really well."

People received their medicines in line with nationally recognised standards for safe medicines management. Medicines were stored securely and in accordance with manufacturer's instructions to ensure they remained effective. Medicines were delivered from the pharmacy in individual blister packs which were

colour coded to indicate the time of day each dose should be given, which reduced the risk of errors. Each person had a medicines administration record (MAR) which staff signed when people's medicines were administered and where they recorded when people declined to take their medicines. The MARs showed people received their medicines as prescribed. One person confirmed, "They always give me my medication on time." Another told us, "My medication is administered by staff, that is the reason I am here. That's why I feel safe." Unwanted medicines were disposed of using recommended procedures.

Some people were on medicines that were administered through intra muscular injections to ensure their mental health was maintained. Staff recorded where each injection had been given to ensure injection sites were alternated to reduce the risks of bruising, swelling and inflammation. Two people were on medicines that required strict monitoring and regular blood tests. Both people were part of a 'patient monitoring service' which was clearly reflected in their care plans. This ensured any risks around this medication were managed in accordance with the appropriate guidelines.

The provider had minimised risks related to the environment by contracting with specialist suppliers to test, service and maintain essential supplies and equipment. Records showed, for example, that the water, gas and electrical supplies and installations had been regularly tested and serviced. Fire-fighting equipment was routinely checked and staff attended regular fire drills to make sure they knew how to help people evacuate the home safely in the event of an emergency.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom to make their own decisions. The rating remains Good.

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 an assessment shows a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a sound understanding of their responsibilities under the Mental Capacity Act. Staff said they always ensured people were supported to make all their own decisions and choices as much as possible. They understood that people often needed time to make decisions or were more able to make decisions at different times of day. They respected people's right to make unwise decisions, but understood the need to balance that against their responsibilities to keep people safe. One staff member explained, "People should have their independence and make their own decisions, even if it takes them a while to decide. You can't push a decision because you are then taking their decision making away from them." Another staff member told us, "We talk it through with them and help them make sure it is the right decision they are making and offer them advice." Another member of staff told us about a person who needed some medical treatment. They told us they were discussing the various treatment options with the person, but stressed that ultimately it was the person's decision to make.

However, whilst we were confident managers and staff were working within the principles of the MCA, we found the good practice around supporting people to make their own decisions and choices was not always supported by documentation. For example, one person had a 'Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Order' in place and had been identified as 'not having capacity'. Whilst this was the clinician's judgement, there was no formal recorded capacity assessment to support this. The registered manager told us they would review the documentation to ensure the person's wishes were respected.

On the advice of the supervisory body the registered manager had submitted DoLS applications for most people who lived in the home. The registered manager acknowledged that capacity assessments had not been completed prior to the submission of the applications as they assumed the mental health assessor would complete the assessments as part of the DoLS process. Only people who lack capacity to consent to care and treatment can be subject to a DoLS and one of the applications had been rejected as the person was assessed as having capacity. However, records demonstrated there were no undue restrictions on people's liberty as the majority of people were able to live their life as they wished and leave the home independently.

Staff told us they received the training they needed to be able to provide the necessary support and care to people. Staff told us the training they received in supporting people to live peaceably and cooperatively with each other was effective. They told us they knew people well enough to 'talk them through' their anxieties, without physical intervention. This was supported by incident reports and the fact there had been no incidents of a safeguarding nature in the 12 months prior to our visit.

New staff had an induction to the service and worked closely with experienced staff throughout this period. All staff received regular support and supervision with senior staff where they had the opportunity to discuss work issues and their learning needs. One member of staff told us, "It is definitely useful because if you have any problems you can air them and speak about the issues."

The registered manager carried out management supervisions for nursing staff as well as annual appraisals for all staff. This meant they had oversight of all the staff who worked in the home and were aware of their developmental needs. Care staff confirmed they were supported to progress their career by studying for nationally recognised qualifications in health and social care. Nursing staff also gave examples of how the registered manager had supported their continuing professional development, for example by funding university courses. Nursing staff also received clinical supervision from the clinical lead which provided them with an opportunity to talk about their practice within the home.

People told us they were able to choose their own meals and were all positive about the food provided. Comments included: "The food is brilliant", "They ask me what I want to eat and there is more than enough food" and, "Everybody can choose, but we all try and eat together." Where people were able, they prepared their own breakfast, snacks and drinks. One person told us, "You just go to the kitchen and make food yourself."

Some people were on food and fluid charts because of health issues or because they were at risk of not eating and drinking enough. For example, one person needed to drink at least 1400mls of fluid each day. Records showed the person was offered a drink at least every two hours and they regularly exceeded their target intake. Another person was encouraged to eat and drink regularly as part of a holistic plan to encourage their socialisation with others as well as their mobility.

People were supported with their day to day healthcare and attended appointments to get their health checked. Staff monitored people's health and referred them to other healthcare professionals if a need was identified. One person who had diabetes told us, "Staff keep an eye on me all the time, they are careful to check my sugar. If I need to see a doctor they make an appointment and take me." One staff member told us they tried to ensure the same staff members supported people to attend regular appointments so there was consistent care and support.

Is the service caring?

Our findings

At our last inspection we rated the caring nature of the service as 'Good'. At this inspection, we found people were very happy living at the home and spoke very positively about the staff. One person described the home as 'fantastic' and went on to say, "It is like a hotel. The staff are very polite. They are the best bunch of staff you could hope to meet." Other comments included: "Staff are brilliant, they are always here" and, "Staff are wonderful. If I am not happy, they can see and they talk to you." The rating is now 'Outstanding'.

The specialist advisor who supported our visit had over 30 years of experience in mental health care and commented: "The home fully embraced the three domains of patient safety, patient experience and clinical effectiveness. The care delivered was in a homely environment facilitated by an enthusiastic and very caring staff group which focused on true collaboration; always looking to put the residents first and central to decision making."

People were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions. This was because people had ownership of their care plans which were developed with them and built around what they wanted to achieve in their lives. One person confirmed their involvement and told us, "They (staff) asked me loads of questions about it." Another person told us, "They give the care plan to me and if I don't agree with it I can tell them." The PIR explained: "By doing this the residents retain control of their recovery and are able to make informed decisions about their current and future care needs. As part of the recovery model residents have access to their recovery folder and are encouraged to write their thoughts in the folder daily." Where people declined to record their thoughts, this was respected.

All the daily entries and recordings completed by staff were written in a very respectful and person centred way. The clinical lead explained that because people could look at their care plans at any time, staff were always aware of recording information in an open and honest way. They told us, "People can see what staff have written in their care plans. If you can't justify it, you shouldn't write it. It is an issue of trust between people and staff."

We saw how this collaborative approach had a meaningful impact on people's lives. For example, one person had previously been restricted as an in-patient on a local psychiatric ward because of concerns about their behaviour. Since the person's admission to the home, staff had worked with the person to develop their recovery plan. The person was now able to go out as they wished which had resulted in positive behaviours and an increase in their mental well-being. A healthcare professional told us, "Guys Cross work to high standards of care for their residents. Every individual is treated as such and care plans reflect this."

Our observations and conversations with staff showed they were clearly very motivated and enthusiastic to provide people with a homely environment where they felt valued. There was a real sense of integration and companionship between the staff and the people who lived at the home. Staff told us there were enough of them so they had time to spend with people and support them to participate in things they wanted to do.

Staff did not wear uniforms and took every opportunity to spend time with people. Staff and people sat and ate their meals together and enjoyed each other's company. Staff invited people to make drinks and help with tasks around the home which generated a feeling of equality and working in partnership with each other.

Staff had built good, supportive relationships with people. They demonstrated a good knowledge of people and a clear understanding of their needs, wishes and expectations. The clinical lead explained this was vital within a mental health care setting and told us, "What staff are really good at is the idea you can't look after somebody with a long term mental health problem unless you have a relationship with them." A healthcare professional told us, "I would recommend Guys Cross. They have a very family feel with a caring approach."

Staff were patient and understanding of people's moods and behaviours. They approached people in a person centred way to encourage them to accept the care and support they needed to maintain their wellbeing. The clinical lead told us staff understood the importance of having a flexible rather than time driven approach. They told us, "Staff are very, very patient. It may take them all day to encourage people to take their medicine, but they will do that. It is not a skill you can teach people, it is a philosophy." However, they stressed that ultimately it was the person's decision and staff respected their right to refuse. One person confirmed to us, "They (staff) are very patient with me."

Staff understood that people's moods, behaviour and response was driven by their life experiences. Staff were determined to give people the best possible experience while living at the home to help them adopt a more positive view of the world. The registered manager explained, "We accept people for who they are. We see the person before the illness." Staff were completely non-judgemental and understood events in people's backgrounds could explain their negative responses and behaviours. One staff member explained, "We are like an adopted family to them and we are with them at their very best and their very worst. You just need to be as really understanding and compassionate as you can be." They went on to say, "It is important to know the journey to understand what's happened at the end."

Staff promoted people's dignity by being aware of people's moods and emotional wellbeing. Staff understood that when people were having a 'bad day' this could potentially negatively impact on the person, as well as others in the home. Staff acted proactively to prevent situations from developing and escalating. The registered manager explained, "We are very good at pre-empting situations. If we see someone is not having a good day we can take them out or put some distraction techniques in place." During our visit there was a calm and settled atmosphere in the home which helped people with their anxieties. On one occasion a person started raising their voice. Staff responded to the person in a manner that was empathic and understanding. The effectiveness of staff engagement was demonstrated by the fact there had been no incidents that required to be notified to us in the 12 months prior to our inspection visit.

The provider had policies in place to promote equality and diversity within the home, including providing staff with training in this area. One person liked to express their personality through the clothes they wore. Staff understood this was important to the person and essential to their wellbeing. As one staff member explained, "Staff are very sensible about things. They accept that is what [name] wants to do. You can't take people's character away."

The provider demonstrated a real commitment to providing people with an environment that was homely, well-maintained and conducive to recovery. Small touches such as calming pictures and fresh flowers throughout added to the serenity and ambience created within the home. The registered manager explained this was especially important for some people who had not had a stable home for many years and little in the way of personal belongings. They told us, "We make the environment nice so people have

something to be proud of." One person took great pleasure showing us around their unit. They showed us the new furniture in the lounge area, the new fittings in the kitchen and opened the cupboards to show us all the food that was available to them. They told us they had been involved in choosing the décor saying, "This is duck egg blue, we chose it." At the end of the tour they showed us a vase of flowers and said, "We get fresh flowers every week." This clearly meant a lot to the person who demonstrated a real sense of pride and ownership of their surroundings.

People had their own rooms with en-suite bathrooms, where they could choose to spend time in privacy. People had keys to their bedrooms and were able to lock their bedroom doors if they wished to. One person told us, "I can lock my room, but I don't need to. No one goes in it without my permission." People's right to maintain control over their own room was demonstrated by one person who told us their bedroom had a thermostat so they could independently regulate the temperature in there.

Staff encouraged people to maintain friendships and relationships with those who were important to them. One person told us, "My [relative] comes every two weeks. They come any time they want. They could come at ten o'clock at night and staff wouldn't mind." Another person told us their family lived in another country and explained, "Staff help me use skype on my laptop to talk to them." Where people did not have access to family or friends to support them, the registered manager arranged for an advocate to offer independent advice, support and guidance to people.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

There was a full assessment process before people moved to the home to ensure their care needs could be accommodated by the staff team and to check they would integrate with the people already living there. People were offered the opportunity to stay for 'trial periods' to establish the home was suitable for their health and emotional needs.

The provider used a bespoke recovery focussed care planning system which enabled staff to support people in a person centred way. The purpose of the system was defined within the provider's statement of purpose; "We strongly believe our policy is to support people in their recovery journey. Everyone's recovery journey is a personal process requiring an individually tailored package of care and support." We found care plans focussed on each person's individual needs, wants, desires and goals so the person was central to the care delivery process. People confirmed they were fully involved in all aspects of their care planning, including how they wanted to spend their time.

Staff had time to be with people so they could identify any changes in their mental or physical health and respond appropriately. One staff member told us, "Being able to sit with people and build a rapport is good and we do get time to do that." The clinical lead explained this was an important aspect of providing responsive care. "Because staff mix with people, it makes a difference to how skilled they are (in responding to their needs)."

Staff told us good communication ensured they were aware of any changes in people's health and supported them to provide the right care to people. A detailed written handover was completed on each unit and was available to all new staff coming onto their shift. Staff could refer to the handover sheet throughout their shift to check on people's progress and ensure continuity of care.

People told us they did different activities each day and that it was up to them to choose what they wished to do. Each day there was a morning and afternoon activity for people to be involved in. Activities included cooking, arts and crafts, quizzes, coffee mornings and games. One person invited us on a tour of the garden and showed us the vegetable patch where they enjoyed working. Another person told us, "I like gardening, I planted the leeks myself."

An important aspect of some people's lives was that they could come and go as they pleased and be a part of the local community. Most people went out each day and for varying periods of time. Some people chose to go out alone and other people chose to go with staff. One person told us, "We go to the cinema and [name of fast food chain] on a regular basis and we went out for a meal last Thursday. We have a takeaway twice a week." Other people told us they attended church regularly and went to the local pub to watch their favourite football team.

The provider had a complaints policy to ensure complaints were listened to and learned from. There had been no formal complaints in the 12 months prior to our inspection visit. People told us they would speak to the registered manager or a staff member if they had any concerns. One person told us, "I can speak to my manager and at the residents meetings we have once a month."

Is the service well-led?

Our findings

At this inspection, we found staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

The provider had a statement of purpose which read, "We provide a safe, modern, homely, therapeutic environment in which residents are empowered to develop self-help skills and coping strategies to assist them in their recovery journey." Staff we spoke with were positive about their role in supporting people on that journey, and had a clear understanding of the provider's values in care. Staff told us they appreciated the consistency of the staff team and worked together to achieve positive outcomes for people. One staff member told us, "The staff are a positive team and that keeps you motivated." During our visit we saw good relationships had developed between staff and also between staff and people who lived in the home.

The registered manager told us it was essential to employ suitable people with the right values and qualities. People were encouraged to participate in the recruitment process by meeting with candidates on an informal basis and providing feedback. This gave people an opportunity to be involved in recruiting the staff who provided them with assistance and guidance within their home.

Staff had a clear understanding of their roles and responsibilities. They were each given an 'Employee Handbook' which explained the provider's key procedures, rules and policies to ensure they worked consistently and efficiently.

Staff felt well supported by the registered manager who they described as approachable and available to discuss any concerns. Comments included: "I think she is lovely and she is very easy to talk to. I wouldn't have a problem going to her if there was an issue." When the registered manager was not in the home, staff told us she was contactable by telephone or email so managerial support was always available.

People who lived in the home also spoke highly of the registered manager. When talking about the registered manager one person told us she was, "Always available." During our visit we saw people approached and spoke with the registered manager in a relaxed manner which indicated they knew her well.

During our visit we found there was no established process that ensured formal capacity assessments were completed if there were any concerns as to whether a person had the capacity to make a particular decision. The registered manager assured us that whilst they would continue to assume people had capacity to make their own decisions, formal assessments would be completed if concerns about capacity were identified. Following our inspection they sent us a copy of the assessment form they used to ensure they were meeting their responsibilities under the legislation.

There were systems to promote people's involvement in the development of care provision within the home. This was done on an individual basis through regular care reviews and on a group basis through 'residents meetings'. At these meetings people could discuss what activities they would like to engage in and how they

would like to celebrate significant events. Satisfaction surveys were distributed at intervals offering people the opportunity to comment on their experiences. In a recent satisfaction survey about activities, people had said they would like to do more quizzes. On the day of our visit one of the scheduled activities was a quiz. This showed us people had the opportunity to feedback about the quality of the service and make suggestions for improvements which were listened to.

People spoke positively about the environment and told us the home was well-maintained. The provider was committed to person centred care that was responsive to people's needs and wishes. Investment to provide people with a well maintained and homely environment included, for example, the kitchens on each unit being recently replaced. One person told us, "I think it's lovely, our unit, it's been done up a few weeks ago and honestly I'm happy where I'm living." Recently several people had asked if their single beds could be replaced with a double bed. The registered manager showed us this was being actioned at the time of our visit.

Quality monitoring and auditing systems were in place to ensure a safe, effective, responsive and well-led service was provided. The provider also recognised that external scrutiny of the service could be beneficial in identifying areas that required improvement. For example, they had commissioned an external Health and Safety Consultant to produce an independent risk assessment of the home in April 2017. The consultants had drawn up a safety action plan and we saw that where a need had been identified, appropriate action had been taken.

The registered manager understood their responsibility to inform us of important events at the service through the statutory notifications system. They had complied with the legal requirement to display the latest CQC rating within the home and on their website.