Mega Resources Limited

Mega Resources Nursing & Care Services

Inspection report

32 The Business Exchange
Rockingham Road
Kettering
Northamptonshire
NN16 8JX

Tel: 01536526416

Date of inspection visit:
19 June 2017

Date of publication:
08 September 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?	Requires Improvement

Summary of findings

Overall summary

Mega Resources Nursing and Care Services is a home care agency supporting people who live in their own homes. At the time of our inspection 66 people used the service.

When we last inspected the service in April 2015 the service was rated 'Good'.

The inspection took place on 19 June 2017 and was announced. We gave the provider 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had policies and procedures for keeping people safe. Staff received safeguarding training they put into practice and staff were periodically observed to monitor their practice. The provider had a recruitment procedure that ensured as far as possible that only staff suited to support people who used the service were employed. Prior to our inspection an incident had occurred. The registered manager took all appropriate steps and made the appropriate referrals to different agencies as soon as they became aware of the incident. We have made a recommendation about this.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting people's independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people who used the service. Staff arranging home care visits were knowledgeable about people's needs and arranged for staff with the right skills and knowledge to visit people.

People were supported to take their medicines at the right times.
People were cared for and supported by care workers who had the appropriate training and support to understand their needs. People we interviewed spoke about staff in complimentary and positive terms, though one family were displeased with the support their relative experienced.
Staff were supported through supervision, appraisal and training. They received training to help them understand about medical conditions people lived with. Staff valued the support that they received because it helped them carry out their roles.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. People

were presumed to have mental capacity to make decisions about their care and support unless there was evidence to the contrary. The registered manager attended to this after we brought it to their attention. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it.

Care workers either prepared meals for people or supported people to make their meals.

They supported people to attend healthcare appointments and to access health services when they needed them.

Care workers were caring and knowledgeable about people's needs. People were consistently supported by the same care workers. When staff rotas were prepared care workers were `matched' care workers with people who used the service which supported them to build caring relationships.

People who used the service were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. People told us they were always treated with dignity and respect, though that had evidently not been the case with one care worker.

People contributed to the assessment of their needs and to reviews of their care plans. People's care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to.

The provider had arrangements for monitoring the quality of the service. There were arrangements for monitoring punctuality and duration of home care visits which were being improved. The provider had begun a review of how they monitored whether people were safe.

Further information is in the detailed findings below.

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 were recruited safely and enough suitably skilled and experienced staff were available to meet people's needs.

Staff used the provider's safeguarding procedures to report concerns about people's safety and registered manager acted quickly when concerns were received.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

Is the service effective?

Good

The service was effective.

People told us they were supported by staff who had the right skills and knowledge to meet their needs.

Staff were supported through supervision, appraisal and training that enabled them to understand and provide for people's needs.

Staff understood and practised their responsibilities under the Mental Capacity Act 2005.

When people required it, they were supported with their meals. Staff supported people to access health services.

Is the service caring?

Good

The service was caring.

People told us they were treated with dignity and respect.

Staff developed caring relationships with people they supported.

People were involved in decisions about their care and support and they understood the information they received about their care and support.

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their personal and individual needs.

People knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was predominantly well led.

The provider had arrangements for monitoring the quality of the service.

Spot checks were carried out of care worker's practice. However, they did not include questions about people's safety or how they felt about the carers.

People using the service and staff had opportunities to be involved in developing the service.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

Mega Resources Nursing & Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 June 2017 and was announced. The provider was given 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

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

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they intend to make.

Before our site visit we spoke with six people who used the service and relatives of nine other people. We looked at three people's care plans and associated records. We looked at information about the support that staff received through training and appraisal. We looked at three staff recruitment files to see how the provider operated their recruitment procedures. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager, three managers who were mainly office based and three care workers.

We contacted the local authority that funded some of the care of people using the service and Healthwatch

Northamptonshire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

Is the service safe?

Our findings

People told us they felt safe during home care visits. People gave a variety of reasons for this. A person said they felt safe because of the quality of the care workers. They told us, "Yes, the care is safe. They look after me, they're all good." Another person told us, "We're very pleased, they're very nice and I can't say anything negative about them."

People told us they felt safe because care workers mostly came at times they expected and that they were supported by the same care workers most of the time. A person told us, "I feel safe, yes definitely, because normally I get the same girl. They always let me know if anyone else is coming, so I feel safe." Another person said, "Their timing is really good, and they're mostly the same people." A relative told us, "Yes, I do think he's safe. Mostly we get the same faces, they come at a regular time and I know when exactly. They're not late and they don't miss calls." People who told us that when care workers were late, staff at the office let them know why which made them feel reassured that a care worker would be coming. A person told us, "They are very much on time, but if they are late they phone us."

The provider had policies and procedures that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. Spot-checks of care worker's practice were made to monitor that they supported people safely. The provider had procedures for care workers to report incidents and accidents that occurred or were in connection with home care visits.

Care workers we spoke with were familiar with the provider's safeguarding procedures. We found that the registered manager had responded appropriately to incidents that had occurred. They told us they were confident that if they raised any concerns with the registered manager they would be taken seriously. A care worker told us, "I've not had to report any concerns, but I believe that if I did they would be taken seriously by the seniors and managers." After a different care worker reported concerns about a person's safety from visitors who came to a person's home, the registered manager made a referral to the local authority adult safeguarding team. This showed that the service practiced good safeguarding procedures.

There had been an incident a week before our inspection where a care worker had been identified and physically abused a person. They were subsequently dismissed and appropriate referrals made to different agencies such as the local authority and police. Disciplinary procedures were used when staff were found not to have supported people to the standards expected of them.

People we spoke with told us that they knew they could raise concerns about their safety with the registered manager and care workers. People's comments included, "I would say if I was not safe", "If I had a concern I'd ring the office" and another said, "I most certainly would raise a concern if I had one." People told us that the provider acted on their concerns. A person told us, "We had some issues at the beginning as they weren't instructed properly but I rang them and since then it's been alright. My concern was made and they were very obliging."

People's care plans had risk assessments of activities associated with their personal care routines. Risks

were assessed according to a person's dependency levels for a wide range of their daily needs; for example their mobility, their dietary needs, health and care routines. Care workers told us that they referred to people's risk assessments to read how people could be supported safely. People told us when we spoke with them that care workers supported them safely.

All necessary pre-employment checks were carried out before new staff were allowed to make home care visits. These included Disclosure Barring Service (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using social care services out of the workforce. Other checks included two satisfactory references and identity checks. There were enough staff deployed to carry out scheduled home care visits.

People who required support with their medications were supported with them. Care workers either reminded people to take their medicines or they removed medicines from packaging and handed them to people and watched to see that people had taken them. A person told us, "They give me my tablets with a drink. They have been very good [supporting with medicines]". Another person told us, "We get two visits a day. They take pills from the safe and give them me in the day and in the evenings they come and give pills again." A relative told us that they left medicines out for a person and that care workers reminded the person to take them. Another relative told us, "Medication is timely."

Good

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and knowledge to meet their individual needs. A person told us, "Yes, they do my care well." Another person said, "I'm quite happy with them. They're so good." A relative told us, "The carers know what to do; even the reserves know what to do."

People using the service and relatives we spoke with had no concerns about the suitability of the care workers who supported them. Comments from people and relatives included, "They are pretty good. I'd say brilliant"; "We're very pleased, they're very nice and I can't say anything negative about them" and 'We have had them 18 months, they've been absolutely excellent, we've been very pleased. We have no qualms whatsoever."

Care workers received training that was relevant and helped equip them with skills and knowledge to carry out their roles. All care workers had induction training that was based on the Care Certificate that was introduced in April 2015. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. It is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Care workers new to the service `shadowed' an experienced care worker for up to two weeks before they provided care and support alone irrespective of whether they had past experience of caring for people. A care worker told us, "I had two weeks of shadowing during which I met every person I would be supporting." A relative told us, "[Person] has had trainees coming who she didn't know, but they had skilled people come with them."

An office manager organised a staff training plan that reflected the needs of the people who used the service and prepared care workers to have the right skills and knowledge. Training included teaching care workers about medical conditions people lived with, for example diabetes and epilepsy. Care workers we spoke with told us that they found their training to be helpful because it equipped them with the right skills and knowledge to be able to support people. One told us, "I'm an experienced carer and my experience helps, but the training I've had with Mega definitely prepared me to support people who use the service."

The registered manager and a field manager evaluated the effectiveness of training by monitoring whether care workers put their training into practice. This was done through unannounced 'spot check' visits when they observed a care worker's practice and assessed whether the care worker had supported a person in line with their care plan.

All care workers were provided with an employee handbook that explained their responsibilities and referred them to the provider's policies. They received support through `hands-on' support from the registered manager and a senior care worker who acted as a 'field supervisor'. They had one-to-one

meetings with the registered manager every three months and an end of year appraisal of their performance. Care workers told us they felt supported through supervision. A care worker said, "The supervisions are useful. I get feedback about how I am working and they are good for supporting progression."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

People who used the service were presumed to have mental capacity to make their own decisions about the care and support they received, unless there were reasons not to. That was the correct position to take, because under the MCA a person must be presumed to have mental capacity unless there is evidence to the contrary. Where a person's mental capacity was not presumed the reasons why were recorded in their care plans.

Staff sought and obtained people's consent before they provided care and support. A person told us, "Consent is asked certainly, even though it's a fixed routine" and a relative said, "They ask what she wants to wear, if she's ready for a wash and they wait a few minutes if she wants them to." Staff we spoke with told us they asked for people's consent and respected their decisions if they declined support.

Staff either prepared meals and drinks of people's choice or supported people to make their own. Some people required care workers to heat either ready- meals or meals their relatives had prepared in advance. Other people required no support with food and drink. Most people told us that care workers supported them the way they liked with their meals. A person said, "For meals, they grate my cheese, they help me but don't do it all for me, which is how I like it." Another person said, "They make me a cup of tea, dinner, sandwiches later and tea." A relative told us, "[Person] says what she wants and the carer makes it." Another relative said, "They make a salad or a sandwich in the evening or they cook a meal and do that the weekend. The food is mostly fine." Care workers supported people to have drinks even if they did not have to prepare meals. A relative told us, "I do the shop and get precooked meals. They just heat them up, but they leave drinks."

Care workers supported people with their health needs. They had been trained to understand about medical conditions people lived with. A person who lived with a medical condition told us, "My [medical condition] differs every day, and my usual carer understands me quite well." People who lived with diabetes told us that care workers came at times they expected which was important to them because they had to either eat or take medicines at certain times. A person told us, "I am diabetic. It is working well, that's a good thing about this company. I've never had a problem with them."

People were supported to access health services if they needed them, for example if they felt unwell. A relative told us, "They would call a doctor if he needed it." Two relatives of other people told us that care workers helped people to arrange appointments with opticians.

A relative described how care workers were attentive to people's changing health. They told us, "They come four times a week and shower him. It's well worth employing them because they check everything such as ulceration. They check everything, all of them are excellent." A relative of another person said, "They tell me

if there's anything to tell the nurses. We would be in a right mess without them."

Good

Is the service caring?

Our findings

Care workers were able to develop caring relationships with people because they were regularly supported by the same care workers. The registered manager had a practise of matching care workers to people who used the service. For example, if a care worker had the same interests and hobbies as people using the service, they were allocated home care visits to that person. A person told us, "We are well-matched, oh yes." A relative of another person said, "They're well matched, he gets on with them, and knows them." People told us they liked their care workers. A person told us, "The care ladies are lovely, we have made friends" and another said of their main care worker, "She's more like a sister than a carer." Other comments included, "The carers are lovely"; "The ladies we've had have been very nice" and "I've core carers, but I like them all - I don't really mind who comes."

People told us it was important to them to be supported by the same care workers. The provider achieved this because care workers were organised into teams that covered areas where people lived. People were therefore supported by teams of care workers. One person told us they had been supported by the same care workers since they began using the service in January 2014. A person told us, "They're on a rota, and generally speaking we get the same carers, about seven or eight of them." Another said, "I tend to get the same carers I like and office staff know who they are and know what satisfies me.They try but I know they can't do it all the time." A relative told us that having regular care workers meant they could build a relationship of trust. They told us, "[Person] does feel safe once she knows the carer and builds trust and knows their capabilities."

It mattered to people that they received home care visits at times they wanted. The provider strove to ensure that home care visits were at times people expected and they informed people if care workers were delayed by more than 15 minutes. Comments from people we spoke with included, "My carers are on time" and "They say the time and have never missed a call yet." People did not mind if care workers were late as long as they were kept informed. Most people said they were. A person told us, "They do let me know if they're going to be late. People were also told if a non-regular care worker was going to visit them which people found reassuring. A person told us, "If they are half-an-hour late they always call as [otherwise] I'd be panicking."

People told us that care workers cared for their well-being and did not rush their care. A person told us, "They stay overtime sometimes" and another said, "Yes, they stay is the right time." A person told us that the only time care workers did not stay for the duration of a scheduled visit was if they arrived late.

People who used the service were involved in decisions about their care and support. For example, people decided the times of their home care visits. A person told us, "They listened to me and the morning call started at a time I wanted." Another person told us, "We work together and work out what I want. We have sorted my hours out and they do it all." When people decided they wanted calls at a different time the service agreed. A person told us, "If we cancel at short notice they've been fine about it. I cancelled Saturday, Sunday, Monday and we transfer these hours, so the flexibility is very good." A relative told us they were pleased about how the service involved them in decisions about care. They said, "I feel listened to and they

take me seriously." People were able to decide the gender of care worker who supported them. A relative told us, "[Person] has female carers, always has had females. They asked her who she wanted."

People had access to information about their care and support because they had a care plan in their home. A relative told us, "I've read the care plan. The seniors are very friendly with me and I'd talk to them about anything in the care plan." This meant they had access to information about how their care was planned. Relatives told us that they were kept informed about things they needed to know. People also had a 'service user guide' that included information about the service, details of the complaints procedure and who to contact at the service, the local authority or CQC if they had any concerns. People who wanted information about which care workers were going to visit them were sent a rota. A person's relative found this reassuring. They told us, "[Person] has sent to her a timetable rota to see who is coming. She knows and doesn't get anxious."

Care workers respected people's dignity and privacy when they provided care and support. People we spoke with told us they were treated with dignity and respect. Comments from people included "They're definitely caring, kind, polite" and "I want to say that they are very respectful." A relative told us, "They seem to be caring; she gets on quite well with them. If they weren't treating her right, she wouldn't put up with them." People and relatives told us that when care workers supported people with personal care they did so with dignity and respect. A person told us, "Privacy and dignity is seen to, very much so. I know my likes, yes indeed. For example they don't wash where I prefer them not to" and a relative said, "Yes, I'm sure he is respected. I'd know if he wasn't. They put a towel on him straight away [when supporting the person with care routines]." We saw the results of a recent satisfaction survey people completed where every person said they agreed or strongly agreed that they were treated with dignity and respect.

Good

Is the service responsive?

Our findings

People told us that care workers completed all the care routines they expected and sometimes did more. For example, a person told us, "They also did sort out my gardening they knew someone who did it for them and they sent them to me. They're not the sort to pull a funny face if you ask them for help." A person told us, "They stay and say is there anything else we can do for you today, and whatever it is, they always do it" and a relative said, "They do anything I ask which is absolutely wonderful."

People's comments were consistent with the responses we saw to a recent satisfaction survey in which were that people's expectations of the service were met.

People experienced care that was centred on their needs. People told us that care workers supported them to the extent that they needed them to. People who were more independent asked care workers to do certain things but not others. For example a person told us, "I do some things, like I just wash up, but they make the tea" and another said, "They come to bathe me and dress me but don't yet help me to get downstairs as I want to try myself, but they do come down after me just in case." This showed that care workers sought to support people to retain a level of independence people were comfortable with.

People were supported with routines the way they wanted to be. A person told us, "They come three times a week to do my bath and housework. The carer will come and take me shopping on Friday, on Thursday do the bath and cleaning. We've got a good system going on, it works for me." People commented that they were offered choices and involved in decisions about how they were supported. A person said, "They say 'do you want some conditioner on today' or 'how full do you want the bath' and they check the temperature and ask before I get in if it's alright. I go along with them as I'm happy with that."

People or their relatives contributed to the assessment of their needs. Before people began to use the service the registered manager or a senior care worker visited a person to carry out an assessment of their needs. They visited after two weeks, then again after four and eight weeks to review the person's care. After that, people's care plans were reviewed every three months with their or their relative's involvement.

People's care plans included assessments of their needs and details of how people wanted to be supported. Care workers we spoke with told us that they read people's care plans to learn about people's needs before they supported them for the first time.

People told us the service listened to their concerns and acted upon them. A person told us, "They're approachable and if you ring up and have got a problem, they'll sort it out. They're very professional." People told us the provider was approachable and listened. A person said, "Normally I'd ring the office about anything. You usually get an answer and get anything sorted out." For example, a person requested that they had only female care workers and the provider arranged for that to happen.

People knew how they could make a complaint about the service. Information about how to complaint was included in their care plan that every person had in their home. The provider investigated complaints people

had made and when the service had been at fault they had apologised and taken action to address the issues people had complained about. For example, when people raised concerns that care workers had not supported people as expected care workers were supported to improve their performance.

The provider's complaints procedure stated that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman and CQC.

Requires Improvement

Is the service well-led?

Our findings

The provider operated procedures for monitoring the quality people's experience of the service. These included unannounced observations of how care worker's supported people and visits by the registered manager or a senior care worker to review people's care plans. These measures did not include checking whether people felt safe at home when they were supported by care workers. The measures had not prevented an incident that happened a few days before our inspection when a care worker hit a person three times in one day.

After our inspection visit the provider told us of steps they had taken to reduce the risk of a similar incident happening again. They had introduced weekly telephone calls and emails to people and relatives to check that people felt safe in the presence of care workers. Families of people the provider judged to be the most vulnerable were advised by them to install CCTV and report any concerns they had to the registered manager or appropriate authority. Following the inspection we sent the registered manager guidance on the use of CCTV to monitor someone's care to ensure they were advising people and relatives correctly.

We recommend that the provider uses spot checks and other contact with people and relatives to check that people feel safe in the presence of care workers. In addition, any indicators, for example from staff supervision or competence or disciplinary procedures, that care workers may not be focused on providing safe care should be followed up.

Safeguarding people was a fixed agenda item for all staff meetings. As some of these measures were new it was too soon to say whether they were effective.

The service was led by the registered manager and the 'management team' of a chief operations officer, an office manager and a field manager. They supported care workers to provide people who used the service with the care that met their assessed needs. People who used the service and their relatives told us they felt comfortable contacting the registered manager and office staff. A person told us, "We do know them. I feel that we're comfortable enough to talk to them."

People told us their views were sought. This was when their needs were first assessed, at reviews of their care plans, when the registered manager or senior care worker visited to carry out 'spot checks'. Comments from people about the contact they had through visits other than home care visits included, "I have somebody who comes once a month or every other month"; "We have a little chat and she sees how things are going" and "They do ask regularly if the care is okay." People told us that they felt listened to because changes were made after they had shared feedback with the registered manager or senior care worker. For example, three people told us that after they told the registered manager they wanted different care workers to support them (not because of concerns, simply preferences) different care workers were arranged.

People views were also sought through an annual satisfaction survey. The results of the most recent survey, completed in May 2017, were positive. Nearly all people who participated said that they had a good experience of the service. The 2017 survey results were an improvement on the 2016 survey which showed

that the provider acted on feedback to improve the service. For example, in 2016 a small number of people reported they were not satisfied with the punctuality of home care visits. The provider made changes to how teams of care workers were organized and how home visits care were scheduled. In 2017 people reported that care worker's punctuality had improved. People told us that they felt the service was well run.

The provider monitored the punctuality and duration of visits by reviewing care worker's time sheets and feedback from people and relatives. They were introducing an electronic log-in system that care workers used when they arrived then left a person's home. This system monitored arrival and leaving times and alerted staff in the office if a care worker was 15 minutes late arriving so that they could let a person know a care worker was late and , if necessary, arrange for another care worker to visit.

The electronic system was capable of producing management information reports about punctuality, duration of calls and whether people were supported by the same care workers. This aspect of the system had not been fully utilized at the time of our inspection. However, people told us that care workers were punctual, stayed the required time and that they were supported by a core team of care workers. The provider monitored punctuality and duration of home care visits by reviewing care worker's time sheets and feedback from people and relatives.

All care workers had a 'staff handbook' which set out the standards and values expected of them. The registered manager or a senior care worker supported care workers to maintain those standards and values through up to four 'spot checks' a year, working alongside care workers, supervision meetings and regular staff meetings. Staff and supervision meetings were used to provide feedback to staff about their performance and the latest needs of the people who used the service.

Other monitoring included checking the records care workers made of their home care visits. The registered manager or a senior care worker checked the notes for assurance that people had been supported in line with their care plans. The quality of care worker's record keeping varied and the registered manager was supporting care workers to improve their record keeping by showing them examples of informative notes.

Nearly all the people we spoke with spoke in positive terms about the service. Comments included, "It's very satisfactory"; "I'm absolutely delighted with the service we get"; "I can't fault Mega Resources. They're one of the best ones [services] we've had" and "We have had them 18 months, they've been absolutely excellent." People were happy to recommend the service to other people.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the CQC of serious incidents involving people who used the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in their office.