North Notts Crossroads Caring For Carers

Crossroads Care North Nottinghamshire

Inspection report

Intake Business Centre
Kirkland Avenue
Mansfield
Nottinghamshire
NG18 5QP

Tel: 01623658535

Date of inspection visit:
19 December 2017

Date of publication:
26 January 2018

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

Crossroads Care North Nottinghamshire is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of our inspection there were 190 people receiving personal care.

At our last inspection on 13 July 2016 we found that the provider needed to make improvements to make the service safe, effective, responsive and well-led. We found at this inspection that improvements had been made.

The service had a registered manager. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

People told us they felt safe when they were supported by care workers and that they trusted the care workers. All staff had training about safeguarding training to enable them to recognise signs and symptoms of abuse and knew how to report them. There were risk management plans in place to protect and promote people's safety. People were advised about how to stay safe in their homes.

The service had recruitment procedures that ensured as far as possible that only suitable staff were employed. There were enough care workers to cover all the home care visits that were required.

People received the support they required to have their medicines.
Care workers followed safe practice to protect people from the risk of infection.

There were arrangements in place at the service to make sure that action was taken and lessons learned when things went wrong and to improve safety across the service.

The care people received was focused on their needs and preferences.
Care workers who supported people with preparing meals were trained in food hygiene. People received enough to eat and drink and staff gave support when required.

Staff were supported to develop the skills and knowledge they needed to provide the care people needed through training and supervision. Different staff teams communicated with each other and coordinated their efforts so that people consistently experienced good care. Staff worked together with other services who were involved in people's health and social care.

People were supported to access health services when they needed them.

People were supported to have maximum choice and control of their lives and support workers supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There was a strong culture within the service of treating people with dignity and respect. People's views were sought and acted upon. People told us they were treated with dignity.

People's care plans provided staff with detailed information and guidance about people's likes, dislikes, preferences and guidance from any professionals involved in their care. People and their relatives were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Care plans were regularly reviewed to ensure care met people's current needs.

People, relatives and staff knew how to raise concerns and make a complaint if they needed to and there was a complaints procedure in place to enable people to raise complaints about the service.

The registered manager and the staff team were knowledgeable about people's needs and key issues and challenges within the service. The registered manager had systems in place to monitor the quality of the care provided and to ensure the values, aims and objectives of the service were met. This included audits of key aspects of the service. The registered manager reported monthly to a board of trustees who scrutinized the service.

Staff felt supported and valued. Staff received one to one supervision which gave them an opportunity to share ideas, and exchange information about possible areas for improvements.

The registered provider was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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

This service was safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about their responsibilities.

Risks were managed and reviewed regularly to keep people safe from harm or injury.

People were supported to take their medicines safely.

The provider was committed to reviewing and learning from accidents and incidents.

Is the service effective?

Good

This service was effective.

People's care needs were assessed and met by staff that were skilled and had completed the training they needed to provide effective care.

People were supported to have enough to eat and drink and to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care. Assessments of people's mental capacity were carried out when required.

Is the service caring?

Good

This service was caring.

People consistently told us that staff were kind and caring.

Staff understood people's needs and worked with them to involve them in decisions about their care and support.

People were actively encouraged to make choices about how they lived their lives and maintained their independence.

Care was provided in a way which respected people's privacy and upheld their dignity.

Is the service responsive?

Good

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

People had access to complaints procedure. Complaints were investigated and actions were taken to resolve people's concerns.

Is the service well-led?

Good

This service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

Crossroads Care North Nottinghamshire

Detailed findings

Background to this inspection

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

This comprehensive inspection of Crossroads Care North Nottinghamshire took place on 19 December 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector and two experts 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 registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

Before our visit, our experts by experience undertook telephone calls to 20 people and 11 relatives of people who wanted their relatives to speak on their behalf. On 19 December 2017 we spoke with the registered manager, the operations manager, a care coordinator and two care workers. We looked at the care records for 10 people who used the service. We also looked at other records relating to the management and running of the service. These included two staff recruitment files, induction and training records, supervisions and appraisals and quality assurance and complaints records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service because care workers were kind and knowledgeable about their needs. They felt safe because they were supported by care workers they trusted. Peoples' comments included, "I trust them to look after me, the staff being here makes me feel safe" and "I can't fault the staff, I feel comfortable with them." Many people told us they felt safe because they were supported by the same care workers most of the time and were notified when a different care workers was going to visit them. A person told us, "I feel safe. They notify me of changes because I worry a lot."

People told us they felt safe when they were being supported. A person told us, "Their skills are very good. Everything is done safely." A relative said, "They transfer [person] from bed to chair to shower safely." Care workers supported people to feel safe after their home care visit by ensuring the home was left secure. A person told us, "They will check the curtains are closed and the place is well lit before they go, otherwise I'd be frightened of tumbling over something" and another person said, "They always lock up behind them and check I have my life line." (A life line is home alarm people use in an emergency).

The provider had ensured that all staff had safeguarding training. Staff we spoke with were aware of the provider's safeguarding policy and knew how to recognise and report concerns about people's safety. They told us they would report any injuries they discovered when supporting people. They told us they were confident that any concerns they reported would be taken seriously. They knew they could report concerns through the provider's whistleblowing procedures or directly to the CQC or local authority safeguarding team if they felt that was necessary. Staff told us they had advised people and relatives about 'scams' that were known to be operating in the area and had shown people how to block cold calls to their telephones.

People's care plans included risk assessments of people's home environment to support people to be safe at home. There were risk assessments associated with people's care routines to ensure that people were supported safely, for example with transfers and when they received personal care. A person told us, "They all know how to use the hoist" and another person said, "They help me to get in and out of the shower safely." Risk assessments were regularly reviewed. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that care workers were punctual and stayed for the required time and completed all care routines. A person said, "The staff do everything that is in the care plan." The registered manager told us that rotas were planned to allow for travel time between home care visits and care workers covered compact geographical areas. They said that 95% of home care visits were made at times people expected. Care workers we spoke with said they felt there were enough staff because they did not feel rushed and they had time complete all their visits. At the time of our inspection the service was providing 3,000 hours of care a month and all home care visits were covered. We judged staffing levels across the service to be sufficient to meet people's needs.

Safe recruitment practices were followed. All necessary pre-employment checks were carried out to reduce the risk of any unsuitable person being recruited to work at the service. These included a Disclosure and

Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services.

People told us they were supported with their medicines. A person told us; "The staff make sure I have taken all my medicines." Care workers either reminded people to take their medicines or, where required, assisted people to do so by handing them their medicines with a drink. People told us that care workers watched to see they had taken their medicines before making a record on a medicines administration record (MAR) that they had done so. This was safe practice that meant that MARs were a reliable record that a person had taken their medicines. A relative told us, "They give the medication, and then they will fill in the forms. It is all done properly." Where people took their own medication without prompting or support care workers checked the remaining supply of medicines to confirm the person had taken their medicines then they completed a MAR. We saw that MARs (MAR) were audited monthly to check they had been accurately completed. This meant that any errors that were identified could be rectified and dealt with in a timely manner.

Care workers supported people with medication that was in different forms, for example, tablets, liquid and creams and that they had them at the right times. A person told us, "I have my eye drops put in when I am getting up." Care workers told us that they wore gloves when they handled medicines to prevent cross-contamination. This was in line with the provider's medicines management policy. People's comments confirmed care workers wore protective gloves.

All care workers had training about supporting people with medicines. Their medications practice was assessed annually by a senior care worker or the registered manager. This was to ensure that care workers continued to demonstrate they had the right skills. A person told us, "They are all good and know about my medicines." A person told us about an occasion when a care worker identified an error with a new batch of medicines and how they had resolved that by attending the pharmacy that supplied the medicines. We found that people could be confident that they received safe care and support in relation to their medicines.

People were protected by the prevention and control of infection. A person told us, "The staff are professional. They wear their uniform and gloves and aprons." Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control. In addition staff were supplied with personal protective equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to people's health and safety. There were systems in place for staff to report incidents, accidents and errors, for example medicines administration errors. Those systems supported learning that came from incidents, accidents or errors. Staff meetings and staff memos were used to communicate feedback and learning to the staff team if required.

Good

Is the service effective?

Our findings

People's care was assessed to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. People's relatives were involved in the assessment if the person wanted them to be or if a relative was a person's representative. A care plan was developed from the assessment which was reviewed with the person and relatives. The plan was reviewed annually with the person and, if they consented, their relatives. A relative told us, "A senior member of staff comes once a year to check the care plan. They ask if everything is OK and if we have any problems." Another relative told us, "There is a care plan and it is up to date and checked." Another relative said, "I was fully involved in [person's] care plan." People and relatives told us that they would contact the provider's office if they wanted to discuss their care plan.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "There is no fault with the carers, they are very good" and another said, "The carers are brilliant." Care workers told us that they read people's care plans to ensure they understood people's needs and how they wanted to be supported. People we spoke with confirmed this. A relative said, "The carers read the care plan when they arrive. They know what they are doing." That relative added, "I think they are quite well trained." Another relative said, "The staff do everything that is in the care plan."

Staff told us they were well supported by the training they had. A care worker said, "The training is excellent. The training is constant. We have refreshers and we have training that helps us understand about people's conditions and circumstances; like people who have diabetes and how that affects them. We even have training about how to plan people's care with them and how to use our knowledge of people and our training." A person who lived with diabetes told us a care worker had told them about symptoms of diabetes and why it was important to check the condition of their skin. They said, "The carers are very professional and I trust them." A care worker who had worked for the service for over five years told us, "The training is fantastic. We recently had training about dementia and what it was like for people who had it. It was fantastic and really helped me to understand people better and how to support them."

New staff underwent induction training that included two weeks of 'shadowing' an experienced care worker to learn how to support people. Care workers told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. A person said, "New people will shadow more experienced staff before they come on their own." Training records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting. People confirmed that new care workers shadowed experienced colleagues.

Where appropriate, people were supported to have sufficient food and drink. Care workers told us they knew from reading people's care plans about what foods and drinks people liked. They used that information to offer people choice of meals. A person told us, "They make me sandwiches and a drink". A relative told us, "[Person] is offered a breakfast choice." Another relative told us, "[Person] always has their breakfast and lunch." All care workers had training in food hygiene. They knew the importance of making sure people were provided with the food and drink they needed to keep them well. They told us they

advised people about healthy eating, for example having 'five a day' fruit and vegetables. A person told us that support workers went to shops to bring them essential foods; they said, "They fetch bread and milk if I'm out of it."

Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. This included monitoring people's food and fluid intake so that referrals could be made to a person's GP if necessary.

The service worked and communicated with health and social care professionals to enable people to receive support that met their life needs. For example, the service engaged with occupational therapists to assess people's mobility and identify what equipment would support them to be independent. The service worked with a variety of day centres to identify which might be of interest for people who used the service.

Care workers were attentive to changes in people's health and they acted appropriately when necessary. A relative told us, "The carer will notice things. There was a problem the other day. The carer noticed something and told us an advised we call a GP. We did and the GP changed [person's] medicines. The carer was very observant." People had input from a variety of professionals to monitor and contribute to their on-going support, for example district nurses.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager and staff had a good understanding of the principles of the MCA and when to make an application. Care workers told us always sought people's consent before providing any care or support. They did this in ways that people understood. A care worker told us, "We've been taught to explain what we propose to do before we provide personal care and we wait for a person to consent." People agreed with what care workers told us. A relative said, "I've heard the carers asking 'Do you want us to do this today?'

Good

Is the service caring?

Our findings

The service had a caring and compassionate culture which was promoted through policies, staff training, supervision, staff meetings and communications. People told us that care workers were kind. Comments from people included, "They are all very caring and nice"; "They are all very nice and friendly. I feel comfortable with them, they are always cheerful." A relative told us, "The carers are courteous and kind."

People and relatives told us that they had developed caring relationships with the care workers. We saw a compliment from a relative which read, '[The staff] are so kind and make me believe that angels on earth exist.'

People, relatives and staff told us it was important that people were supported by a core team of people. Care workers developed caring relationships with people and grew to know them and understand their needs in detail. A person told us, "I'm confident with the staff because I've got to know them over the years." A relative told us, "The carers have got to know [person] and their personality. We are very happy because of that."

People felt they mattered because care workers paid attention to detail which they were able to do because they had developed such close relationships. A person told us, "The staff are very good. They treat me well. They are polite and they treat my home nicely too." A relative said, "All the carers are nice. The main carer is exceptionally good. They get on really well with [person] who is told me the carer is spot-on with how they provide care. They have a very nice relationship."

Care workers supported people to understand information about their care. A person told us, "I can't read or write so staff read things to me." Other people told us they had been given a brochure that had information about the service and other services they could contact for support. For example, people were given information about venues in the community that may be of interest to them. A person told us, "We had a newsletter the other day with details of day centres."

People told us it was important to them that they be informed if care workers were running late or if there was a change in care worker. A person told us, "If they are going to be late someone usually lets us know." This showed that care workers followed the service's procedures which required them to contact the office if they were running late so that office based staff could contact a person to let them know.

Care workers told us they had time to spend time having conversations with people because that showed people mattered to them. Relatives told us that happened. A relative said, "The carers have lovely chats with [person]" and another relative said, "When they've finished their routines they sit and chat." Care workers understood what was important to people. For example, a relative told us about a person to whom it was important to look well. They told us, "They understand [person's] needs. They are always very neat and clean. Their hygiene is good and their clothes are always clean."

People told us that care workers respected their privacy and dignity. Care workers described how they

supported people so that people were not uncomfortable or embarrassed. For example, care workers used towels to cover people and ensuring that curtains were drawn and doors closed in rooms where personal care was carried out. A person told us, "I have no problems with that. The carer keeps my privacy and is always polite." Another person said, "I never feel embarrassed." A relative told us, "They are courteous and kind and are aware of the need to look after [person's] modesty. They will use towels to keep them covered."

The registered manager or a senior care worker carried out up to four 'spot-checks' per year of each care worker to monitor that care workers were putting the provider's values of supporting people with dignity into practice. This demonstrated that the service was committed to provide support that was caring.

People were supported to be as independent as they wanted to be. Care workers were attentive to people's daily needs. On some days, they supported people to do more things themselves, for example make their own drinks or snacks or wash and dress. Other days they did those things for people because people felt less able to do those things themselves. A relative told us, "I often hear carers asking 'do you want us to do this today?'" Another relative said, "The carers support [person] to be as independent as possible. They are kind and encouraging and will ask what support they need." Another relative told us, "They are helping [person] to stay as independent as they can."

People were supported to be involved in decisions about their care and support. This happened when people had a review of their care plan. People and relatives told us they referred to their care plans. A relative told us, "There is a care plan. It reflects [person's] needs. It is due a review in January, but they would also do it if something changes." Another relative said, "They come every now and them to check the care plan and see if we need anything else." People's views were also sought through regular telephone calls from office based staff who called to enquire about people's experience of the service. A person told us, "There is always someone at the company I can speak to about my care. I'm sure they would sort out whatever needed sorting." Several people told us that arrangements had been made to review their care plans with them in January 2018.

People could feel assured that information about them was treated confidentially and respected by staff. The provider had a confidentiality policy that staff were aware or because it was discussed with them at their induction. Records relating to people's care and support were stored securely in filing cabinets to maintain confidentiality.

Good

Is the service responsive?

Our findings

People received their care that met their needs. A person told us, "The carers will do whatever I need. It could be helping with dressing, housework, shopping or even write me a letter." A relative said, "The core team understands [person's] needs. I'm impressed with everyone. There isn't one of them who hasn't done their job."

People told us that care workers responded to their varied needs. A person said, "I can't fault them, they are very accommodating." Another person told us, "When I needed changes my care plan was reviewed. They did an excellent job on it." A third person said, "I just tell them what I want and they are not awkward about it."

Care workers responded to people's needs when these significantly changed, for example when people's mobility was reduced because of a change in their health. A relative told us, "[Person] had a stroke and the carers are very good with moving and handling." Care workers also understood conditions people lived with and used their knowledge to provide good care. A relative told us, [Person] has a learning disability. The carers follow their routines and understand their needs."

The provider had a clear procedure for assessing people's needs. An assessment was carried out before a person began using the service. This involved the person and, with their agreement, family members. A person told us, "My wife was involved in the assessment" and another said, "The family were involved in drawing up the care plan and the carers have stuck to it."

During the assessment people were asked what was most important to them. People consistently said that three things were most important: having regular care workers, having home care visits at times they expected and being listened to. People told us that those three things were, with isolated exceptions, being met. People told us they were supported by the same care workers most of the time and that care workers were punctual. The provider's monitoring of punctuality assessed that at 95% of home care visits were made within 15 minutes of the scheduled time.

People's experiences, concerns and complaints were listened to and acted upon. The provider had a complaints policy and procedure that people knew about. We looked at complaints that had been received since our last inspection. Most complaints were about the conduct about individual care workers. The registered manager visited people and their relatives to discuss complaints. Complaints were investigated and actions were taken, including action to support care workers to improve their performance or, if necessary, disciplinary action. When people requested that a care worker complained about be removed from caring for them, the registered manager respected the person's request.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Every care plan we looked at included a

section about people's communication needs and an assessment of whether they had any special needs.

There were no people who were receiving end-of-life care and support.

Good

Is the service well-led?

Our findings

The provider and the registered manager had a clear mission and values of the service. These were made available to people and staff in the form of information about the service, for example in annual reports. The mission and values were displayed in the office and staff areas. Staff and care workers we spoke with told us what the mission and values were. The mission statement emphasised supporting people to be independent and the values emphasised a person centred approach to care that was based on trust, involvement and dignity and respect. Ten people told us they would recommend the service to other people. A person told us, "I would recommend the service. In fact they were recommended to me." Other people said they would recommend the service because of how satisfied they were with it.

The provider promoted fairness and transparency through polices, staff training and staff meetings and supervision. Care workers knew about the provider's policies for reporting concerns using internal reporting procedures or through a whistleblowing procedure where they could raise concerns anonymously. We saw that a care worker had used the whistleblowing procedure to report what they believed was poor practice by a colleague. Their concerns were investigated and disciplinary action was taken against the care worker whose practice had been reported.

The registered manager kept staff informed about the performance of the service. They had, for example, ensured that staff were aware of CQC's report of the inspection in July 2016. They involved staff in the plans made to improve after that inspection. A care worker told us, "We were told about and shown the last inspection report. We were really disappointed with it but we then we all worked together to make improvements. We have improved dramatically."

Improvements were evident since our last inspection. Home care visits were more effectively planned and monitored. People's care plans had been reviewed to include more detail about their needs which meant care workers had more and better information to refer to when they supported people in their homes.

Staff told us the management team ensured the culture at the service was open and transparent. They were positive about the management and leadership of the service. A care worker told us, "It is a very well run service. We work well together. We have been involved in improving care planning and how [homecare] visits are planned." Another care worker told us, "We were involved improving how care was delivered." They explained that when rotas were planned factors such care worker's knowledge; experience and interests were matched with the characteristics of people using the service. This resulted in people being supported by care workers they were able to develop trusting and caring relationships with. Another care worker told us, "Communication is really good now. We get feedback from the manager about what the board decide."

Care workers also told us that the registered manager had told them about changes to the standards that CQC inspected against from 1 November 2017. We found that staff we spoke with were well informed and knowledgeable about what was expected of them.

There were systems in place to check the quality of the care provided. These included 'spot checks' of care

worker's practice and quality assurance of care worker's records of their home care visits. This was where care workers were observed working with a person and covered areas such as dignity, food hygiene, medicines and infection control. The registered manager carried out monitoring to ensure staff training was up to date and that home care visits were effectively planned two weeks in advance.

The registered manager analysed accidents and incidents reports. They monitored the punctuality of homecare visits. People's feedback from reviews of their care plans, compliments and complaints was analysed. Actions were taken in response to people's feedback. For example, any concerns people expressed about care workers was investigated and measures were taken to support care workers to improve performance. When necessary, disciplinary procedures were used

The provider's monitoring of the service included an annual satisfaction of survey. A survey in 2017 was sent to 154 people of who 103 (67%) replied. Every person said they were treated with dignity and 99 people (96%) rated their care as good or outstanding. This was over a 20% improvement on the 2016 survey. People told us they had experienced improvements. A person said, "We didn't use to get the same carers, but we have the same carers now, but it took a while to get sorted." People had reported that the service had made a positive difference to their lives. For example, people said they felt less isolated and experienced less stress because of the support they received.

The registered manager made monthly reports about the performance of the service to a board of trustees. We saw that they had discussed CQC's report of the July 2016 and how required improvements would be made. This demonstrated that the provider held the registered manager to account and supported them by endorsing their plans for improvement.
The registered manager was aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

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 displayed their rating at the service and on their website.