Caring Partnership Ltd

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

A comprehensive inspection took place on 10 and 12 July 2018 and was announced. The service was previously inspected in May 2016, under the name of Hillside, but was the same provider and was rated as 'Good' overall.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of this inspection the service was supporting 63 people. Not everyone using the service receives regulated activity; the Care Quality Commission (CQC)only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. 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 registered manager told us not everyone who received a service had the capacity to make decisions about their care and support. They said people did not always have mental capacity assessments or best interest decisions in their care plans. The registered manager said some 'as required' protocols were not in place and although, MARs and daily log books were audited, actions were not always recorded. The registered manager told us they would be addressing these issues immediately. The operations manager told us they were in the process of looking to introduce a more robust audit system.

People told us they were very happy with the service, felt safe and staff were kind and caring, treated them with dignity and respected their choices. There were procedures in place to protect people from risk of harm and individual risks had been assessed and measures had been identified to reduce the risk. Staff we spoke with understood the signs to look for which may indicate potential abuse. Staff told us they always had sufficient gloves and apron for providing personal care.

Robust recruitment procedures were in place and staffing levels we suitable to meet people's identified needs. People who used the service said staff always stayed the agreed length of time and were more or less always on time. Staff attended supervision and completed appropriate training.

Individual needs were assessed and care plans identified how care and support should be delivered, people's routines and preferred preferences. Staff members told us care plans contained sufficient information to enable them to carry out their role effectively. People received assistance with meals and healthcare when required. The service provided support for people who were approaching the end of their life with support from the relevant district nursing team. Staff had received training and there were policies and procedures in place for staff to follow for the safe handling of medicines.

People and staff told us the management of the service was very good. Mechanisms were in place to obtain feedback on the service from people who used the service, family members and staff, including questionnaires, observations of staff practice and meetings. Complaints were appropriately managed.

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.

People told us they felt safe and staff knew how to recognise and respond to abuse correctly. Risks to people were identified, assessed and managed safely. Staff made sure people received their medicines safely.

There were no concerns with infection prevention and control.

Safe recruitment procedures were in place and there were enough experienced staff to meet their needs.

Is the service effective?

Good

The service was effective.

The service had mental capacity policies and procedure in place and staff had attended training in this subject. Staff told us they always offered people choice.

An induction programme was in place for new staff. Staff received training appropriate to their job role, which was continually updated and they attended regular supervision meetings.

Staff supported people to maintain good health and to eat an appropriate and varied diet, where required.

Is the service caring?

Good

The service was caring.

People were supported by regular staff team and were happy with the care and support provided to them.

Staff used their knowledge of people to deliver person centred care. People's privacy and dignity was respected.

Staff involved people and/or family members in the care planning process.

Is the service responsive?

Good

The service was responsive.

People's care plans had been regularly updated and provided staff with the information they needed to meet individual's needs.

People's health, care and support needs were assessed and individual choices and preferences were recorded in their care plan.

People were provided with information about how to make a complaint and there was an effective system in place for handling complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager said not everyone had a mental capacity assessment or best interest decision in their care plan, some PRN protocols were not in place and actions from audits were not always documented.

The operations manager was in the process of reviewing and testing a more robust audit system.

People, relatives and staff were very positive about the management team and were given opportunity to provide feedback about the service.

Caring Partnership Ltd

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.

A comprehensive inspection took place on 10 and 12 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we wanted to make sure the registered manager would be in the office. The inspection team consisted of one adult social care inspector.

We visited the office location to see the registered manager and office staff; and to review records. We spoke with the registered manager, the operations manager and two regional managers, six people who used the service, a relative and five staff members to obtain their views of the service.

We looked at three people's care plans in detail and a further three care plans for specific information. We inspected six staff members' recruitment records, and/or supervision, appraisal and training documents. We reviewed documents and records that related to the management of the service.

The provider had not completed a Provider Information Return (PIR) prior to our inspection.
This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the service and requested feedback from other stakeholders. These included Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

People who used the service told us they felt well supported with their medicines. One person said, "Staff help me with some aspects of medicine and I am happy with that." Another person said, "They help me with my medicines and it is always on time."

The registered manager told us most people's medicines were dispensed from the pharmacist in a blister pack, which minimised the risks of errors being made. Staff told us they signed a medication administration records (MAR's) once they had supported people with their medicines. A staff member told us, "I believe the medication process is safe."

MARs included a picture of the person and any allergies they might have. Care plans contained a medicines risk assessment and a medication consent to administer form. This noted the level of support people required with their medicines. We reviewed the MAR's in the office and found these were completed correctly.

Some MARs had hand-written entries for medicine which had been prescribed half way through the MAR cycle or for short course medicines. The regional manager told us if medicines were prescribed that were not in the blister pack, the staff member would send a photograph of the prescription label and a copy of the hand-written MAR to them to check the information had been transcribed accurately. They said MARs were returned to the office monthly, they checked these and would action any concerns they found. The check of the photo and action identified from the audit were not recorded. The provider told us they would start to record this information immediately. We have referred to this in the well-led section of this report.

Some people had medicines to be taken 'as required', mainly for pain relief, which were also known as PRN medicines. The registered manager told us most people who received PRN medicines were able to say if this was needed, although, some people would not and there were no PRN protocols in place for these medicines. The registered manager told us they would address this immediately. We have referred to this in the well-led section of this report.

The provider had policies and procedures relating to the safe administration of medication, which gave guidance to staff on their roles and responsibilities. Staff told us they had completed training which had provided them with information on how to support people with their medicines safely.

People we spoke with told us they felt safe with staff members. Comments included, "I do feel safe" and "Yes, I feel safe with staff." A relative said, "[Name of person] is very safe."

The staff we spoke with were able to describe different types of abuse and were aware of their responsibility in reporting any concerns. Staff said they were able to raise any concerns with the registered manager knowing they would be taken seriously. The staff we spoke with said they thought people were safe. Comments included, "I believe people are safe and well looked after", "Clients safety is priority" and "People are safe." Safeguarding and whistleblowing procedures were in place and staff had received safeguarding

training. This demonstrated the registered manager and staff were aware of their responsibilities in keeping people safe.

Risks to people's health and safety were assessed. Each of the care plans we reviewed contained a person's own home risk assessment which included the grounds or entrance, security, services and the building. There was also an assessment cleanliness and infection control. Care plans contained a risk assessment relevant to the persons care and support needs. For example, transport, home fire safety, support with a wet shave and finance management. The documentation recorded sufficient level of detail to reduce the risk of harm to the individual or staff. This meant staff effectively assessed, monitored and managed risks to people's health and wellbeing.

Financial transactions sheets and receipts management were in place if staff spent money on behalf of people who used the service. The registered manager confirmed once the sheets had been completed these were returned to the office for audit purposes. Financial transactions sheet and receipts we looked at were accurate.

Staff had been recruited in a safe way. The registered manager told us recruitment was a continual process. Each of the recruitment files we reviewed contained a completed application form, references and a Disclosure and Barring Service check (DBS). The DBS is a national agency that holds information about criminal records.

The registered manager told us sufficient care staff were employed to keep people safe. People who used the service told us they received support from the same staff members which helped to ensure continuity of care. Our discussions with people and staff, showed there were generally sufficient staff to ensure people's needs were consistently met. One person said, "There are generally enough staff." Staff comments included, "There are enough staff, but we are recruiting", "Short staffed but they are trying to recruit" and "Staffing could be better, but they are recruiting."

Staff we spoke with told us they had been allocated enough time to complete each visit and to get to the next visit. A staff member said, "I have enough time between visits." People we spoke with confirmed they had regular and reliable staff and knew the times of their visits and were kept informed of any changes. Comments included, "Staff turn up every day and always stay for the length of time", "They [staff] pretty much turn up on time. Office staff ring me if they are going to be late" and "Staff mostly turn up on time, I never feel rushed. They do what they have to do."

A regional manager showed us how details of the times people required their visits and which staff were allocated to go to the visit were recorded on a live electronic system. They said sufficient travel time was built into staff shifts and rotas were sent out to staff each day to make sure all visits were covered. A staff member said, "Communication is good and I get an email each day with my rota." The regional manager also said there was an effective out of hours on-call system for people, relatives and staff to contact in the event of an emergency. People who used the service told us they had telephone numbers for the service so they could ring during office hours but also at other times should they have a query. One person said, "I have the numbers to get in touch with the office."

People who used the service said they were happy staff wore gloves when preparing food and carrying out personal care. Comments included, "Staff wear gloves for doing things" and "Staff use gloves with personal care."

Staff we spoke with told us they always had enough personal protective equipment with them and had

received infection control training. A staff member said, "I use gloves and aprons when providing personal care." The provider had policies and procedures in place for prevention and control of infection. This meant care staff had appropriate equipment and guidance to protect people from the risk of infections.

The registered manager told us they had learnt lessons through discussions with staff and actively encouraged staff and people who used the service to make suggestions and how services could be improved. They went on the say following feedback about the MARs, they added people's photograph and instigated a process of where two staff attend a call, the MARs and people's log books were signed by both staff members.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People we spoke with told us they were always given choice by staff who supported them. Comments included, "The good thing about staff is they listen to what I say. I can make my own decisions", "They [staff] always ask if I need anything. They [staff] know what I can do and what cannot do" and "They [staff] always make sure I have the right programme on TV and I have the remote before they go."

Staff understood their obligations with respect to people's choices. They were clear when people had the mental capacity to make their own decisions, this would be respected. They said they would not force people to receive care or make decisions. A staff member told us, "I offer people choice." From the training records showed staff had completed mental capacity training. This was also included in the lessons plans as part of staff induction.

The care plans we looked at contained some information on what decisions people were able to make, however, this was not always clear and was open to interpretation. We noted mental capacity assessments or best interest decisions were not in place for people who were unable to make decisions in certain areas, for example, where they needed support with their medicines. The registered manager said they would address this immediately and prior to us leaving the inspection we saw a regional manager had created a document template enabling information to be recorded more clearly about the decisions people were able to make and not make. We have referred to this in the well-led section of this report.

When we asked the registered manager if they used any current legislation, standards or evidence-based guidance to achieve effective outcomes, they offered examples such as skills for care, safeguarding protocol, general data protection regulations and they shared best practice at a consortium of home care service providers. They went on say the providers policies and procedures were updated each quarter which highlighted any new legislation, and this was shared with the staff team. They told us the operations manager or themselves joined human resources 'web' seminars to make sure they were aware of current practice.

The provider had an induction programme which was completed by all new members of staff on

commencement of their employment. The staff member followed an induction checklist which included employee handbook, policies and procedures, dress code, rotas, on call and sickness and absence. Staff also completed a range of training, shadow shifts and attended supervision meetings with their mentor during the probation period. One staff member said, "I learnt a lot doing the induction." This ensured staff had the skills and knowledge to effectively meet people's needs.

People we spoke with told us staff had the knowledge and skills for their role. One person told us, "Staff are well trained." Another person said, "I think they are well trained, they are knowledgeable and seem to know what they [staff] are doing."

Staff we spoke with told us the training was good and provided them with the knowledge and skills they needed to deliver care and support. Comments were, "The training helps me do my job", "Training is good, I have learnt more than I have anywhere else", "Training is quite good and you benefit from it" and "There is lots of training and opportunities."

The training records we looked at showed staff had completed several training courses, which included food safety, fluids and infection, health and safety and first aid. We saw staff had also completed specific training which helped support and meet people's individual needs. These included dementia awareness, end of life care and how to manage a peg feed. The registered manager told us staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw from the training records the registered manager was able to monitor when training had expired or had not been completed. Lesson plans and workbooks were used to support staff competency, learning and development which were linked to skills for care information.

Staff attended supervision meetings and an annual performance and development plan was completed which gave staff opportunity to reflect on current practice, discuss their role and options for training and development. Staff told us they had supervision on a regular basis and felt supported by other staff members, the office staff and the registered manager. Comments included, "I find the supervisions helpful", "I contribute to my development when I attend supervision" and "Supervision is good and it is recorded."

Staff members received a regular field based 'spot check' from a senior member of staff. We saw this included punctuality, knowledge of care plan, communication skills, record keeping, maintaining confidentiality and any observations from the person they were supporting. Issues raised were addressed immediately. This meant staff's conduct, knowledge and approach was monitored

People were happy with the support they received to eat and drink. One person said, "I am happy with how I am supported with my meals and drinks. They [staff] ask me what I want." Another person told us, "Staff help prepare meals for me." We saw a compliment had been recorded that stated, 'I am very happy with the staff, very helpful and they do some lovely cooking, I don't know what I would do without them'.

People were assisted to maintain their nutritional and fluid intake and where required, staff made sure before they left their visit people had access to food and drink. People's dietary requirements were reflected in the care plans.

Staff members we spoke with were clear about the needs of people they were supporting and some staff had been supporting the same person for a long time. Staff would notify the office if they felt the person's needs had changed. The registered manager explained how changes to people's care plans were communicated to staff so people would always receive the right support. A regional manager said, "Communication is effective and I always let staff know if there are any changes."

People we spoke with were happy help would be sought if they were unwell. One person said, "If I am not well, they [staff] would contact someone to help. I ask them [staff] to phone the doctor sometimes." Another person told us, "If I am unwell, they [staff] will call the doctor." A relative said, "If [name of person] is unwell they would get help straightaway and they keep me informed."

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of a person who used the service. Care plans recorded contact details for the person's family members and any relevant healthcare professionals. This enabled staff to contact family and external support if required. Staff said they would contact the GP, speak with the relatives or seek advice from the office if a person was unwell. A staff member told us, "If the person was unwell I would ring the family and the office, if necessary I would ring the doctors or 999."

On the day of our inspection we noted a staff member had contacted the office as the person they were supporting was un-well and an ambulance was called. This showed us staff knew what action to take to make sure people's healthcare needs were met.

Good

Is the service caring?

Our findings

People were happy with the service, staff were kind, friendly and knew what care and support needs they required. Comments included, "They [staff] really put themselves out to please me. They are great. I am absolutely happy with the care. Staff understand me and know me well. I don't feel I am a bother. We talk about everyday things and we have a laugh and a joke. It is lovely when they come, I trust them. They [staff] are just like family", "They [staff] know me well and know what to do, they are kind, we have a natter" and "All the staff are pretty good."

A relative we spoke with said, "Staff are friendly, helpful and caring." A staff member told us, "People are well looked after and they [the company] go above and beyond."

We saw compliments had been received into the office which included, 'All carers are angels they do an amazing job that reassures the family they are well cared for', 'Wanted to thank everyone for the amazing job they did and everyone was professional and helped ease pressure on the family' and 'Best company they have ever had, staff are professional and courteous, a great team'.

The service supported people in two distinct areas of the city and staff rotas were organised so people who used the service had the same staff members. People told us they knew the staff that visited them. The registered manager said new staff were always introduced to people prior to them working with the person through the induction programme.

We found the registered manager and staff to be motivated and enthusiastic about making a difference to people's lives. The registered manager told us, "I am really passionate about providing care and it really means a lot. I am very proud of what we have done."

People told us they were involved in developing their care plan and identifying what support they required. Care plans showed people and their relatives (when appropriate) had been involved in developing the care plans. We saw some people had signed their care plans. This meant people were actively involved in decision-making about their care and support.

Information about what people were able to do for themselves and what they needed support with were included in the care plans. For example, one person's care plan stated, 'I can dress and undress independently. I can be particular about the clothes I wear and like to choose my own clothes'. This meant people were supported to maintain their independence.

People confirmed staff members were respectful, helpful and always maintained their dignity. Comments included, "My privacy and dignity is respected" and "They [staff] always put a towel over me when they are doing personal care." A compliment had been sent to the office from a family member which stated the care team were lovely and had 'treated [name of person] with dignity and respect at all times'.

Staff told us they would always ensure people were covered up when delivering personal care and where

needed made sure the curtains or blinds were closed. One staff member said, "I close the curtains and cover people with towels when providing personal care." Another staff member told us, "I close the blinds and the doors." This meant staff were aware and maintained people's privacy and dignity.

The registered manager was aware of referral procedures for advocacy services and had access to information on advocates in the local area. They said one person was currently in the process of establishing links to an advocate. An advocate is a person who is able to speak on other people's behalf, when they may not be able to do so, or may need assistance in doing so, for themselves.

The service had an equality and diversity policy and staff received training in respecting and promoting people's diverse needs. The registered manager told us they supported people to access religious venues when required. The operations manager said as part of staff's continued professional development, they were going to ensure people's diverse needs were met, in terms of their cultural, religious or sexuality needs, for example.

Good

Is the service responsive?

Our findings

A person said, "My care plan is here and I can look at it if I want." A relative told us, "[Name of person]'s care plan is detailed and is more than adequate."

Care plans showed people's needs had been assessed and were created using a combination of sources. This included, information provided by the funding authority, the person, relatives and healthcare professionals, where necessary.

Care plans were organised, included relevant information and details about people's care needs. They contained information about their preferred routines and their personal preferences. The care plans were detailed and person-centred. For example, one person's care plan stated, 'encourage me to take my time while eating and to have a drink between bites'. Another person's care plan for their morning routine stated, 'prepare [name of person] a flask of hot water so they can have a cup of tea throughout the day.' This information was important to enable staff to deliver person centred care. Staff members said, "Care plans are informative" and "As a new starter, the care plans gave me an idea of what people likes." Formal care reviews were held with the person and/or their relative three monthly or sooner if needed. One person said, "We have regular care plan reviews." The registered manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office.

Staff recorded the care and support they provided in a log book which was kept in the person's home. The registered manager said the log books were returned to the office monthly and checked by office staff to make sure care and support was delivered in line with the person's needs. We saw the entries provided a brief synopsis of the care and entries were dated and timed.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving health and care services.

People's care plans contained information about their sight and hearing, and any aids they used. They contained details the way people communicated and asked if they had any communication requirements in terms of, for example, English not being their first language. A regional manager told us staff rotas were sent vis email or printed for the person who used they service. They said some rotas were provided over the phone so the person could record the information for themselves. Large print and pictorial rotas were available if required.

We were told the regional managers carried out 'spot checks', some care shifts and completed assessments and care plan reviews, giving the person opportunity to speak face-to-face with the them, to ensure they fully understood their care arrangements. This meant the service ensured people understood information relating to their care and support.

People were regularly asked if they had any concerns about the service through quality assurance

questionnaires, spot checks and informal contact with the office staff. This provided people with opportunities to report any concerns they had. People we spoke with said, "If I had any complaints the staff would help me", "On one or two occasions I have had problems but the office sorted these out" and "I complained once and it was sorted straight away."

The operations manager told us they and the regional managers had attended complaints training early in the year and as a result they had started to record any 'niggles' as well as complaints. We saw information had been recorded in a log and any 'niggles' had been addressed.

Complaints were kept in a file. There was a log at the front of the file which recorded the date of the complaint, the name of the complainant and a brief description of the complaint and of the outcome. The file also contained full details of the complaint, response letters or emails and any action taken to resolve them. This showed people's concerns were listened to, taken seriously and responded to promptly. The service received very few complaints.

The registered manager told us the service did support people with palliative care, with support from the relevant district nursing team. A personal care plan would be completed to identify any specific support or care the person may need. We saw some staff had completed end of life training and this was also part induction programme staff completed.

Requires Improvement

Is the service well-led?

Our findings

People who used the service were very positive about the service they received and were complimentary about the office staff. Comments included, "Service is managed well", "I am happy with the service and the office staff are helpful" and "Seems to be well managed. If I ring the office I always get an answer." A relative told us, "I am delighted with the company, fantastic service. Office staff are very responsive, they always answer the phone and are up to date with everything."

Staff we spoke with were positive about the registered manager and office staff and said they were approachable and supportive. Comments included, "I feel supported and I am happy working here", "I think they [the company] are great, I can't complain. I love it", "It is nice working for them, it is a good company and a good staff team. I would recommend them", "I feel supported and valued. It is a good team" and "Management are very good. I am happy working here."

The regional managers undertook unannounced spot checks of staff working to review the quality of the service provided and they spoke regularly with people to ensure they were happy with the service they received. We saw MARs and log books were audited monthly, although, these were signed and dated, actions were not always recorded. We were told by the registered manager some PRN protocols were not in place and not everyone who required one had a mental capacity assessments or best interest. The registered manager said they would address this immediately.

The operations manager told us they currently looked at care documentation every four to six weeks. Actions were not formally recorded but they would email the regional managers to address any concerns. They told us they were in the process of looking to introduce a more robust audit system, which would look at three areas, 'staff', 'clients' and 'general'. They were just finalising the audit documentation and would pilot this over the next three to four months before final implementation. The registered manager said accidents and incidents were monitored to ensure any trends were identified and acted upon. They said they had very few accident or incident which had been reported.

The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff told us they received regular support and advice from the registered manager and office staff via phone calls, email, text message, face to face individually and at team meetings.

We asked the registered manager what the key achievements had been since our last inspection. They said, "They were pleased with the response by staff and people to the charity fund raising open days and some staff achieving their qualification and credit framework level 4 award." We asked what the key challenges had been and they told us, "To continue and to deliver people's expectations."

Quality questionnaires were frequently sent out to people who used the service to obtain their views. One person said, "I am given a questionnaire on a regular basis and this covers every aspect of the service." The responses to the questionnaires we looked at were mainly good, very good or excellent. Where concerns

were raised, action had been recorded of how the concern was responded to and addressed.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. We saw the meeting minutes for March 2018, discussions included, communication and rotas, sickness and absence, confidentiality, safeguarding, training and any staff concerns. The operations manager told us they were wanting to start a staff newsletter which would include, changes or new legislation and training options. We saw the management team met monthly. We looked at the meeting minutes for May 2018 and discussions included, shadow shifts, MARs, hospitalisations, communication and log books.

The registered manager and the whole staff team worked in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. These included district nursing teams, occupational therapists, physiotherapists, local pharmacists and mental health social workers. They said they worked with hospital discharge teams, the local authority, other home care agencies to share best practice and community neighbourhood teams to prevent social isolation.

There is a requirement for the provider to display the rating of their most recent inspection. We saw this was displayed in the service and the provider stated they were going to reinstate the rating on their website following this inspection as the name of the location had changed since the last inspection.