

Voyage 1 Limited

Croft House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Croft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Croft House is registered to accommodate six people with learning disabilities; at the time of our inspection there were five people living in the home.

At the last inspection in November 2016 this service was rated as requires improvement. At this inspection, we found that improvements had been made and sustained and the service was rated good overall.

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.

People received care from staff that knew them and were kind, compassionate and respectful. There were usually sufficient staff to provide the care and support people required.

People's needs were assessed prior to moving to the home, care plans based on their individual needs and preferences were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk. However, one person had an identified risk and there was not a plan in place to give staff guidance how to reduce the risk.

Medicines were managed in line with the prescriber's instructions. The processes in place usually ensured the administration and handling of medicines was suitable for the people who used the service. The registered manager was in the process of reviewing medicines with the GP to make sure there were clear instructions on when to give all medicines.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

Systems were in place to ensure the premises was kept clean and hygienic so people were protected by the prevention and control of infection. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff were supported through regular supervisions and undertook training, which helped them to understand the needs of the people they were supporting. People and where appropriate their relatives were involved in decisions about the way in which their care and support was provided.

People's diverse needs were met by the adaptation, design and decoration of premises.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day-to-day routines. However, these had not always been completed for a specific decision. Care plans included information about how the person had been supported to make their own decision.

People's health care and nutritional needs were met and relevant health care professionals were appropriately involved in people's care.

People were supported to take part in activities which they wanted to do, and encouraged to participate in events within the local community. Care plans were focused on the person and their wishes and preferences

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were comprehensive systems in place to monitor the quality and standard of the home. Regular audits were undertaken and any shortfalls addressed. Concerns we had identified about the registered manager having time to work on improvements at our previous inspection were being addressed on an on-going basis. They were supported by a deputy manager and senior managers to improve the quality of the service provided.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The staff team kept people safe from avoidable harm. The premises were kept clean and hygienic to reduce the risk of infection.

Risks associated with people's care and support were minimised because risk assessments had been completed and were followed by staff. However, these were still being developed for some areas where people may be at risk.

Appropriate recruitment processes were in place and suitable numbers of staff were usually deployed to meet people's needs. Staff were being recruited to ensure more staff were available.

People were supported with their medicines as prescribed by their GP. The registered manager was reviewing medicines with the GP to ensure that guidance on how much medicine to give was clear.

Lessons were learned and improvements were made when things went wrong.

Requires Improvement ●

Is the service effective?

The service was effective.

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

People were encouraged to follow a balanced diet. They had access to healthcare services when they needed them.

Staff gained consent from people to provide care and understood people's right to decline their care. Capacity assessments were not always based on a specific decision.

Good ●

Is the service caring?

The service was caring.

Good ●

The staff team were kind and caring and involved people in their care and support.

People's privacy and dignity were promoted and protected by the staff team.

They were provided with support and information to make decisions and choices about how their care was provided.

Information was made available to people using their preferred method of communication.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in the planning of their care. Care plans were focussed on them as an individual and included information about their wishes and preferences.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had an action plan to address the areas of concern we found. Areas for improvement had been identified and work was on-going to address these.

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.

Comprehensive audits were completed regularly at the service to review the quality of care provided.

Croft House

Detailed findings

Background to this inspection

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

The inspection took place on 20 and 23 February 2018 and the first day was unannounced. The inspection was undertaken by one 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 service.

Before the inspection, we asked the provider to complete 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 plan to make. We reviewed the completed PIR and took this into account when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We contacted health and social care commissioners who helped to place and monitor the care of people living in the home. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care).

Due to the complex communication needs of the most people who used the service we were only able to speak with one person in depth. We observed staff and people's interactions and how the staff supported people. We also spoke with two relatives of people who used the service. We spoke with the registered manager, the deputy manager, three care staff and the operations manager.

We observed care and support in communal areas. Some people who used the service were unable to verbally communicate with us; we undertook observations of care and support being given to help us understand the experience of people who could not talk with us.

We looked at the care records of three people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits,

maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At the last inspection in November 2016 we rated 'safe' as requires improvement because we had concerns about how well staff knew people who used the service and understood their routines in order to support them safely. At this inspection improvements had been made.

People were supported by sufficient numbers of staff who had been subject to appropriate recruitment procedures. Relatives agreed there were enough staff. One relative said, "[Person] has 2:1 support when out as they don't want to come back." Another relative commented, "Yes there are enough staff. People have one to one support." The rotas and feedback from staff confirmed staffing was consistent, and during our inspection we saw enough staff were on shift to meet people's needs. Staff told us there were enough staff unless there was sickness and then cover had to be found. One staff member said, "Yesterday there were three who called in sick. [Registered manager], [deputy manager] and me had to cover. We do make sure there are enough whenever possible. There can be short times there are not enough staff, we do what we can." Staff told us it would be good to have more staff available to provide cover for holidays and sickness. The registered manager told us they were continuing to recruit staff and the provider had been very supportive with measures to try and encourage more staff to apply. They explained agency staff were used however these had worked at the service before and got to know people wherever possible for consistency. Recruitment files contained evidence the necessary employment checks had been completed before staff commenced work at the service.

People told us they felt safe when they were receiving care from staff. One person commented, "The staff protect me." Relatives agreed people were safe. One relative told us, "Definitely people are safe. There are a lot of staff and the front door has a coded lock for security." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report any concerns they may have. One staff member said, "I would raise any concerns I had. We have to report it. I would go higher if I needed to." Another staff member commented, "There is a number on the board for us to whistle-blow if we need to." All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training.

Risks to people had usually been assessed and were reduced through their plans of care. People had detailed plans of care and risk assessments to guide staff in maintaining their safety. People were encouraged to be as independent as possible and the risk management plans within the home supported this. For example, people were supported to be involved in preparing their food and drinks. There were risk assessments for people around this. Detailed guidance had been developed for staff to follow in reducing the known risks to people. However, one person did not have a risk assessment in place for the risks associated with them having a diagnosis of epilepsy. The registered manager told us they were in the process of reviewing all care plans and risk assessments. They showed us a completed risk assessment for another person who had epilepsy to show us they had knowledge and understanding of the potential risks and how to reduce the likelihood of these happening.

Accidents and incidents were reviewed to identify trends and the service had an effective system in place,

which ensured senior staff in the organisation were alerted to higher levels of risk and the appropriate actions were taken if necessary. The registered manager explained how they were developing the practice of reviewing any lessons learned following an accident and sharing this with the staff team to reduce the likelihood of an accident or incident happening again.

People received their prescribed medicines safely. Relatives told us staff gave people their medicines when they needed them. One relative said, "[Person] can have pain relief when they need it. They will point to their head if they have a headache." Another relative commented, "Staff read [person's] behaviour to know if they need any pain relief." Staff told us they had received training in administering medicine and then were observed to make sure they did this correctly before being able to give medicine on their own. The Medication Administration records (MAR) charts had been completed accurately. People had detailed plans of care to guide staff in how to administer their medicines and staff knew about these and followed them.

Where medicines were given as and when required there were protocols in place to tell staff when these could be given. These had a variable dose on for some medicines. For example, give one or two tablets. The guidance was not clear when one tablet would be given and when two would be more appropriate. The registered manager confirmed they were in the process of reviewing medicines with each person's GP and would follow this up.

People were protected by the prevention and control of infection. Areas of the service were clean and tidy, and regular cleaning took place, this was carried out by the staff. Staff were trained in infection control, and had the appropriate personal protective equipment to prevent the spread of infection.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place.

Is the service effective?

Our findings

At the last inspection in November 2016 we rated 'effective' as requires improvement because we had concerns about staff having the skills, knowledge and experience to meet people's needs. At this inspection improvements had been made.

People and their relatives told us staff knew them well. A relative commented, "[Member of staff] reads [person] quite well." One person asked who was working later in the day and when told said, "I like [member of staff]." Staff explained where it was not possible for permanent staff to work, agency staff who worked at the service regularly were used to provide consistency and staff who knew people well. The registered manager told us newer staff were still developing confidence taking people out by themselves but this was improving and staff were supported to do this so people could do activities of their choosing.

Staff had the knowledge and skills to carry out their roles and responsibilities. One member of staff told us, "We do quite a lot of training. We have refreshers as well." Another member of staff said, "We do some online training and some face to face. I have just done active support training and I learnt a lot from it. [Registered manager] will always go through things after training if you are not sure about anything." The registered manager explained how they used staff meetings as a time to review staff's knowledge after training including setting quizzes and discussing areas such as the Mental Capacity Act. A member of staff confirmed this. They said, "We discuss and get asked questions during team meetings to demonstrate our understanding." Staff had access to training which was relevant to their role and also to updates of this to ensure they were working in line with current guidance and standards.

Staff told us that they were provided with supervision and felt well supported. One staff member said, "I have supervision. I am due another one. I can always talk to [registered manager] and [deputy manager]." The registered manager told us they were working with the deputy manager to ensure staff had regular supervision and there were improvements in how often the staff had supervision. They also explained they worked on shifts regularly to provide direct supervision and support to staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The providers' Mental Capacity Act policy outlined the way in which formal assessments of capacity should be completed by staff and we found this had usually been followed. However, we found some capacity assessments had not always been completed where there was reasonable doubt the person had capacity to make a decision such as taking their medicine. The registered manager told us they were in the process of reviewing all care plans and assessments including capacity assessments. They agreed they would ensure

these were in place where they were needed. Every person's plan of care gave information on how to support each person using the least restrictive approach. Staff showed understanding of DoLS in place and why these were needed and could explain this to us.

People's capacity to consent to their care and support was sought by staff on a day-to-day basis and referrals had been made to the local authority for people who lacked capacity to consent. One member of staff told us, "I always ask if it is okay for me to support each person. If they don't want to do something that is their choice." During the inspection we observed staff offering people choices about activities and their meals.

People's needs were assessed prior to them moving into the home to ensure the provider was able to meet their care and support needs. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their needs. The registered manager told us they were working closely with health and social care professionals to identify people's needs and training in these areas. This meant staff were being supported to develop their understanding and training to meet people's needs in line with up to date legislation, standards and best practice.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. A relative told us, "[Person] has regular checks." Another relative commented, "[Person] goes to the GP, the dentist every year and an annual hospital appointment." Staff recognised if a person became unwell and appropriate referrals to healthcare professionals were completed in a timely manner. People had been supported to complete Accident and Emergency grab sheets to provide guidance to healthcare professionals in the event they required medical treatment. The registered manager worked in partnership with other agencies to improve people's experience of living in the home. For example, referrals had been made to other professionals involved in people's care such as dieticians, psychiatry and the community team for learning disabilities to ensure people received the care they needed.

People were supported to maintain a healthy and balanced diet. A relative told us, "The staff have [person] eating lots of different things. Before they moved to Croft House they had a very limited diet." People had been involved in planning a menu for the week. This included different options based on foods people liked with healthy options available. Where a person had been identified as needing additional nutritional intake this was being provided. Staff had guidance in place to follow which had been developed with a health professional. Staff encouraged people to make healthy choices. People were offered their own choice of breakfast and lunch time meals and were supported to be involved in making these if they wanted to. They were encouraged to eat and drink throughout the day and had access to snacks and drinks.

People were supported by staff to use and access a wide variety of other services and social care professionals. Reviews were held with people and professionals who were involved in their care. These included meeting with their GP, personal representatives and psychologists. This helped to promote good communication resulting in consistent, timely and coordinated care for people.

Croft House is a two storey house. The registered manager told us how staff had created extra communal space in the second lounge and conservatory to give people spaces where they could spend time and relax outside of their bedroom. There were plans to put gym equipment into an outside shed which was not currently used much to promote healthier lives and to give people a further area to use outside of their room. The service had been designed to meet people's diverse needs and provide them with the space they required.

Is the service caring?

Our findings

People were supported by a staff team who knew them well. They told us staff were kind. A relative commented, "Staff get to know [person] so well." People appeared comfortable with staff and were happy to talk to the staff and made jokes with them. A relative said, "The staff are kind. They couldn't do this job if they were not." Staff knew people's life history, interests and individual preferences and used this information to make the most of their interaction with people. For example, staff knew how important one place was to a person and talked to them about visiting there. People were asked what they wanted to do, and were encouraged to join in. If someone did not want to do something an alternative was offered.

People and their relatives had been asked if they had any specific cultural needs, personal beliefs, religion or ethnic background they followed which needed to be considered as part of their care. This was important to ensure staff knew about people's beliefs and were able to support them to follow these.

Some of the people living in the service had limited verbal communication skills. A relative told us, "[Person] cannot say a lot. They use symbols or point to get their message across." When we asked people about staff working at the service they indicated their satisfaction with positive gestures such as a smile when pointing to a member of staff. People were encouraged to express their views and to make choices about the care and support they received. A member of staff said, "I let people know what the choices are and give them the opportunity to choose. I offer choices in all areas of each person's life. I respect they may not always be able to choose but I still offer." Another staff member told us, "I make sure I do not give too many options as that can be confusing. I use objects. People have ways to tell us what they want."

People were supported to make choices through pictures and objects of references as well as verbal communication. A member of staff commented, "I offered [person] six different t shirts – one after the other. They went and got a different one from the bottom of the drawer. They knew exactly what they wanted." People were able to spend quality time with staff and responded well to the staff who were supporting them. Staff told us they had time to support people and record information in people's care plans.

People were treated as individuals and had care plans which were focused on them. People were encouraged to express their own wishes and opinions regarding their care. Staff told us people would let them know if they wanted a different member of staff to support them, wanted to participate in an activity or were unhappy with what they were asked to do and we saw this happen through the day. Staff respected the decisions people made. Staff explained how important it was for people to follow their routines as these offered them stability and reassurance.

People were treated with dignity and respect. Staff spoke with people respectfully and treated them kindly. One staff member told us, "We make sure that curtains and doors are closed and we give people time on their own if they want this. I try to get people to do what they can themselves." Staff knocked on people's doors prior to entering their room and respected the decisions people made. The provider had an initiative called a dignity day where staff were asked to consider becoming dignity champions to make this a focussed area of their role so they could support and encourage other staff to provide more dignified support. This included dignity for staff as well as for people. The operations manager explained the dignity day was still to

be held at Croft House.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and provided reassurance. We observed many occasions where staff were on hand to provide reassurance and offer support, either physically or emotionally. Staff responded consistently to one person who asked about a relative on a regular basis. They explained this had been agreed as the best way to reassure the person.

Visitors, such as relatives and people's friends, were encouraged and made welcome. One relative told us, "We visit at different times on weekdays and weekends. We are always made welcome." Another relative commented, "There are no restrictions. I always ring first in case [person] is going out."

People living at the service had access to independent advocacy and support. An advocate is an independent person who ensures that people opinions are voiced and heard. The registered manager knew how to support someone to find an advocate if they needed one.

Information about people was treated confidentially and respected by staff. Information was shared on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People and their relatives had been involved in developing their plans of care, which provided guidance to staff in providing consistently personalised care and support. A relative told us, "Staff do the care plan and we are told about the changes. We attend an annual review to discuss the care plan." People's care records provided information about their needs and how they were to be supported. This included support people required in relation to their personal care, their physical and psychological health, finances and social needs. People's plans of care had been reviewed and updated and were usually reflective of their current care needs. Risk management plans were linked to the care planning process to ensure people remained safe whilst their needs were met. The registered manager told us all care plans were being updated and a new format was being used to ensure all care needs were identified and how to meet these was clear in the plans.

Staff supported people in line with their individual needs and preferences including relating to their gender and disability. This included supporting people with relevant health screening. Detailed records were kept in relation to any specific health needs. For example, one person had epilepsy and a seizure chart was kept documenting all seizures; their duration and the type of seizure, so this information could be used to identify any patterns or triggers.

People had been supported to develop care plans about what their interests were, likes and dislikes and how they communicated. The staff we spoke to were knowledgeable about the people they supported and used their knowledge of people's life history to tailor the care that people received.

People were supported to maintain their independence. They were encouraged to take part in household tasks. A member of staff told us, "We did active support training recently. It taught me a lot and made me think about what I do when I come to work. The training made me realise if the person does the task it is their effort. I have to take a step back. I have realised there is a lot people can do. I supported one person to make a cup of tea, They had a real sense of achievement." People were supported to make their own drinks and meals and to do their laundry and cleaning. This was important to enable people to develop their independence and skills around the home.

People were supported to maintain links with their family and friends. A relative told us, "I ring twice a week to find out what [person] has been doing. They [staff] send me a newsletter monthly to tell us what they have been doing." People were supported to attend community activities outside of the home such as local events, sports groups and disco's where they could meet with their friends.

The provider had a system in place to manage and respond to people's complaints appropriately. One complaint had been received since our last inspection and this had been investigated thoroughly and detailed notes of the investigations and communication with the complainant were transparent. Relatives told us they knew how to complain but had not had any reason to do so.

The registered manager 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. The Accessible Information Standard 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. For example, people were supported through pictorial planners with pictures and symbols to make them easier to understand. The registered manager explained the provider had purchased the use of a system called Sym-writer to enable them to develop much more information in an accessible format for people to make it meaningful for them. The registered manager told us how one person had been supported to understand what would happen at the doctors through the use of pictures. They had attended their appointment and it had been a positive visit for them as the person was prepared through the work staff had done to develop their understanding about the process through the use of an appropriate communication aid.

At the time of the inspection nobody was receiving end of life care. The registered manager told us they had planned to discuss this at reviews with people and their family where people were happy to discuss this. The support plans were being developed to include information about people's wishes at the end of their life.

Is the service well-led?

Our findings

At the last inspection in November 2016 we rated 'well-led' as requires improvement because we had concerns about the registered manager having time to address areas which required further work. At this inspection improvements were on-going.

There was a registered manager in post. 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 was supported by a deputy manager. They had been in post since October 2017 and were working closely with the registered manager to develop the service and make improvements in the quality of the service people received. The registered manager told us progress was being made to improve the service however, this had not been done as quickly as they wanted until the deputy was in post to support them with this. The registered manager was also supported by the senior management team including the area manager who visited Croft House on a regular basis.

The quality of care was regularly monitored by the registered manager and other internal departments such as quality and health and safety, through audits. These covered a range of areas including care plans and documentation, the environment, medicines, and health and safety. The registered manager had a consolidated action plan which identified all of the areas we found as areas for development with timescales on when the actions would be met. The operations manager reviewed the audits and action plan to track the progress against these. The internal processes in place in place were being operated effectively to identify concerns and to ensure actions were being met.

People using the service, their relatives and staff were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Annual questionnaires were sent to relatives and pictorial feedback tools were being used to support people using the service to provide meaningful feedback. The operations manager told us quality questionnaires had recently been sent out for Croft House this year and had not yet been received back. A relative told us, "We feedback annually what we think. I believe they try to improve. Look at how settled [person] is." One member of staff said, "I get regular communication from the provider so we know what is going on. I think we provide good quality support. I would have a family member living here."

The registered manager encouraged an open and transparent culture. People, their relatives and staff told us they were visible throughout the home and were committed to providing people with consistently high quality person centred care and support. The staff we spoke with said there was good communication with other members of team and with the registered manager. One staff member told us, "I feel supported and we support each other. I can always talk to [registered manager] or [deputy manager]. [Operations manager] is approachable too." Staff team meetings were used as an effective forum to reflect upon the care and support people had received and to identify ways to support people differently to promote their

independence.

People were supported to be active members of the local community and to use the local shops and facilities such as the GP. The home worked in partnership with people's relatives and other professionals involved in their care to make sure the care provided met their needs. The registered manager explained how they had recently worked with different professionals including speech and language therapists, the local authority quality team, psychiatrists and other health professionals to improve the quality of care people received and to identify new ways to communicate with people effectively and provide stimulating activities.

The registered manager and staff worked well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. A grab sheet was developed so if a person needed to go to hospital all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with, how to communicate with the person and other elements of care needs.

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.