

Meritum Integrated Care LLP

Meritum Integrated Care LLP (Folkestone)

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?

Good ●

Summary of findings

Overall summary

This inspection took place on the 11, 12 and 17 of December and was announced.

Meritum Integrated Care LLP (Folkestone) is a domiciliary care agency. The service provides personal care to adults who want to remain independent in their own home in the community.

The service also provides care and support at Summer Court. Summer Court is an extra care service. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. People living at Summer Court had their own flats in one building.

At the time of the inspection 172 people were receiving the regulated activity personal care, 33 of these people were at Summer Court. Most of the people who use this service are older adults.

At the last inspection in December 2017 the service was rated overall as requires improvement. Following this we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well-led to at least good. At this inspection we found that the service had improved, the service is now rated Good.

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

At the previous inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider and registered manager had failed to adequately assess all risks relating to people's care and support. At this inspection there continued to be areas where risks had not been adequately mitigated. However, these were addressed at the time of the inspection. Risks to people had been assessed and there was guidance in place for staff to minimise these risks. At the previous inspection we also found that provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. At this inspection we found that the service had met the standards required and the administration of medicines had improved. There were systems in place to ensure that people got their medicines as prescribed.

At the previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider and registered manager had failed to ensure that information within people's care plans reflected their assessed needs and preferences. At this

inspection we found that the service had improved. Care plans now provided staff with the information they needed about people's assessed needs and how people liked to be supported with these needs.

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider and registered manager had failed to mitigate the risks relating to the health, safety and wellbeing of people. Records were not always completed. At this inspection we found that the service had taken the necessary steps to improve. The systems to monitor and improve the safety and quality of the service were effective. Regular checks on the service were being done which had identified where action needed to be taken to improve the service and keep care plans up to date. Records were up to date and accurate.

There were enough staff to keep people safe and meet people's needs. New staff were safely recruited with the required checks such as references were completed prior to staff starting to work at the service. Staff had the skills, knowledge and training they needed to provide safe and effective care. New staff completed an appropriate induction which included shadowing more experienced care staff. Staff received regular supervision, checks on performance and undertook an annual appraisal. Staff told us that they felt supported in their role.

People were protected from abuse. Staff knew how to identify and report abuse. The registered manager understood their obligation to report concerns and knew how to do so. Staff had access to appropriate personal protective equipment such as gloves and aprons and people were protected from the risk of infection.

Where incidents had occurred, these had been recorded, investigated and action was taken where appropriate. There was a system to identify trends in incidents however no trends were identified.

Prior to receiving a service people's needs were assessed so that the service could make sure that it could meet these needs. Where people needed support to eat, drink and access healthcare services this was provided. People told us that they were involved in planning their own care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that they felt that the staff were very caring. Staff treated people with kindness and supported them to maintain their dignity, privacy and independence. People knew how to complain if they wanted to do so. Complaints were dealt with appropriately and in a timely manner.

The service had a clear vision and values which were understood by the staff we spoke to. There was an open and transparent culture and staff told us that they were well supported. There were regular staff meetings and staff were provided with a handbook which contained important information such as the provider's policies.

People, their relatives and staff were given the opportunity to feedback on their experience of the service. People, relatives and staff were positive about the service.

The service was working in partnership with other health care services to promote partnership working. The provider and registered manager understood their legal responsibilities to notify CQC about important events and display the provider's latest CQC inspection report rating.

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.

Risks to people were assessed and there was guidance for staff to mitigate risk.

Safe recruitment practices were followed. There were enough staff to keep people safe and meet their needs.

People were protected from the risk of abuse.

Medicines were managed safely, and people received their medicine when they needed it.

Staff used personal protective equipment as appropriate and people were protected from the risk of infection.

Lessons were learned when things went wrong.

Is the service effective?

Good 

The service was effective.

People's needs had been appropriately assessed before they received support from the service or at Summer Court.

Staff were appropriately supervised and had the skills, knowledge and training the needed to support people. There were spot checks on staff performance.

People were provided with the appropriate support to eat and drink where this was required.

People were supported to access to healthcare professionals when they needed this.

The provider followed the principles of the Mental Capacity Act (2005).

Is the service caring?

Good 

The service was caring.

Staff were kind and caring.

People and their relatives were involved in decisions about their own care.

Staff assisted people to maintain their dignity and privacy.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and contained information on how people liked to be supported.

There was a complaints policy in place and people and their relatives knew how to complain if they chose to do so.

The registered manager understood their responsibilities for end of life care.

Is the service well-led?

Good ●

The service was well led.

Regular checks of the service was undertaken to ensure that the service quality was improved and maintained.

Staff were happy in their role and felt well supported by the provider and that their views were listened to.

People, their relatives and staff had the opportunity to feedback about the quality of the service. Where changes were needed these were made.

Staff and the registered manager were aware of their roles and responsibilities and notifiable incidents were reported to CQC.

The service worked in partnership with other relevant organisations.

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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.

We gave the service 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 11 December 2018 and ended on 17 December 2018. This was a comprehensive inspection. We visited the office location on 11 December 2018 and 12 December to see the manager and office staff; and to review care records and policies and procedures. On the 12 December 2018 we also visited Summer Court and spoke to people who received a service in the community. We also shadowed staff undertaking care calls to people to see how care was delivered. On the 17 December 2018 the expert by experience telephoned people to find out their experience of the care delivered. The inspection team consisted of two inspectors and one expert by experience who undertook telephone calls to people who used the service and their relatives. 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, 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 looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from relevant health and social care professionals and staff from the local authority on their experience of the service. We contacted Healthwatch, who are an independent organisation who work

to make local services better by listening to people's views and sharing them with people who can influence change.

During the inspection, we visited five people in their own home and spoke to twelve people and two relatives on the telephone to gain their views and experiences. We looked at six people's care plans and the recruitment records of five staff employed at the service.

We spoke with one of the providers, the registered manager, and five care staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We looked at what actions the provider had taken to improve the quality of the service. We also used information from a survey of people undertaken by the provider.

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider and registered manager had failed to adequately assess all risks relating to people's care and support. At this inspection there continued to be areas where risks had not been adequately mitigated. However, these were addressed at the time of the inspection. Where people had long term conditions such as diabetes and epilepsy the information in care plans was generic and did not include information specific to the person. Such as how well the condition was managed and signs that that person was becoming unwell. During the inspection the provider and registered manager developed a new risk assessment template for people with long term conditions. Immediately after the inspection the service sent us completed assessments for the people with long term conditions we had looked at on inspection. These assessments included information such how people managed their condition, if they had recently been unwell, what would cause them to become unwell, how to identify concerns and the response to concerns such as when to call for an ambulance.

Care plans contained information on the risks people had such as those relating to mobility, the use of equipment, nutrition and hydration and continence. Where people needed support with continence there was information to enable staff to do so including monitoring fluid intake and output to ensure that the person was not dehydrated or retaining fluid. There was also information on how to identify and act upon any concerns such as an infection. Where people had pressure relieving equipment in place to protect skin integrity there was information in their care plans to ensure that staff knew that it was working safely. The staff kept a record of when the equipment they used to support people was last serviced and we saw that this was all within date.

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. At this inspection we found that the service had met the standards required.

Most people administered their own medicine or did so with support from their family. Where people administered their own medicine, there was a risk assessment in place to make sure that they were able to do this safely. There was information on what medicines people were taking, what they were for and any adverse reactions including where people were using creams. There was information on where creams should be applied and if these caused health and safety concerns such as if the cream was flammable. When people had 'when required' (PRN) medicine these were included on the medicine administration records (MARs) and there were protocols in place to provide staff with the information they needed to administer these safely. People's MARs were completed correctly. Where medicines were administered the MARs had been signed, where medicines were declined or not given the reason was recorded on the MARs. For example, where people did not need a PRN medicine the MARs was completed to indicate this. Where people had missed medicine because they had gone out when the care staff called, the office staff had contacted the GP to see if they needed to take any action regarding the missed medicine.

At summer court there was a system in place to ensure that creams and liquids were dated when they were opened, and medicine was regularly audited. In the community the creams we saw had not been dated. However, when we looked at the creams prescribed date none of the creams we looked at could have been open longer than advised. Some creams and liquids have a used by date which means that they could be less effective if they are used longer than recommended after opening. We raised this with the registered manager who agreed that this was an area for improvement.

Staff at the service knew how to protect people from abuse. There was a safeguarding policy and procedure in place and staff had access to the local authority policy and protocol. The registered manager knew how to report concerns to the local authority. Staff had undertaken training and could demonstrate that they knew what the possible signs of abuse were such as bruises and a change in appetite. Staff told us that they knew how to raise concerns about abuse and that they were confident that the registered manager would deal with any concerns when they were raised. Staff said, "I don't have any safeguarding concerns but would report to the office, CQC or the police if I needed to." Staff had had training on how to blow the whistle if they had concerns about poor practice at the service.

There were enough staff to keep people safe and meet people's needs. Staff said, "There is enough staff and things to get covered. I enjoy the work." Systems were in place to monitor late calls and people told us that staff usually arrived on time. The service recorded calls as late when they were 30 minutes or more late and there was a low number of late calls recorded. People told us that they had regular carers and there was continuity of care. Staff told us, "I see the same people mostly, occasionally I get the odd person I don't know who is new to the service." One person said, "They always tell me if someone different comes". Another person said, "I can rely on them, they make sure I'm alright." There was out of hours support for staff to call if they were unable to attend a call or had any concerns outside of office hours.

New staff were safely recruited with the required checks being completed prior to starting to work at the service. The provider checked previous employment work history, proof of identification, DBS checks (The disclosure and barring service highlights any individuals who may be unsuitable to work with people who use support services). They also completed health checks to understand any adjustments staff may need to complete their role effectively.

People were protected from the risk of infection. Staff had access to appropriate personal protective equipment such as gloves and aprons and we saw that these were used appropriately.

Where incidents had occurred, these had been recorded and investigated. For example, staff found some unused medicine in one person's home. Staff reported their concerns to the office. The office staff investigated the concern, the person was new to the service and the investigation identified that the medicine was from before the person was receiving support. The office staff arranged for a family member to return the medicines to the pharmacy so that there was no risk that the person would take these. There was a system to identify trends in incidents however no trends were identified.

Is the service effective?

Our findings

Prior to receiving a service people's needs were assessed so that the service could make sure that it could meet their needs. The service also took part in the assessment panel for Summer Court, this panel made the decision on whether Summer Court could offer people appropriate support, often when they left hospital. Prior to receiving a service people were visited by a member of the management team who undertook an assessment with the person and their relatives where appropriate. The assessment included areas such as people's care needs, mobility, hydration and nutrition needs as well as information about people's protected characteristics, such as their race, religion or sexuality. This information was used to plan people's care and develop the care plan for the person.

Staff had the skills, knowledge and training they needed to provide safe and effective care. Staff training included moving and handling, health and safety, Dignity and respect, end of life, food hygiene, safeguarding, whistleblowing, first aid and medication awareness. Training was delivered face to face or in groups using videos with discussions afterwards. Staff told us, "We have in-house training, the training is good." Staff had also completed training specific to people's needs such as diabetes awareness, and supporting people who were using specific medicines. People told us that staff knew how to undertake their role and were well trained.

New staff completed an induction when they first joined the service and completed the Care Certificate. The care certificate is a set of standards for care staff working within health and social care. The induction included reading the provider's policies, people's care plans and working alongside an experienced staff member to gain more understanding and knowledge about their role. Staff told us, "I feel that I was given enough training before I started to work, it just sinks in. Any problems I can call the office at any time."

Staff told us that they felt supported in their role. Regular checks of staff performance were made to make sure that staff were delivering care safely and in line with guidance, these included checking staff were administering medicines appropriately and undertaking manual handling safely. Staff received regular supervision and undertook an annual appraisal.

Not everyone who used the service needed support with eating and drinking. Some people were able to manage this for themselves or had support from friends and family. Where people needed support to maintain hydration and eat this was recorded in their care plan and there were clear instructions for staff. People told us that staff always offered them a choice of their prepared drinks and left these where they could reach them. We saw that this was the case when we visited people in their own home. When staff supported people to make meals they offered people a choice of what they wanted to eat and we saw that they encouraged people to eat. Where staff were concerned that people were not eating and drinking enough to remain healthy this concern had been reported to the office and appropriate action had been taken to ensure that the person remained well. For example, one person was not eating well. Staff reported this and the GP was called who identified that the person had an infection which was why they did not feel like eating. The person was also referred to a nurse to check that their weight was not too low. Once the infection was cleared up the person started to eat again with support from staff.

People did not always need help to access health care when they were unwell. Some people were able to make their own health appointments and others did so with the support of friends and family. Where people needed support, we saw that this was given. For example, one person was finding being hoisted difficult and had been referred to the occupational therapist for support to improve this. Another person was behaving in an unusual manner and staff called an ambulance as they were concerned that the person was very unwell. We observed that staff always checked that the person was wearing their pendant alarm and fall alarm, where they had this in place. This was recorded in people's daily notes.

The service provided 24-hour 'background support' for everyone living at Summer Court. This meant that staff were available day to respond to emergencies and when people rang their alarm. The staff providing this background support had quick access to critical health information about people, such as whether someone had a heart condition or epilepsy. This meant that they could share important information with the emergency services if they needed to call an ambulance.

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 with appropriate legal authority. Where people live in their home and receive a service from a domiciliary care agency, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS) and is applied for through the court of protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of the inspection no one using the device was being deprived of their liberty through a court of protection order. No one using the service lacked the capacity to make their own decisions. People had signed their care plans to agree to the care and support and we saw that they were offered choices about their own care.

Is the service caring?

Our findings

People told us that they felt that the staff were very caring. One person said, "They are wonderful! I am absolutely speechless, they treat me like I'm their [relative]" Another person said, "The [carer] tells me she's happy to do anything and will do anything we ask. [The carer] is fantastic. I couldn't give them [the service] anything less than 100%."

When we visited people in their own home and observed staff providing people care we saw that staff talked to people in a kind and respectful way. For example, staff addressed people in the way that they preferred when speaking to them. Staff were patient with people and told them what they were going to do before they did it and made sure that the person consented. Staff knew people well and there was easy conversation between staff and people. People were pleased to see the staff who supported them and talked to them about the things that were important to them such as their health and family. One person said, "[The carer] knows me through and through, and if I have any issues – I usually speak to them. Everyone listens, they're so nice".

The service had received a number of compliments from people and their relatives. Some of these were, 'I would like to express my sincerest gratitude for the consistency high level of care.', 'We would like to express out grateful thanks to all the staff, especially those who care so gently and lovingly to my [my relative]. Without them [my relative's] days over the last 6 months would have been almost impossible.' And, 'Thank you for the thoughtful cheerful respectful care for my relative and for your generosity and practical common sense.'

People told us that they were involved in planning their own care. We saw in people's care plans that relatives had been involved in planning people's care where people had wanted them to be so and in the way that people wanted. Care staff involved people in decisions about their care. For example, one person wanted a call at a certain time. When a family member asked for the call time to be moved. The service checked with the person before taking any action to move the call time. One relative said, "We have regular meetings about my [relatives] care plan. This involves myself, the care agency and social services".

People told us that staff supported them to maintain contact with their family where they needed this support. One person said, "[The carer] always helps me ring my [relative] twice a week on my computer. My [relative] lives abroad". Where people had regular visitors such as friends there was information in people's care plans and staff knew when people were expecting visitors and helped them get ready for them. Staff also knew people's pets and helped people care for them when they needed support.

Staff treated people with dignity and respect and supported them to remain independent. For example, one person had a second fridge in another room. Staff asked the person for their permission before entering that room to access the fridge. One relative said, "They're so respectful and kind, when my [relative] is upset they always reassure them and tell them not to worry." People told us that staff encouraged them to do things for themselves and we saw that there was guidance in people's care plans to support staff to do this. Such as information on what people could do for themselves and what they needed support with. For example,

there was information on what parts of their body people could wash themselves and what areas they needed support with. People's files were kept securely ensure that these were kept confidential. People also had copies of their own plans in their home.

Is the service responsive?

Our findings

At the previous inspection we found that the provider and registered manager had failed to ensure that information within people's care plans reflected their assessed needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service had improved.

There was personalised information in people's care plans. Care plans included information such as people's assessed needs, life history, what was important to them and their preferences. Care plans contained a good level of detail and set out what tasks staff needed to complete at each visit and how to complete those tasks. For example, where people needed support to shave there was information about how they preferred to shave. One person liked to listen to music whilst staff provided them with support and this was detailed in their care plan. There was detailed guidance for staff about what assistance may be needed and when or how they would know if assistance was needed. There was information about people's religious needs and needs relating to people's sexuality. One person said, "The best thing is that I have a carer, and they do what I want." Another person said, "They're so helpful! they'd do anything for me."

Care plans were reviewed annually or when people's needs had changed. Staff told us, "I have called the office where people's needs changed, and the office have updated the care plan. For example, staff told us about one person who now needed help with food and we saw that their care plan had been updated to reflect this. One person told us, "I'm happy with my care plans".

There was a complaints policy and procedure in place which included information on who to complain to if people were not happy with the outcome of a complaint dealt with by the service. The information on how to complain was included in people's care plan folder. There had been five complaints since the last inspection. All of these complaints had been investigated and acted upon appropriately. Complaints had been analysed for trends, however no trends had been identified. One person said, ""[The carer] knows me through and through, and if I have any issues – I usually speak to them. Everyone listens, they're so nice."

At the time of the inspection the service was not providing end of life support to people. However, the registered manager was aware of their responsibilities. For example, ensuring that people's preferences were recorded for their end of life and after their death where people did not have family to support to do so. The service had supported people at the end of their life in the past. During this time the service had taken the appropriate action such as linking the person to other relevant agencies and putting in an end of life care plan to ensure that the person was supported and not in pain. The service had also identified where people needed to move in to nursing care at the end of their life and had supported one person to do so.

There was information about the service in care plan folders in people's homes. Information included what they could expect from staff, contact numbers and how to make a complaint. The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English using clear

large print format and, where needed, staff could use these documents to discuss and explain information to people. The service also offered documents such as the service user guide in other languages if this was required.

Is the service well-led?

Our findings

At the last inspection we found that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider and registered manager had failed to mitigate the risks relating to the health, safety and wellbeing of people. Records were not always completed. At this inspection we found that the service had taken the necessary steps to improve.

There were effective systems in place to improve the safety and quality of the service. Regular checks on the quality of the service had been done. These had identified when action needed to be taken to improve the service and keep care plans up to date. Care plans were audited annually and where changes were needed these had been implemented. Missed calls and late calls were audited monthly, as were the daily notes where staff recorded the events which took place during care calls. Where people needed fluid intake and output monitored these were also audited to make sure that people continued to be well. There was a new medicine auditing system in place since the last inspection and medicine administration records were checked monthly. We found that records for people were complete and accurate.

One of the providers' other services had recently been inspected and learning from that inspection was shared across the providers' services and was communicated to the staff. For example, information about people's pressure mattress settings were available for staff. Whilst the service was not responsible for adjusting these settings this information enabled staff to see when there was an issue with a mattress and alert the appropriate person when they were not.

The service had a clear vision and values which were based around caring for people like you would a family member or friend and team working. The care staff knew the staff in the office well and there was a positive atmosphere when the care staff came in to the office. When we spoke to staff they told us that there was good team work at the service and they were positive about the support they got from the management team.

Staff had received regular supervision and appraisals and told us that they felt supported and were happy at the service. There was an open and positive culture. Staff told us, "I have had great support here. If I have a query they answer the phone and are always helpful or you can just pop in. I feel like I know what I am doing." There were regular meetings for staff where they could discuss concerns and keep in touch with developments at the service. Spot checks of staff performance were done to make sure that staff were competent with tasks including administering medicines and manual handling. There was a staff handbook which included copies of policies such as health and safety, confidentiality, safeguarding and medicines management. The handbook had been updated in August 2018 following an inspection of another location run by the provider.

The service sent out an annual questionnaire to people and staff to provide them with an opportunity to feedback on their experience of the service. The registered manager analysed the results of the surveys and the feedback from people and staff had been positive.

The provider was involved in running the service and the registered manager told us they received support from them. Management team meetings were held to discuss the future of the business, recruitment and staffing, safeguarding concerns, issues and complaints. The registered manager worked in partnership with other agencies such as case managers and district nurses to provide appropriate support to people. For example, there had been contact with the district nursing team regarding a concern about one person's air flow mattress setting.

The service had contingency plans in place in the event of bad weather to ensure that people who needed support continued to get this. This included using 4x4 vehicles to reach people in the snow and working in partnership with other agencies and services.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

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 ratings in the office area and on their website.