

Prime Life Limited

# Holmes House Care Home

## Inspection report

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Date of inspection visit:

14 November 2017

15 November 2017

Date of publication:

09 January 2018

## 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

Holmes House Care Home provides accommodation, care and support for up to 78 older people. At the time of our inspection there were 67 people using the service.

At the last inspection on 17 September 2015 the service was rated Good. At this inspection the service remained Good overall. However, we rated the safe domain as requires improvement.

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.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risks to people were assessed and monitored regularly. The premises were maintained, however some works took longer to complete based on the availability of the estates department. We found equipment to ensure people's food was served at the correct temperature was not available in one dining room.

The environment required updating. Work was planned for this and had been started. The provider was working to ensure the design and décor of the premises was in line with best practice guidance for people living with dementia.

People's property was not always safe. People had things go missing from their rooms. This had not always been reported to the provider to enable them to look for the missing items.

Staffing levels ensured that people's care and support needs were met. Safe recruitment processes were in place. Medicines were managed in line with the prescriber's instructions. The processes in place ensured the administration and handling of medicines was suitable for the people who used the service. Medicines had not all been dated when opened and guidance was not always in place for staff for medicines which were taken when required. The deputy manager took action to rectify these concerns during our inspection.

Systems were in place to ensure the premises were kept clean and hygienic. However, cups in use were very chipped. These could harbour 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

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff who had received training and support to carry out their roles.

People were supported to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals. People were encouraged to eat healthily and staff made sure

people had enough to eat and drink.

People's diverse needs were taken into account for the planned development of the adaptation, design and decoration of the premises. Staff demonstrated their understanding of the Mental Capacity Act 2005 and they gained people's consent before providing personal care.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

People were listened to; their views were acknowledged and acted upon. Care plans were focused on the person and their wishes and preferences. People and their relatives were involved in the assessment process and the on-going reviews of their care.

People were supported to take part in activities which they wanted to do, and encouraged to participate in events within the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to. Quality assurance systems were in place to monitor and review the quality of the service which was provided.

We made two recommendations in relation to removing chipped cups and people having locks on their rooms.

## 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 always safe.

People's environment had been assessed to make sure it was safe. However there were a number of chipped cups in use which could harbour infection.

People's personal property was not always kept safe. The provider had not always been told about items going missing to allow them to investigate this.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines. Medicines were not always dated when opened and guidance was not in place for staff when medicines were given as needed. The deputy manager took action to address this during our inspection.

People were protected from abuse and harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

**Requires Improvement** ●

### Is the service effective?

The service remained effective.

**Good** ●

### Is the service caring?

The service remained caring.

**Good** ●

### Is the service responsive?

The service remained responsive.

**Good** ●

### Is the service well-led?

The service remained Well-led.

**Good** ●

# Holmes House Care Home

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 14 and 15 November 2017 and the first day was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had also received information of concern about the service which we considered during this inspection and found these had been resolved.

We reviewed information that we held about the service such as notifications, which are events which happened in the service the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care).

During this inspection we spoke with seven people using the service and two of their relatives. We also spoke with the registered manager, the deputy manager, two senior care staff, four care staff, two kitchen assistants and the regional manager. We observed the interactions between people who used the service and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and charts relating to six people and four staff recruitment records. We looked at other information relating to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

## Is the service safe?

### Our findings

People received the support they needed to take their medication as prescribed. One person said, "I get my medication twice a day like clockwork." Another person told us, "I get my medicine and the carer watches me take it. If I need painkillers I only have to ask." Medicines management systems in place were clear and consistently followed. An audit had been carried out on the morning of our visit and had identified most of the areas we found. Action was planned to address these. Liquid medicines and ointments were not labelled with the date they were opened. Staff told us these were removed each month and new medicines started. The deputy manager told us they had taken action to make sure liquids were dated when opened. Guidance for staff when medicines were taken as and when required was not always in date. The deputy manager showed us they had updated these on the second day of our inspection.

One person had come to the service for a short break. They did not have enough medicine for their stay. This had been followed up with a pharmacist and GP but had not been resolved. The registered manager told us they were working with the person's regular GP and the GP for the home to try and resolve this. Staff had received training in the administration of medicines and been assessed and deemed competent to administer medicines. People had a Medication Administration Record chart (MAR) which included the person's picture and information about the medicines they took. This did not include how they preferred to take their medicines. The deputy manager told us this could be added to people's information. People had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

People's environment had been assessed and maintained. Environmental risks had been assessed and were monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had been completed including fire safety checks and drills.

People told us the building needed updating. One person said, "It's very hard to keep the place clean. It is old and needs a spruce up. They are doing it slowly. There are a lot of things that need replacing." A relative commented, "It is very shabby." The registered manager told us domestic staff were employed to carry out the cleaning and we saw staff doing this on both days of our inspection. The building was generally clean and any aromas were dealt with quickly.

Repairs were recorded within a maintenance log and were completed based on priority. This meant some works took longer to complete than others. For example, a clock in one lounge needed new batteries and had stopped working. This had been reported and batteries had been ordered from the properties department. However, work to repair a radiator cover was completed on the day of our inspection as this had been requested previously and was deemed to need completing. The registered manager and regional manager told us plans had been agreed to carry out works on improving the décor and upkeep of the buildings. They were working with a team of dementia specialists to ensure the works were in line with best practice guidance for how to make the premises suitable for people who are living with dementia. Evidence of the planned works and involvement of this team were seen.

People told us their property was not always safe. One person said, "I have had things stolen from my room."

There are no locks on doors so people can wander in and out." Another person told us, "I have lost a few things while living here. Some of them are clothes and some are my personal things." Bedroom doors were not always closed when people were not in their rooms. Staff told us some people had chosen for this to happen. People told us they had not reported missing items to staff or the registered manager. This meant the registered manager did not have the opportunity to investigate this issue.

We recommend people have locks on their rooms if they want this and bedroom doors are closed when people are not in their rooms unless they request otherwise.

People were sometimes protected by the prevention and control of infection. The premises were kept clean. Regular monthly audits were completed including the environment, infection control procedures, COSHH, legionella and water checks. The provider had made personal protective equipment available for staff such as aprons and gloves and we saw this was used. Staff had completed training in infection control to improve their understanding. However, there were a number of chipped cups in use. One person told us, "There are all these cracked cups. Most of them are chipped. It is how they put them in the dishwasher" The registered manager told us new cups, plates and cutlery were on order as they regularly got broken or chipped.

We recommend any chipped cup is thrown away as they can harbour infection.

The lunchtime meal was delivered from a central kitchen and was kept warm on a serving plate. The serving plate in Holmes Court was broken. Staff had been given a microwave to heat up food and puddings if needed. They were not checking the temperature of the reheated food before it was served which meant staff could not be sure it had been reheated properly to reduce the chance of harmful bacteria. The registered manager told us they would chase up the repair on the serving plate and provide an alternative method to keep food at the correct temperature.

People continued to feel safe with the support they were receiving. One person told us, "I do feel safe here. I have help when I need it." Staff told us they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report it straightaway if I had any concerns." Most staff knew how to raise whistleblowing concerns and one commented, "I would report it to the local authority if I needed to." Some staff mentioned the provider had a whistleblowing line. They said they were not confident to use this but would go to head office. The registered manager was aware of their responsibility to report any concerns to the local authority and had done so when allegations had been made.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included people who were at risk of falls. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. These had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances.

There were enough staff to support people safely. One person told us, "I think there are enough staff here. Even if I have rung the buzzer at night they don't take long to come." A relative said, "I think there are enough staff. There is always someone in the lounge or dining room looking after people. They won't let [person] get up without two carers helping him." Staff told us they felt there were sufficient staff to meet people's needs and cover was found if there was short term sickness. One staff member commented, "There is enough staff. We manage well with staffing." The staff responded to people's requests for support and call bells were answered quickly during our visit. The registered manager monitored the time to answer call bells each month. Over 90% of call bells were answered within 10 minutes every month. The rotas confirmed the staffing levels as described by the registered manager. Recruitment procedures were followed to ensure all

staff were suitable to be working at the service.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Incident and accident forms were reviewed by the registered manager to ensure actions had been taken and in order to learn from any areas of practice that had gone well or not so well. Staff confirmed they were told about the outcome from accidents and incidents to prevent further reoccurrences.

## Is the service effective?

### Our findings

People's care was effectively assessed to identify the support they required. 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 worked closely with health and social care professionals to identify people's needs and training in these areas. This meant staff had understanding and training to meet people's needs in line with up to date legislation, standards and best practice.

Staff had the knowledge and skills to carry out their roles and responsibilities. One person told us, "The staff are very good." Staff were provided with support and training to enable them to carry out their roles. One staff member said, "I did an induction. I observed what was happening and went around with other staff to learn." A second member of staff commented, "I enjoy the training. We have done a lot. We do 60 second session as refresher courses. I did training in Dementia. It really opens your eyes." Training records showed staff had completed a range of training including specialist training to meet people's needs to develop their knowledge and skills.

Staff told us that they were provided with regular supervision and felt well supported. One staff member said, "I have supervision once every couple of months. If I need to I can always talk to my manager." Staff had received regular supervision including observed practice and competency checks and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. One person told us, "The food is good. It is nice food. You get plenty of it." Another person commented, "I really like the food here. It is something to look forward to. I am not keen on the fish finger sandwiches or too many sausages each week but I can have other things so I don't go hungry." Where it had been identified someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Staff encouraged people to make healthy choices.

There was guidance for staff in relation to people's dietary needs and the support they required with eating and drinking in their care plans. The kitchen assistants had information about people's dietary needs and how to meet these. They told us they would prepare food to the correct consistency once it had been received from the central kitchen to make sure it was suitable for each person. However, not all of the kitchen assistants were aware of foods to avoid if someone had a softened diet. The registered manager told us they would offer more training to the kitchen assistants to further develop their knowledge in this area.

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, practice nurse and district nurse. This helped to promote good communication resulting in consistent, timely and coordinated care for people. One person had been referred to the GP due to a concern about them losing weight. When they lost further weight this was not referred for further input. Staff provided additional foods on some occasions but not consistently. However other people had been referred for additional input when this was needed. Input from other services and professionals' was documented clearly in people's files, as well as any health and medical information.

People told us staff supported them in a timely manner with their healthcare needs. One person said, "I see the GP whenever I want and the chiropodist comes every six weeks." People's medical history and current health needs were documented in their care plan. These included information for staff about each condition the person was living with and guidance about how to deal with any concerns with the person's health.

People's diverse needs were considered as part of the planned works for the adaptation, design and decoration of premises. For example, there were a number of communal areas where people could choose to spend their time. These included different lounges for people to spend their time in with friends. People moved around between the rooms and choose where they had their lunch and who they sat with. The regional manager told us other changes were to be made to the decoration to enhance the environment for people using good practice guidance for people who are living with dementia. People had been involved in choosing their own room and had their personal belongings to make this homely.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their role in assessing people's capacity to make decisions. Staff had received training in this and told us how they offered people choices while they supported them. One staff member said, "I offer [person] two choices so they can pick what they want." People told us they were asked about consent to care and treatment and about decision's relating to their care. One person said, "I go to bed when I like." The registered manager told us they were carrying out reviews of people's capacity in all areas where they may struggle to make a decision such as the use of bed rails and where sensor alarms were in place. One person had an independent representative called a paid person's representative (PPR) to review their DoLS and make sure the service was meeting the conditions in this. They visited every two weeks. The PPR told us they were happy that the care plans were up to date and staff spent time with the person doing their hair and nails. The also told us they had asked the staff to involve the person more in trips and were satisfied this was offered to the person.

## Is the service caring?

### Our findings

People continued to receive good care from staff who knew them well. They had developed positive relationships over time as they saw the same staff on a regular basis. One person said, "The staff look after me." Another person commented, "The staff here are as good at night as they are in the day." A relative told us, "The staff are all really nice and very kind." During our visit staff spent time talking with people and reassuring them if they were unsure about anything. They spoke in a respectful tone and did not rush their speech, giving people time to respond. A relative commented, "The staff take time to explain things to [person] if he is disorientated." The staff members had a good rapport with people and knew all about their likes and dislikes when speaking with them.

People were treated as individuals and had care plans which were focused on them. People told us that they were encouraged to express their own wishes and opinions regarding their care. They explained the registered manager and the staff listened to what they had to say and ensured their care reflected this. There was information about advocacy available for people in case they wanted the support of someone to help them to make decisions about their care.

People had been asked if they had any specific cultural needs, personal convictions, religion or ethnic background they followed that needed to be considered as part of their care. This was important to ensure people had the opportunity to make sure the service knew about and supported them to follow their beliefs. The deputy manager told us, "We treat each person as an individual. However they want to be cared for it is our job to provide this."

Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "I love it here. I like communicating with the residents and caring for them."

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. Staff knew people's individual communication skills, abilities and preferences. People were able to comment about their care and the support they received through regular reviews, informal discussions and surveys sent out by the provider. One person visited the registered manager's office each day for a chat. The registered manager made sure they felt welcomed and spent time listening to what they had to say.

People's relatives were encouraged to visit and made to feel welcome. A relative said, "It is great that I can visit whenever I like. They always make me feel welcome." Visitors were present throughout both days of our inspection and spent time with their relatives. Space was available for them if they wanted privacy.

The privacy and dignity of each person was respected by all staff and people we spoke with confirmed this. Staff knocked on people's doors before entering, and care plans outlined how people should receive care in

a dignified manner. The registered manager told us some staff had been appointed dignity champions and certificates were on the wall so people were aware of who these staff were. A staff member told us, "It is your job to be dignified." Staff understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

## Is the service responsive?

### Our findings

People's needs were assessed prior to admission so a care plan could be developed which met their needs. As part of the pre-admission process, people and their relatives were involved to ensure staff had an insight into people's personal history, their individual preferences and interests. A document called Getting to know you had been completed with some people. This provided a detailed history of the person. Some people had chosen not to provide this information. A member of staff commented, "I really like to know about people we work with. It would be helpful if everyone had one of these." Care plans were focused on the person and included their preferences, communication and support needs. For example, a staff member was able to explain to us why one person preferred to wear slipper socks instead of shoes.

People and their relatives were involved in the assessment and planning of their care through review meetings. Details of how people had been involved were recorded in their care plan. Throughout our inspection we observed staff supported people in line with the guidance in their care plans.

People had been asked about their wishes at the end of their life. Some people had chosen not to have this conversation; however they were offered the chance to inform people of their wishes. A care plan was in place which recorded what people wanted to happen if they became unwell. This had been completed with the person and their relatives. This took into account wishes and preferences and was focussed on the person having a dignified death in line with their wishes.

People were supported to follow their interests and take part in social activities. One person said, "I love my knitting so I get plenty of encouragement with that. I have been on two day trips too. One to the sea side and one ride out in the Country." Another person said, "I like the trips." There is always enough to do." There was no set plan of activities each week. The registered manager told us the service did not employ an activities co-ordinator. They explained staff worked with people each day and did activities with them. They also told us external people and groups came in to provide activities throughout the month. A member of staff told us, "We just find out what they want and organise it for them." Throughout both days of our visit people were encouraged to participate in activities of their choosing such as knitting, arts and crafts and reading the news. A seated exercise class took place on one day of our inspection. People participated in this and appeared to enjoy the class. Other planned events included animals visiting the home, a tea party, a Christmas fete, bus trips and dominoes. People were given a newsletter which told them about planned trips for the month.

People were encouraged to take part in jobs to make them feel valued. One person told us, "If it wasn't for my jobs they give me to do I think I would lose it." One person had been given a job in the kitchen and this helped develop a routine for them which helped them to reduce their anxiety.

Staff promoted activities for people to enhance their well-being. They had supported people to decorate their Zimmer frames to help recognise them and also to make them brighter and easier to see. This is a scheme called 'Pimp my Zimmer' which has proven to reduce falls for people living with Dementia who have a Zimmer frame. A nature trail was being developed with sensory areas including flowers of different colours

and wooden sculptures. The aim of this was to make the gardens interesting for people, encourage people to get involved with developing the trail and offer them an activity to encourage people outside. One person had a dog that breathed. This was important to them as they used to have a dog at home and became quite anxious when they did not have the dog with them. Although family brought the dog to visit the person missed them. The breathing dog was a way for the person to feel reassured. The home also had two rabbits. People enjoyed having these on their laps and stroking them. The deputy manager told us people who were cared for in bed also enjoyed having the rabbits brought to them.

Staff were involved in supporting people to engage and build key relationships with family and friends outside of the service. One person told us, "The vicar visits once a month so that is very nice." Another person said, "I go to the Salvation Army locally for a meal sometimes. It makes a nice change as I get to see different people." This allowed people to participate in their local community and events which were taking place.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. 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. Information was available in larger print or a different format if needed.

People we spoke with knew how to report any concerns. There was a complaints procedure in place. One person told us, "I would speak with staff or [registered manager]. They are nice." A relative told us, "I have spoken with [Registered manager] she took the time to listen and was very nice." There were procedures in place to deal with complaints effectively.

## Is the service well-led?

### Our findings

The service had a registered manager and they were supported by a deputy manager. We received positive feedback about how they managed the service. A relative told us, "[Registered manager] is kind and caring. She always has time to stop and make sure I am okay and that [person] is happy. That is worth its' weight in gold." People and their relatives felt the registered manager was approachable and listened to what they said. Staff told us the registered manager and senior staff were approachable. One member of staff said, "I feel supported in my role."

The service had an open culture where people had the opportunities to share information and be involved in the running of the service. Residents meetings had been held chaired by a resident's representative. The attendance at these had reduced. The registered manager told us they were working with the resident's representative to support them to encourage more people to attend and to provide feedback. Actions from the meetings were recorded and targets set to complete these by.

Surveys were sent out to relatives, people who lived at the service and professionals who visited each year. They had been completed in March 2017. The feedback from these was published along with an action plan so people knew the outcome of the survey. Staff had been asked for their feedback through a survey. One of the outcomes of this was a new staff room which was being developed so staff had a dedicated area to have their breaks.

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues. One staff member said, "We can discuss things with [registered manager] and [deputy manager]. They are here so they know people and what to do." Meetings had been held with care staff and these included discussion and learning from events within the service. Minutes of meetings held showed information had been shared with staff including discussions about good practice. Staff were considered for an employee of the month award if they had gone the extra mile for someone. The registered manager told us this was an incentive to encourage staff to go over and above and be recognised for this.

The quality of care was regularly monitored and continuous improvements made to ensure sustainability. Audits were carried out and included infection control practices, medication, environmental checks, care plans, daily records and health and safety. Where areas required attention actions had been taken. For example we saw work had been identified to improve the environment and was planned to make this more suitable for people using the service in line with good practice guidelines. An internal compliance report was completed and an action plan was in place with timescales to meet this. The deputy manager told us they reviewed charts which had been completed on a daily basis. This was called 'Checking the Checks'. They explained this allowed them to identify if there were any gaps in the care provided quickly to take prompt action to address. They said, "We need it in this home to make sure everything is done. We have worked hard to make progress. I am proud of our progression."

The service had been awarded a Silver Quality Assessment Framework (QAF) Award in November 2017. The

QAF evaluates the experiences of people who used the service to identify that people are receiving a quality service. This meant that the registered manager and staff were working to recognised standards of quality and maintaining or improving these.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

There were internal systems in place to report accidents and incidents and the registered manager investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

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 people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and on their website.