

Belmont Sandbanks Limited

Sandbanks Care Home

Inspection report

Coast Road
Littlestone-on-Sea
New Romney
Kent
TN28 8RA

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 25 July 2017 and was unannounced.

Sandbanks Care Home is registered to provide personal care and accommodation for up to 25 older people; some who live with dementia. There were 23 people using the service during our inspection; some of whom were living with conditions such as diabetes or impaired mobility.

Sandbanks Care Home is a very large detached property situated in the coastal village of Littlestone-on-sea. The service has a communal lounge, dining area and a conservatory decorated with a seaside theme. There is a large garden; where extensive decking was being laid during our inspection to provide a raised outdoor seating area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in February 2017. This was a focussed inspection looking at whether the service was safe; to follow up on a breach of regulation found at the previous inspection. There had been some improvement when we inspected in February 2017 but the service remained rated as 'Requires Improvement' for safety.

At this inspection, the service was found to be safe for people living there. Assessments had been made about a range of risks to people and actions were taken in practice to reduce them to acceptable levels. Medicines were safely managed and the environment was free from hazards, with regular safety-checks being made on the premises and equipment.

There were enough staff to meet people's needs, and a robust recruitment process ensured only suitable staff were employed. Staff knew how to keep people safe and how to raise concerns if they were ever worried about people. Accidents and incidents were properly documented and follow up actions evidenced.

Weight losses had not always been referred for professional advice in a timely way. The registered manager took appropriate action about this during the inspection. People enjoyed their meals and were given a choice of food in line with their own preferences.

Staff worked within the principles of the Mental Capacity Act 2005 (MCA) to ensure people's rights were protected and the registered manager had applied for Deprivation of Liberty Safeguards (DoLS) when necessary. People's consent was routinely sought for day to day tasks.

Training and supervision of staff had taken place regularly to make sure that staff knowledge and

understanding was up-to-date and any development needs were addressed. People's health was monitored and reviewed by GPs, opticians, chiropodists and the district nurse.

Staff were caring and supportive, treating people with dignity and respect and observing their confidentiality. People were encouraged to be independent where possible and provided with equipment and support to facilitate this.

People told us they felt there were enough activities on offer. Some people preferred to stay in their rooms but said they were happy with this arrangement. Staff sat with people and read to them or shared jokes throughout the inspection.

Care plans were written in a person-centred way and people received individualised care in ways that they preferred. Rooms were homely with people's own possessions and pictures around them.

There had been no complaints since the last inspection but people and relatives felt confident that the registered manager would deal with any concerns promptly and effectively.

The service was well-led by a registered manager who was respected by the staff team. Improved auditing had been introduced to provide better oversight of quality and safety and feedback had been sought from a number of sources to further enhance people's experiences.

There was an open culture where staff felt valued and able to speak out with any concerns. The provider and manager had fulfilled their legal obligations in displaying the rating awarded after the last inspection of the service, and by submitting statutory notifications about events about which the CQC needs to be made aware.

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 had been properly assessed and minimised.

Medicines were well-managed and improvements had been made since our last inspection.

Recruitment processes were robust and there were enough staff on duty to meet people's needs.

People felt safe and staff knew how to recognise and report abuse.

The premises were properly maintained and people lived in a safe and comfortable environment.

Is the service effective?

Requires Improvement ●

The service was mostly effective.

People's weight had been monitored but actions were not consistently taken promptly when people lost weight. Records of food intake were not always fully completed.

Staff had received training to help them provide effective support and regular supervision sessions were held with the registered manager.

People had access to care professionals such as GPs and the district nurse to monitor and maintain their well-being.

People said they enjoyed the food and plenty of drinks were available.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good ●

The service was caring.

Staff delivered care with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent as far as possible.

People and relatives felt reasonably involved in care decisions.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People enjoyed a choice of activities if they chose to take part and staff encouraged people to join in.

Care plan information was person-centred and sensitively prepared and staff knew people well.

There was a complaints system in place but there had been no complaints since the last inspection. People and relatives knew how to make complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager gave robust leadership and was respected by people and the staff team.

There had been improved oversight of the quality and safety of the service.

Feedback had been sought from people, staff and relatives and was acted upon.

There was an open and friendly culture in which staff could speak out with any concerns.

The registered manager kept abreast of social care developments through a variety of sources and training.

Links had been forged with the local community.

Sandbanks 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 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.

This inspection took place on 25 July 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience; who had cared for an older relative and had other experience of care services. Before our 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 contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with twelve of the people who lived at Sandbanks and spoke with three people's relatives. We also spent time observing the support people received. We inspected the service, including the bathrooms and some people's bedrooms. We spoke with three of the care workers and the registered manager.

We 'pathway tracked' six of the people living at the service. This is when we looked at people's care documentation in depth; obtained their views on how they found living in the service where possible, and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included four staff training and supervision records, four staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living at Sandbanks Care Home. One person said "The staff are very nice and easy to get on with, I feel happy and safe here" and another told us "I just ring the bell and they come and get me". A relative commented "There have always been plenty of staff, when a resident needs attention the staff are always there".

At our last inspection we found that medicines and prescribed creams had not always been managed safely. At this inspection the areas we had highlighted had been improved. Medicine administration records (MAR) had been consistently signed by staff to confirm when people had received their medicines; so there was no doubt they had taken them. Applications of prescribed creams were now properly documented and showed that creams were applied in line with the prescriber's directions. Creams were kept locked away so that the risk was minimised of them being over-used or even swallowed by people living with dementia.

Staff administered medicines safely by checking people's medicines against the MAR and giving them out one person at a time, waiting with people to ensure they had swallowed their tablets. MAR held a recent photo so staff could check medicines were given to the right person and there was information about people's allergies on them. One person told us "They always make sure I get my medication on time". There was detailed information in place about medicines to be taken on an 'as and when needed' basis. The type of medicine was noted along with the reason it was prescribed and the maximum doses that could be safely taken in any 24-hour period. This helped to ensure that people did not receive too much of as and when needed medicines.

Medicines were stored safely and the temperature of both the medicines fridge and room were monitored daily to make sure all items were kept in line with manufacturer's instructions. There were clear directions on the MAR where people had medicines prescribed at variable doses, such as some blood thinners. There were audit trails when medicines had been changed by the GP or when advice had been sought from them; for example, when a person had refused their eye drops on several occasions.

Assessments were in place to highlight any specific risks to individual people. These showed what the area of risk was and how it could be satisfactorily reduced. For example; one person's care plan showed they were at risk from incontinence. There was clear guidance for staff about how to monitor signs that the person may need the toilet, ensuring that they were frequently reminded about where the toilets were and regularly prompting them to go.

Some people showed behaviour that was occasionally challenging. Assessments about this provided step by step directions to staff about how to prevent the behaviour escalating. One person's assessment included detailed strategies for calming them, by using specific diversions which reminded them of their former life. We observed staff supporting this person and referring to those things that had been important to them. The person was engaged by this and behaviours were reduced through this approach.

Incidents and accidents had been properly documented and showed that preventative actions had been

taken when necessary. For example, one person had experienced a number of falls and a special alarm mat was now in use to alert staff if the person was moving around in their room. The incident reports also recorded the immediate actions taken when people had minor injuries. These evidenced that people received prompt support and medical attention if needed.

Staff had all received training about keeping people safe from abuse and harm. They were able to describe to us the different forms that abuse may take and were confident in knowing how to raise the alarm if they ever had reason to suspect this was happening. The registered manager understood their responsibility to contact the local safeguarding authority with any concerns and had done so in the past.

There was a robust recruitment process in place to make sure that only suitable staff were employed to work with people living in the service. All necessary background checks had been made and appropriate documentation retained to show that checks had been made and information sought to evidence that staff were of good character and were right for their roles.

There were enough staff deployed to meet people's needs and keep them safe. We observed that people received support promptly and that call bells were responded to in reasonable time. Staff had time to spend chatting with people and sometimes pulled up a chair next to people and sat and read to them. One person told us "I think there are enough staff because they are the right type of staff". They went on to say that staff were kind, conscientious and willing to work hard. There were four care staff and a senior on duty all day and two care staff on duty at night. Rotas showed that these levels had been consistent in the weeks prior to our inspection and a dependency tool was used by the registered manager to determine staff numbers based on people's needs. A relative said "I've never had any worries about staff numbers-there's always someone here to help if you need it and I'm more than happy that [Person's name] is safe and happy here".

People lived in a safe and clean environment. The service smelt fresh and all areas were tidy and hazard-free. Checks had been carried out routinely to make sure that gas, electric and water supplies were safe. Fire alarms were tested regularly and all fire safety equipment had been serviced. Each person had a personal emergency evacuation plan in place which documented the staffing, equipment, route and any known hazards that would need to be taken into account when supporting individual people to evacuate the building. All staff had received fire training and fire exits were clearly signposted.

Other equipment used to support people, such as hoists and the passenger lift had been safety checked on a regular basis by a qualified external contractor. The service was in a good state of repair and maintenance records showed that any remedial works were carried out promptly. The service had an emergency contingency plan which included reciprocal arrangements with two other care homes, so that people could receive continuous care and support in the event that the service had to be evacuated.

Is the service effective?

Our findings

People and relatives praised the staff at Sandbanks to us. One person said "I think the staff are very professional and they take effort to learn about the residents. They are very dedicated". A relative commented "I'm completely confident in them to do what's best; they're obviously well-trained and I trust them".

Some people had been assessed as at risk from weight loss. People were weighed regularly but the information about losses was not always acted upon promptly to ensure that people received appropriate professional input. Two people we reviewed had lost 3.5kgs and 4.2kgs but had not been referred for GP or dietician input. Although weights were recorded, there had been no formal weights audit to identify losses and provide an overview of them. The registered manager made referrals to the GP for these two people during the inspection. Following the inspection they sent us a copy of a new protocol and audit tool introduced by the provider to give guidance about when weight losses should be referred to professionals.

Other people had been seen by the dietician, meal supplements had been prescribed and they had started to gain weight.

Food charts had not been consistently completed by staff to accurately show how much people had eaten. This information was important because it could provide a good indication if people were eating sufficient amounts. For example; one person's food chart documented breakfast of 'porridge and toast' and lunch as 'cottage pie and veg'. There was no detail about how much was offered and how much eaten, to provide a better picture of this person's intake. Following the inspection the registered manager sent us details of improved food charts that had been put into use.

People were given a choice of meals as they were being served up at lunchtime, which was helpful for people living with dementia who might not remember if they had made their choices earlier in the day. Portions were ample and the meals were well-presented and smelt appetising. One person told us "Really nice food, there is a choice" and another said "The cook is very good, if I fancy anything the manager gets it for me". Plenty of drinks were made available during the day and those people who chose to stay in their rooms had drinks placed within their reach. One person commented "If I ever want an extra cup of tea in the afternoons it's never any trouble".

Some people had allergies to certain foods, like nuts. The cook was immediately able to tell us which people had allergies and how they ensured that meals were suitable and safe for them.

Staff had received a range of training and assessment to ensure they knew how to carry out their roles effectively. Twelve of the care staff and the registered manager held National Vocational Qualifications (NVQ) in care. NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. Other training records showed that staff had attended all mandatory sessions and had been booked onto refreshers where necessary. These courses addressed areas such as health and safety, moving and handling, first aid and fire safety. Other training in areas such as end of life care and diabetes had been attended by some staff with plans for others to complete the sessions in the near future. Staff had regular

supervision with the registered manager to discuss performance and identify any training needs. Staff told us that they found supervision helpful in focussing on areas in which they were doing well or those in which they may need more development or support. For example, one supervision record documented that training, attendance shifts and health were all discussed positively and that an action plan arising from the session showed that the staff member needed to use their initiative more often.

Our observations showed that staff knew people's needs well and that they followed best practice when supporting people to move, for example; by ensuring people had equipment to hand and accompanying them to walk at their own pace. A relative told us "Staff here are really good at spotting when someone needs the doctor; they call them in straight away if needs be". They said that communication between the service and them had been "Excellent" and they had been kept informed of any changes to their loved one's health. A person told us "The doctor is called promptly when necessary and the staff are trained to know when that time comes". People had access to podiatrists, chiropodists and opticians, who regularly visited the service to provide check-ups and treatment.

The district nurse visited regularly to administer insulin to people with diabetes and to review and treat any skin wounds. There were specific care plans in place about diabetes which gave guidance about monitoring blood sugar levels and stated the acceptable upper and lower readings for these tests. The district nurse also offered advice on supporting people to reposition themselves to relieve the pressure on any sore areas, and this guidance had been followed for the people we reviewed.

People's rights and choices had been respected because staff worked within the principles of the Mental Capacity Act 2005 (MCA); which is designed to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff offered people straightforward choices and gave them time and support to make their preferences known. Staff told us how they did so by showing people alternatives and describing each one clearly, such as meals, drinks or clothing. Verbal consent was routinely sought by staff when delivering care or offering assistance. For example; asking people if they could change the channel on the TV or if it was alright to take their slippers off.

Assessments of people's capacity to make specific decisions had been carried out appropriately and the outcomes were documented. One person was receiving their medicines covertly, that is without their knowledge. A mental capacity assessment about taking medicines had been undertaken and a best interest meeting with professionals and relatives had taken place to ensure that this person's rights were fully considered.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for DoLS from the relevant authority when this was necessary, had received some authorisations and understood her role in protecting people's rights and choices.

Is the service caring?

Our findings

We received positive feedback from people and their relatives about the care given at Sandbanks Care Home. One person told us "They are a nice bunch here [Staff], the atmosphere is good and the residents are friendly". Another person said "Even when staff are busy you can still have a laugh with them". A relative commented "I couldn't wish for Mum to be in a better place".

During the inspection we observed staff speaking with people in a friendly, jovial way; which people seemed to enjoy. There was much laughter during the day and people appeared relaxed and comfortable with staff and the registered manager. Some of the staff team had worked in the service for many years and it was clear that they knew people and their routines very well. One person told us "They know me inside out these girls [Staff]. They're more like my friends than staff". A relative said of their Mum "She likes a little cuddle and the staff know her well".

Staff used appropriate touch to reassure and connect with people. One person became slightly agitated but staff held their hand and spoke gently to them and they quickly calmed down. Another staff member touched a person's cheek when they were laughing together which made the person give a beaming smile in return. Staff appeared to behave in a naturally caring and compassionate way, and were instinctive in meeting people's needs. There was a pleasant atmosphere as a result and a relative remarked "Staff are 100% caring; I've turned up at any time and have had no reason to worry about her treatment at all".

People were treated with respect and their right to dignity was consistently observed. Bedroom doors were knocked on and staff waited for a reply and permission before entering. People told us they were called by their preferred name; and information about them was kept secure and confidential. Staff were vigilant in ensuring that people's clothing was readjusted after they had visited the toilet, and were discrete when reminding people to go.

Staff told us how they tried to ensure that people remained independent where possible. One staff said that this went beyond giving people choices and extended to supporting people to complete care tasks themselves if they were able. One person told us "I dress myself and wash myself, but I do need help to shower. I like to be independent but I can't do as much as I used to". Another person told us how they liked to shave themselves. Care plans gave staff guidance about which areas people could manage alone and those in which support was needed. Staff told us that this was kept under review so that people always had support available should they require it. Special equipment was used in some cases to promote independence; for example, plate guards gave people the opportunity to continue to feed themselves by preventing food from being pushed off the plate. Some people did not have family to help with the purchase of clothing but one person told us "The manager helps me choose clothes and underwear off the internet". This gave the person the opportunity to choose what they would like with the support of the service in doing so.

People and relatives said they felt reasonably involved in decisions around care. One person told us that they were still able to use the stairs in the service and did not want to use a lift. The registered manager

showed us that they had carried out a risk assessment about this which evidenced that the situation was continuously monitored in case the person became less able. However, the person had been able to retain their independence because risks and benefits had been weighed up and addressed as far as possible; and the person had been involved in the process. A relative said that there was a "Good information flow" and that they were included where appropriate in discussions about their loved one's care.

We read thank you cards from people and relatives who wished to pass on their appreciation for the care they had received at Sandbanks care Home. One of these read 'Words cannot express my gratitude to yourself and the girls who looked after my Mum'. A staff member told us "I like to think I'm making a difference at the end of people's journey".

Is the service responsive?

Our findings

People told us that they felt there were enough activities on offer to them. These included; Music for Health, visiting entertainers such as a guitarist and events like the planned summer tea party. People told us that they also played games together and had quizzes. During the inspection people watched TV, read or knitted. There was no designated activities coordinator, but the registered manager told us that care staff provided people with social stimulation. We observed that staff made time to sit alongside people or kneel next to them to have a chat and to read magazine and news articles together. There was a lively discussion between one care staff and a person about an outfit shown in a magazine fashion report. This led to shared laughter and a wider chat about how fashions have changed over the years. The conversation was seamlessly moved on by the staff member to include other people sitting nearby and resulted in a pleasant, impromptu reminiscence session for all involved.

People told us they were happy with the activities provided. One person said "I join in with one or two activities; I'm not really very sociable so I don't often join in". Another person added "They have music come in and a health lady, which I enjoy" and a third person told us "I go to the day centre once a week on a Thursday which is good, and other residents come with me". Staff told us they took turns to carry out activities with people. One staff said "One resident likes to paint and draw others like the conversation cards; we also have singers and musicians regularly visit". Conversation cards were used to choose a topic for discussion and contained information to promote involvement.

We spoke with people who preferred to stay in their rooms, to ask how they felt about the activities on offer. One person said "I watch telly and read the paper, I've always been a loner, I'm happy in my room". Another person said "There are things to do if I want, but I just like my own company and like to stay in my own room". Staff said they worked to encourage people to become involved but this was not always what they wanted. However, a relative commented "For a year to eighteen months Mum isolated herself, but the staff have encouraged her to socialise now".

A survey of people's views about life at Sandbanks Care Home had been carried out in June 2017. The results were wholly positive and there were no complaints or concerns raised about activities provided. People had been asked to say what they enjoyed doing and responses had included 'Watching TV, quizzes, music and knitting'; all of which were happening in the service.

People received care that took account of their individual wishes and personalities. Bedrooms had been personalised with people's own photos, pictures and possessions and had a homely feel. Staff knew people very well and could tell us about their characters and the way they liked things to be done. For example; they knew that one person did not have nail polish applied but liked their nails kept trim instead and the way another person liked their meal served.

Care plans included detailed instructions about how people liked to be supported. For example, one person's plan about personal care included that they did not use bubble bath but enjoyed using talcum powder and that their hair should always be dried with a towel and not a hair dryer. Another person's care

plan documented that they liked to wear trousers and a jumper or cardigan rather than a skirt, because they felt the cold. They were dressed in the way they preferred during the inspection. People's preferences about times to get up and go to bed were recorded along with any special likes and dislikes related to food. Cook was knowledgeable about what people liked to eat and drink and maintained a list in the kitchen as a visual reminder.

People told us that their choices were observed by staff. One person said "I can choose which staff I have so I choose female staff" and another added "I still get embarrassed but the girls [Staff] are very discrete". A relative commented that people could "Come and go as they please here" and that their loved one was reminded by staff that they could get up as and when they pleased each day.

People and relatives we spoke with were confident that any complaints would be properly addressed. One person told us "I'd tell the manager she is easy to speak to" and another said "If I had trouble I would go straight to the manager and it would be sorted". A relative remarked "I've never had to make a complaint but if I did I would talk to the manager". Another person told us that they had complained to the registered manager in the past about a member of night staff and that "The manager dealt with it straight away and she [Night staff] didn't do my care again". The person went on to say that they had felt listened to and that their concerns were taken seriously.

The registered manager told us there had been no complaints since our last inspection in February 2017. Records of previous complaints had been properly logged to show the progress of them and included details of the registered manager's investigation into them. The provider's complaints protocol was on display in the service and gave directions about how and to whom any concerns should be raised.

Is the service well-led?

Our findings

The service was well-led. The registered manager was supported by a deputy and staff told us that they felt supported by the management team. One staff said "We've got a great manager and we work well together. She's not afraid to 'get her hands dirty' and won't ask staff to do anything she wouldn't do herself". Another staff said that the registered manager was "The best boss ever" and that she led by example. People told us that they found the registered manager approachable and friendly. One person said "She's wonderful; nothing is ever too much trouble" and a relative remarked "I have absolute faith in her and the staff team".

The provider and registered manager gained oversight of the quality and safety of the service through a number of different means. An external consultant had been employed to provide advice in this area and they had recommended a series of audits to assist in identifying any shortfalls. The improved auditing had proven successful in all areas except around people's weights. For example, we found no concerns about medicines, infection control or health and safety during the inspection because any problems had been highlighted in the audits and addressed by the registered manager. The registered manager responded to our feedback about the need for greater oversight of people's weights by immediately introducing an enhanced audit tool. They also ensured that the provider produced a policy about weights for use across the provider's services.

Feedback had been sought from people and their families by way of a recent survey of their views. All of the survey returns were rated good or excellent in every area and 100% of those surveyed said that they were happy with the care provided. There was evidence that the provider acted on feedback received. During a resident's meeting for example, some people asked for more seating in the garden. A large decking area was being installed overlooking the garden and the sea front during our inspection. Others mentioned that they felt more cleaning staff were needed and a further cleaner had been taken on in response. The registered manager told us that the provider was very supportive, and gave examples of new carpets being fitted in all communal areas when requested, and a new fridge being delivered within days of having asked the provider for it.

Staff attended regular meetings where they were invited to raise any issues about the service. Minutes of meetings recorded positive suggestions made by the registered manager and staff about ways of improving communication for example. Staff told us that they would have no hesitation in raising any concerns and understood their responsibilities in this regard. The provider had a 'whistle blowing' policy in place to guide and support staff.

The registered manager kept abreast of best practice in adult social care through a variety of ways. They had completed National Vocational Qualifications (NVQ) in the field and had achieved a Registered Managers Award (RMA). They attended care provider forums and those conducted by the Clinical Commissioning Group (CCG), were signed up to receive CQC newsletters and CCG alerts and had monthly meetings with the provider and managers of their other services. This was for the purpose of sharing experience, ideas and best practice.

There was a friendly and open culture in the service and staff spoke freely with us. All of the staff we spoke with said they enjoyed working in the service and told us that it was important to them to keep people safe and happy. One staff said "I consider it my duty to give residents the best life possible". Community links had been forged through manning a stall at the New Romney Fayre, visits from local church ministers and primary school choirs. A new minibus was due for delivery in September 2017 so that outings and greater community involvement could be encouraged. The provider had displayed the rating awarded to the service following our last inspection; this is a requirement of legislation. The registered manager had submitted statutory notifications to the CQC in a timely way. Statutory notifications are made about events about which the CQC needs to be aware. It is also a legal requirement that these are made.

The provider's philosophy of care stated 'We believe each individual resident is a unique social being who has dignity and worth and although requiring acts of assistance due to their frailty or ill-health, should do so only in a climate which enable them to retain their self-respect and independence'.