

HF Trust Limited

Chestnuts-Bognor Regis

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 

Overall summary

This inspection took place on the 27 April 2015 and was unannounced.

Chestnuts-Bognor Regis is a service which is registered to provide accommodation for six people with a learning disability who require personal care. On the day of our visit there were six people living at the home. People were mainly independent but needed support from staff to access the local community,

This was the first inspection of the service since new providers had taken over the home and

it was registered with the Care Quality Commission.

Throughout the inspection we were assisted by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults and staff had a good awareness of the correct procedures if they considered someone was at risk of harm.

Care records included guidance for staff to safely support people. People had risk assessments in place for staff to follow.

People told us the food provided was good. People had a meeting each week to plan menus and staff provided support to people to help ensure meals were balanced and encouraged healthy choices.

Recruitment checks were carried out on newly appointed staff so people could be confident they received care from suitable staff. Records confirmed all the required recruitment checks had been completed. Staffing numbers were maintained at a level to meet people's needs.

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). All of the five staff had completed training to a minimum of (NVQ) level three or equivalent. People said they were well supported

The registered manager sought people's consent and acted appropriately when she thought people's freedom was being restricted. CQC monitors the operation of DoLS (Deprivation of Liberty Safeguards) which applies to care homes. The registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS which meant that people's rights were protected.

People were supported to take their medicines as prescribed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

Privacy and dignity was respected and staff had a caring attitude towards people. To provide additional support each person was allocated a key worker. A key worker is a person who has responsibilities for working with certain individuals so they can build up a relationship with them so they can help and support them in their day to day lives and give reassurance to feel safe and cared for.

Each person had a plan of care that gave staff the information they needed to provide support to people and these were regularly reviewed. Staff received specific training to meet the needs of people using the service. Staff were able to develop their skills by means of additional training. Relatives said the staff were knowledgeable and people said they were well supported by staff.

Staff were observed smiling and laughing with people and supporting them to take part in a range of activities inside and outside the home. People attended day services and were supported to use facilities in the local community.

There was a policy and procedure for quality assurance. Quality audits were completed by the registered manager. These helped to monitor the quality of the service provided to ensure the delivery of high quality care.

The service delivery was open and transparent and the registered manager said they operated an open door policy and welcomed feedback on any aspect of the service. There was a small, stable staff team who worked well together and they were well supported by the manager. People and staff were provided with opportunities to make their wishes known and to have their voice heard. The registered manager showed a commitment to improving the service that people received and ensuring her own personal knowledge and skills were up to date.

Summary of findings

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 safe.

People told us they felt safe and there were always enough staff around to offer support. Staff received training on the safeguarding of adults at risk and this helped to keep people safe.

Assessments were undertaken to identify the risks presented to people and others. Where risks had been identified there was information for staff on the type and degree of risk together with information on how the risk could be reduced to help keep people safe.

Medicines were stored, administered safely and recorded by staff who had received training.

Good



Is the service effective?

The service was effective.

Staff had the skills, knowledge and experience to care and support people and received the training they needed to carry out their work effectively.

People consented to the care they received and the provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

People were effectively supported to eat and drink. They were involved in the planning of menus and staff supported people to maintain a healthy diet.

People's health needs were met and people received regular health checks.

Good



Is the service caring?

The service was caring.

There was a friendly rapport between people and staff and they got on well together.

People were encouraged and supported to make their wishes known to staff so they could be involved in their care as much as possible. Staff understood people's needs and preferences.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in making decision about the support they wanted. People said they were listened to.

Care plans were personalised and gave staff the information they needed to provide support to people. People were encouraged and supported to do as much as possible for themselves so they could maintain their independence.

People were supported to maintain relationships with their family and people spoke positively about the relationships and support provided.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a positive and open culture. Staff confirmed that the registered manager was approachable and open to new ideas.

The provider sought the views of people, families and staff about the standard of care provided. Staff confirmed they received regular supervision and were well supported by the registered manager.

The registered manager carried out a range of audits to monitor the quality of the service provided to people.

Good



Chestnuts-Bognor Regis

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 inspection took place on 27 April 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection was completed by one Inspector due to the size and needs of the people who lived at the home.

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. It asks what the service does well and what improvements it intends to make. We reviewed the Provider Information Record (PIR) before the inspection and notifications about

the service. (a notification is information about important events which the service is required to tell us about by law). We used this information to decide which areas to focus on during our inspection.

We spoke to six people and three relatives to ask them their views of the service provided. We also spoke with the registered manager, one member of staff and a member of staff from social services.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at staffing rotas, support and employment records, minutes of meetings with people and staff, records of activities undertaken, menu's, staff training and recruitment records, accident and incident reports and records relating to the management of the service such as audits and policies and procedures

This was the first inspection of Chestnuts Bognor Regis since new providers had taken over the home.

Is the service safe?

Our findings

People we spoke said they felt safe and secure. They confirmed there were always enough staff around to offer support. One person said “There is always a member of staff around to keep us safe”. Another person said “I always feel safe”. Three relatives said they felt their family members were well looked after and they were confident the management and staff would deal with any safeguarding concerns appropriately.

The registered manager had an up to date copy of the West Sussex local authority safeguarding procedures and told us that these procedures would always be followed. Safeguarding concerns were reported appropriately. A member of the local authority safeguard team told us the home co-operated fully with any safeguarding investigations and they had no concerns about the service.

Staff had undertaken training in the safeguarding of people at risk. A member of staff confirmed this. They were able to describe the types of abuse and knew how to report any safeguarding concerns within or outside the service. They said, “If I had any concerns I would report it to my manager straight away”.

Risk assessments were undertaken to identify the risks to people and others. Where risks had been identified there was information for staff on the type and degree of risk together with information for staff on how the risk could be reduced. Risk assessments were in people’s care records for areas that included moving and handling, use of public and the providers own transport and risks when out in the community. Staff confirmed risk assessments gave them the information they needed to help keep people safe.

Accidents and incidents were recorded and looked at on an individual basis. Action was taken to learn from any occurrences and to reduce, where possible any reoccurrence.

Recruitment records for staff contained all of the required information and showed that appropriate recruitment checks were completed to ensure staff were safe to support people. Two staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. The provider had a human resource department who assisted in the safe and appropriate recruitment of staff.

The manager told us about the staffing levels at the home. People were quite independent and only needed verbal prompts and minimal support to carry out day to day tasks. The staff team consisted of the registered manager and five care staff. There was a member of staff on duty at all times. One member of staff was on duty between 7.30am and 3pm. Between 3pm and 7.30am there was another member of staff on duty who could sleep between 10pm and 7am. The homes staffing rota confirmed that these staffing levels were maintained. In addition the registered manager worked flexibly throughout the week and was available to provide additional support if required. The registered manager told us that the staff team were flexible and additional staff were provided for people to attend appointments and to undertake activities and day trips. Staff said the staffing levels were sufficient to meet people’s needs. We observed that on the day of our inspection there were sufficient staff on duty. Staff were available for people when they were needed. Staff were not rushed and were able to spend time with people. Relatives had no concerns about the staffing levels at Chestnuts Bognor Regis.

The registered manager told us that regular maintenance checks of the building were carried out. If staff identified any defects they were recorded in a log and reported to the manager who would then contact the provider to arrange for any defects to be rectified. Records showed that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises. The registered manager told us they had identified the need for some redecoration and would be contacting the provider about this. The registered manager said they would work with the provider to put together a programme of redecoration and refurbishment on a priority basis to improve the appearance of the home.

We spoke to the registered manager about how they would support people if they had to evacuate the building. We saw that there was an evacuation and contingency plan in place. This plan detailed the action for staff to take should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

People said staff helped them to take their medicines. The home had a policy and procedure for the receipt, storage and safe administration of medicines. Storage

Is the service safe?

arrangements for medicines were secure and in accordance with relevant guidelines. The registered manager told us all staff had completed training in the administration of medicines. Following training she carried out observations of staff administering medicines on three occasions and staff had to successfully complete a questionnaire before staff were deemed competent to administer medicines. Staff confirmed this.

People who were prescribed when required (PRN) medicines had clear protocols for their use. MAR's (Medicine Administration Records) showed these were not used excessively and the dosage given and time they were administered were clearly recorded.

Is the service effective?

Our findings

People were happy with the care and support provided and said they could make decisions about their own care and how they were supported. They told us they got on well with staff and said staff knew them well. Comments from people included. "I get all the support I need, if I want anything I can ask the staff and they will help me". Another said "They (staff) remind me to do things and make sure I have everything I need". Relatives said they were happy with the support provided by staff. One relative told us: "The staff do a great job and I know (name) is well looked after."

The registered manager told us about the training provided for staff. Training was via an on line 'knowledge centre' and each member of staff had their own log details to access to the training pack. Training records showed what training had been completed, the dates for future training and the dates when any refresher training was required. The provider also provided face to face and practical training for staff. Training included dignity and respect, nutrition, food safety, medicines, MCA and DoLS, risk taking, health and safety, infection control, person centred care and good recording practice. This helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively.

All new staff undertook a comprehensive induction in line with Skills for Care common induction standards. The induction programme including receiving essential training and shadowing experienced care staff. Staff confirmed they had regular supervision but said they did not have to wait for supervision to come round if they needed to talk with the registered manager. Staff also had annual appraisals to monitor their overall performance and to support their own professional development. There were also regular staff meetings. The last staff meeting took place on 17 March 2015.

The registered manager stated that the provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. All staff are working towards or have already obtained additional qualifications equivalent to NVQ Level 2/3. Staff confirmed they were encouraged and supported to obtain

further qualifications. We were told by the registered manager that if a member of staff identified a training course that would be beneficial to people the provider would support them to attend so they could support people more effectively.

Staff were knowledgeable, understood people's needs and knew how people liked to be supported. People were independent with regard to personal care tasks and only needed verbal prompts to do things. We observed staff supporting people and saw people were consulted and were able to make their own decisions. Staff suggested things to people and we saw a staff member asking a person "would you like to do your washing now"? The person considered this and decided they would and went away to bring their laundry to the utility room. Staff consulted people as much as possible and staff took time to explain things to people in a way they understood. There was consent forms for staff to provide support to people and consent for information to be kept on computer. People told us that they made their own choices. They told us staff respected and listened to them. One person told us, "They are all really good".

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack mental capacity and maximise their ability to make decisions or participate in decision-making. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff had received training and understood the principle that people should be assumed to have capacity. Care records showed that all people had capacity assessments undertaken. Although they were able to make day to day decisions about their care and support, people lacked capacity to make more involved decisions. In this instance, the provider followed appropriate principles to ensure a decision was made in the person's best interest. The registered manager told us that DoLS applications had been made for six people with regard to them leaving the home unsupported by staff. Meetings had been held and it was deemed to be in each person's best interest to restrict their movement outside of the home unless they were supported by staff to maintain people's safety. No decision had yet been made on the DoLS applications.

Is the service effective?

People said they enjoyed the food and always had enough to eat and drink. Comments included. "I like all the food, especially when its my choice". Another person said "I like some things but if I want something else all I have to do is ask". For breakfast and lunch people made an individual choice and people were able to prepare these meals for themselves with some staff support. People were able to make their own snacks and drinks throughout the day. People were asked about their food preferences during weekly meetings which were held to plan the week's menu. Each person had a choice of what main meal they wanted and staff supported the person to prepare the meal. If the choice was not to an individuals liking an alternative meal would be made. For example we saw the main meal on one day was for lasagne, one person did not like this so chose to have fish fingers instead. A record was kept of each person's nutritional intake. Staff supported people to plan the menu and offered advice and support to help people to incorporate healthy options for a balanced diet and to avoid repetition.

Each person had a medical file which contained a 'Health Action Plan'. This had information about people's medicines, any allergies, next of kin details, family health history and contact details of their GP and a hospital liaison nurse for people who have a learning disability. There was also information about what the person could do for themselves and areas where they needed support. They

also had a 'Hospital Passport'. This was a document which provided important information about the person should there be a need to go to hospital. There was information such as: 'Things you must know about me', 'Things that are important to me' and 'My likes and dislikes'. The registered manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent, effective support.

Each person was registered with a local GP surgery and staff contacted the surgery if anyone had any health problems. Records showed that regular health checks were carried out. Appointments with other health care professionals were arranged through referrals from their GP. The registered manager told us staff accompanied people to any healthcare appointments. Staff completed a record after each appointment to show the outcome of the visit together with any treatment or medicines prescribed. There was also details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy. The registered manager confirmed that people could see health care professionals in private if this was what people wanted. Care records showed that people had received support from a range of specialist services such as chiropodists, dentists, opticians, and support from the local learning disability team.

Is the service caring?

Our findings

People said they were well looked after and that staff were kind. Comments included. "I am well looked after", "I am happy here" and "It's nice living here." Relatives expressed their satisfaction with the service provided. All were complimentary about how the staff cared for their family member. One person said "The manager and staff are caring and everyone gets on well together".

Throughout our visit the atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew what people could do for themselves and areas where support was needed. We saw that people's privacy and dignity was respected. Staff knocked on people's doors and waited for a response before entering. Staff took time to explain to people what they were doing. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff had meaningful conversations and listened to what people said to them. People took pride in their appearance and staff supported them to dress in their personal style. Staff said they enjoyed supporting people and they would always respect people's wishes and treat them with dignity and respect. Observations showed they had a caring attitude towards people and a commitment to providing a good standard of care.

There was a good rapport between staff and people. We observed positive interactions between staff and people. There was a relaxed and caring atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home's confidential communication book or discussed at staff handovers which were conducted in private.

People had weekly meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved in planning activities, meals and decoration of the home. People also had an allocated key worker who had a monthly one to one meeting with them to discuss any individual issues. This gave people the opportunity to express their views and for staff to support them to be involved in their care and support.

The registered manager told us that she liked to spend time with people in order to build relationships and trust and to monitor how the staff treated people. The office was on the first floor and was used by the registered manager and staff. The door was always open and we observed people coming into the office to speak with them. There was no hesitation in walking into the office and people felt confident to approach them. It was apparent that people felt relaxed in the company of the registered manager and staff.

A member of staff we spoke with said that people were well cared for. They said that there was a small staff team and they worked well together. They said everyone enjoyed supporting and working with the people who lived at Chestnuts Bognor Regis.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. One person said “The staff help me to do things, they are around to remind me to do things”. Another said “Staff know what I like to do and what help I might need”. A third person said “The staff help me to go out to places I like to visit and help me do my shopping” People said they were happy with the activities available to them. Relatives said they were happy with the support provided. One relative said “It’s a really friendly place the staff are very good”.

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life was kept in their care plan file. Staff supported people to send cards and to phone relatives as appropriate. People told us they kept in regular contact with their family members. One person told us. “I go to visit my parents some weekends”. Another person said “I can call my family anytime I want. I speak to them regularly” Relatives confirmed they had regular contact with their relatives and they visited whenever they were able. They confirmed they were kept up to date on their family member’s progress by telephone and they were always welcomed in the home when they visited.

People were given appropriate information and support regarding their care or support. Plans of care contained a ‘Personal Profile’ of the person and this contained essential information that staff needed to be aware of. These personal profiles included information such as. “What people like and admire about me”. They also included details of the persons learning disability, previous medical history, communication skills, medicines, mobility, contact details of relatives and social worker. The personal profile was put together as part of the person’s assessment of needs and formed the basis of the person’s plan of care. The care plans helped staff to ensure they responded to people’s needs in the best way for the individual.

Care plans were personalised and were person centred, meaning the needs and preferences of people were central to their care and support plans. Care plans had information such as: “My morning routine” and “My evening routine”. The plans gave staff the information they needed to provide support to people. For example the care plan explained how the person managed around the home and

the person’s ability to care for themselves. The care plans enabled the person to receive the support they needed but also enabled them to do as much as possible for themselves.

Staff recorded what support people had received in a daily diary, which was kept on the computer. This recorded how the person had been during the day and night and any additional care people were given or needed. These reports provided evidence of care delivery and how people had been supported.

Care plans were reviewed monthly and updated to reflect any changes so that people’s most up-to-date care needs were met. Each person had a keyworker who had a monthly meeting with the person and they went through the care plan with them to ensure that it was still meeting the person’s needs. The monthly reviews provided information about how the care plan was working for the person and if any changes were needed. The registered manager told us that one person had recently returned to the home after a stay in hospital. As a result this person’s care plan had been re-written because his needs had changed. Staff told us that the care plans reflected the current support people needed.

When we arrived at the home two people had already gone out to a day centre. During our visit we saw one person was supported to go for a dental check-up. Two people were tending to the garden and one person was colouring in a book. We saw that one person spent time in their room watching a DVD and this person invited us into his room and showed us his collection of DVD’s. Staff recorded what activities people participated in within the person’s individual daily diary. Activities that people took part in included: Day services and attendance at a local college, woodworking, playing the guitar, walks, gardening, trips out into the local community, shopping, local social clubs, disco’s, cooking, puzzles and activities at the providers regional site. People also had an annual holiday and four people were in the process of arranging a holiday to a local holiday camp.

People, were asked for their views about their care and treatment they received through care and support reviews. We saw that one person had recently been involved in their review. The provider had developed a tool which was computer based. This allowed the person to answer questions about the care and support they received. It also allowed for pictures of outings and activities to be

Is the service responsive?

downloaded. The review asked questions such as how people were supported in their home, how they were supported to keep in contact with family, their views on household duties, health, medicines, activities and goals for the future. This review process enabled the person concerned to be fully involved and helped the registered manager and provider evaluate how people's needs were being met. The registered manager said that any shortfalls identified would be addressed immediately.

There was an effective complaints system available and the registered manager told us any complaints would be

recorded in a complaints log. Currently no complaints had been received. People said if they had any concerns they would speak with a member of staff or the registered manager. Staff said they understood the complaints procedure. They said they would support any one to make a complaint if they so wished. Relatives said they felt able to raise any concerns or complaints. One person said, "I have never had any concerns, but if I did I would raise it with the manager and I am sure it would be sorted out".

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with her at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with a member of staff or with the registered manager. Relatives told us they were consulted about how the home was run by completing a questionnaire.

The provider aimed to ensure working practices reflected their belief that irrespective of need, people who had a learning disability were able to achieve their potential. The provider's philosophy was 'Every moment has potential'. Staff said they fully endorsed this philosophy and supported and encouraged people to make their wishes known and to have their voice heard. Throughout our visit we observed how staff interacted with people. They valued people as individuals and their practice confirmed this. Care plans were person centred and showed that the individual was central to the care and support they received. The registered manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. However they did not record any observations. They said they would address any areas of poor practice as they were observed. The registered manager said they would develop a section in the supervision notes to record observations of staff practice so they could feedback, acknowledge and encourage good practice.

The registered manager encouraged open communication with people, relatives and staff. They said they operated an open door policy and welcomed feedback on any aspect of the service. They said they had a good staff team and felt confident staff would talk with them if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with them.

There was a weekly meeting for people to discuss any issues they may have. Each person had a monthly meeting with their keyworker to give them an opportunity to share their views and to make comments and suggestions about the service provided. Regular staff meetings took place and minutes of these meetings were kept. Staff confirmed this and said the staff meetings enabled them to discuss issues openly with the registered manager and the rest of the staff

team. Staff said the registered manager was a good leader and they knew they could speak with them at any time and communication was good and they always felt able to make suggestions.

The provider was able to demonstrate good management and leadership as there was a system of management support at all levels. The registered manager said there was an area manager who was their line manager and they were able to contact them for help advice and support at any time. There were regular meetings with managers from the providers other homes and these meetings enabled managers to share ideas, best practice and drive improvement. They said they would be confident to contact any of the senior management team if the need arose.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained. These included audits of care planning, medication, infection control and cleanliness and health and safety. Where audits identified actions steps had been taken to address these.

Quality assurance surveys had been sent to people and relatives. We saw completed surveys that were sent out last year. These were positive and did not identify areas for improvement. Relatives confirmed to us that they had completed surveys. One relative told us "I speak with the manager on a regular basis and she keeps me informed about what's going on at the home".

The home had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider to ensure that the service they provided was of a good standard and to identify areas where they could improve. The registered manager was required to complete a compliancy audit each month. This audit required the registered manager to look at the CQC Key Lines of Enquiry (KLOE) and to answer the five key questions, is the service safe, effective, caring, responsive and well-led. If any improvements were needed the registered manager compiled an action plan detailing the action to be taken to rectify any shortfalls. A copy of the report was sent to the provider and to the area manager who visited the home on a regular basis. The last report identified that infection control issues needed to be improved due to the poor flooring in the downstairs bathroom. The provider had arranged for the flooring in the bathroom to be replaced and the registered manager told

Is the service well-led?

us this had now been completed. The registered manager said the quality assurance systems helped them to move the service forward and helped to ensure that standards were maintained.

The registered manager ensured her own personal knowledge and skills were up to date. She had attended learning events about forthcoming changes to legislation and regularly attended West Sussex Learning and Development Gateway meetings which included short courses relevant to the needs of people who lived at the home. Any learning from these meetings were cascaded down to staff by the registered manager.

The registered manager told us the provider organised a service user forum every three months. This was a regular meeting of people from all of the homes operated by the provider. This was an opportunity for people to get

together discuss any issues they wished to bring to the attention of management such as maintenance and decoration of individual homes. The registered manager said that people at Chestnuts Bognor Regis did not want to be directly involved. However there were contact details of a representative from a sister home who would raise any issues on their behalf. There was also a relatives forum that met every three months and relatives were invited to attend and raise any issues they may have with the provider.

Records were kept securely. All care records for people were held in individual files which were stored in the office. Records in relation to medicines were locked away when not in use. The registered manager was able to locate records we asked for quickly and these were accurate and up to date.