Bupa Care Homes (CFHCare) Limited

Admirals Reach Residential and Nursing Home

Inspection report

Ridgewell Avenue
Chelmsford
Essex
CM1 2GA
Tel 01245 266567
www.bupa.com
Tel 01245 266567
Website: www.bupa.com

Date of inspection visit: 21 July 2015
Date of publication: 02/09/2015

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 21 July 2015 and was unannounced.

Admirals Reach provides nursing, personal care, respite, rehabilitation and dementia care services for up to 158 people in five houses on one site. On the day of our inspection, there were 128 people using the service. The rehabilitation unit (Drake) had closed and no-one was currently using this unit.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found a breach of regulation 21 because some of the records were not written clearly enough for staff to understand people's changing needs. During this inspection, we found that actions had been taken by the registered manager to address this. Care files and daily records were now clearly written and reflected the care and support that people required and received.

There were sufficient staff who had been recruited safely with the skills and knowledge to provide care and support to people.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness, respect and dignity by staff who knew them well and who listened to their views and preferences.

People were able to raise concerns and give their views and opinions and these were listened to and acted upon. Staff received guidance about people's care from up to date information about their changing needs.

There was a strong management team who worked well together and were visible in the service. People were well cared for by staff who themselves were supported.

The management team had systems in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

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.

There were enough staff with the correct skills who were recruited safely and who understood how to provide people with safe care.

People were safe and staff understood what they needed to do to protect people from abuse.

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

Safe processes were followed to support people with their medicines.

Good

Is the service effective?
The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities to support and care for people effectively.

Systems were in place to make sure the rights of people who may lack capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People were supported to have sufficient amounts to eat and drink and maintain a balanced and healthy diet.

People's day to day personal and health needs were met through on-going assessment and staff knew how to provide good care.

Good

Is the service caring?
The service was caring.

Staff treated people with courtesy and sensitivity and provided care and support with kindness and compassion.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive and thoughtful in their interactions with people and people were listened to.

Staff and the management team were enthusiastic and committed to the people they cared for.

Good

Is the service responsive?
The service was responsive.

People were involved in discussing their personal, health and social care needs with the staff. They had choice in their daily lives and their independence was encouraged.

Staff understood people's interests and actively supported them to take part in community and individual activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints appropriately.

Good

Summary of findings

People's culture and faith were supported and relatives were consulted about their family member's care and were involved in making decisions.

Is the service well-led?

Good

The service was well-led.

The service was managed by a strong and effective management team who demonstrated a commitment to providing a good quality service.

The management team promoted an open culture and provided people who used the service and staff with opportunities to raise issues.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements to the service.

Admirals Reach Residential and Nursing 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.

The inspection took place on 21 July 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist professional advisor 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. Their area of expertise was in nursing care and mental health.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We received a Provider Information Return and a list of professionals who we could contact to seek their views of the service. The provider had sent in an action plan about the outstanding compliance action from the previous inspection. All of this information helped us to plan what areas to focus our attention on for the inspection.

During the inspection we spoke with 21 people who lived at the service and three people's relatives. We also spoke with one health professional who knew the service well and we received written information from three health and social care professionals about the service. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people and with each other. We spoke with the registered manager, deputy manager and 23 housekeeping, activities, care and nursing staff.

We looked at 12 people's care records and examined information relating to the management of the service such as recruitment, staff support and training records and quality monitoring audits.

Good

Is the service safe?

Our findings

People who lived at Admirals Reach told us that they felt safe living there. They said the staff helped them to feel safe. One person said that they felt safe and secure. They said, "The girls are such a nice bunch. I was very upset when I came here and the girls looked after me brilliant." One family member we spoke with said, "This is a lovely home and we feel that [relative] is safe when we go home. From what I see, I am happy with the care here."

We spoke with staff who were able to demonstrate their understanding of abuse and discrimination and describe what they would do if they were told, saw or suspected that someone was being abused or harmed in any way. They were confident that the management would deal with any safeguarding issues or discrimination of any kind quickly in order to keep people safe. They were also able to tell us what they would do if they were concerned that any of the managers had not responded appropriately. A member of staff said, "I would tell the local authority or CQC." Staff were aware of how to contact the local safeguarding team should they need to.

We saw that the registered manager recorded and dealt with safeguarding concerns and sent notifications to us in a timely way. The provider had introduced a new whistleblowing policy called 'Speak Up' to encourage staff to report any concerns. Staff were aware of this

Staff were aware of the need to support people's safety. For example, we saw one member of staff make sure a person knew that their drink was hot and another member of staff walked down the corridor with their arm around the person to support them in getting to their room safely.

We saw that there were systems in place for assessing and managing risks. Management identified and measured the level of risk to people so that this could be managed safely. People and their relatives were involved in decision making about risks to their health and wellbeing.

In the care files we looked at, comprehensive risk assessments were in place and reviews were completed and files updated in order that risks to people's health and safety could be prevented. The risks to people's health and wellbeing included those prone to falls, their ability to eat and drink, if they needed the use of a hoist or to be assisted to move, care of their skin, pressure areas and personal care. For example, one person, who chose to stay in their room, was unable to press the call button. A risk assessment had been put in place to support them which included checking them every 30 minutes.

Environmental factors such as layout of the building and units had been taken into account when developing evacuation procedures. Arrangements for dealing with emergencies were in place. Each person had an evacuation plan which was held in the office in each unit and this was reviewed monthly by the unit managers.

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way with call bells being responded to quickly. The management team explained how they assessed staffing levels based on people's needs and occupancy levels in the service. The staff had a good mix of skills and experience to meet people's individual needs. There was a consistent staff team that knew the needs of people well.

The registered manager organised staff to work on a three-shift basis, being an early, an afternoon and a night shift. We were told that the unit staffing levels were two nurses and five care staff on the early shift, one nurse and five care staff on the afternoon shift and one nurse and two care staff on the night shift. Incoming staff went in early and outgoing staff stayed on duty to facilitate the handover process.

Recruitment processes were in place and were carried out in line with legal requirements. We reviewed three people's personnel files in relation to recruitment process. Each person had a completed application form, provided information relating to any gaps in employment, health declaration, photographic identification, criminal convictions declaration and provided contact information for two references. The provider had obtained the relevant Disclosure and Barring Service (DBS) clearance, carried out interviews and received two satisfactory references before new recruits were allowed to commence employment with the service. People were kept safe because the relevant checks were carried out as to the suitability of applicants.

The registered manager explained that there were still some vacancies to fill especially for registered general nurses as it was proving difficult to recruit into these roles.

Good

Is the service safe?

Agency staff were used to provide care as appropriate. Staff told us that they used agency staff who had worked at the service before as this provided consistency for people who used the service.

We looked at the delivery of medicines and observed the medicine rounds in Mountbatten and Benbow units. We found that overall the storage, administration and disposal of medicines was undertaken safely and in line with current professional guidelines.

People told us that they got their medicines on time and one person said that they were aware of the side effects of their medicine. People said they are offered the choice of having pain relief if they needed it. One person said, "I manage some of my medicines myself and I keep them locked in a drawer in my room. They know I could cope with them."

We saw that medicine trolleys were securely fixed to the wall when not in use. The contents of the trolleys were well ordered and were clean. The medicine storage area was securely locked when not in use and was clean and tidy. The fridges were also clean and well organised and the temperatures were taken and recorded daily and were within the required range.

There were clear records of medicine being received from and returned to the pharmacy. The medicine received, administered and returned to the pharmacy was recorded correctly in a register and signed by two members of staff.

Medicines were given to people in an appropriate way. We observed staff carrying out the medicine round and they were competent at administrating people's medicine. They did this in a dignified manner speaking to people about what medicine they were having and supported them in taking it. We observed a member of staff giving a person their medicine. They pulled up a chair and sat down beside the person and engaged them in conversation for a few minutes and then checked if the person was ready to take their medicine. The medicine round was carried out in a person centred way.

Records relating to medicines were completed accurately and stored securely. People's individual medicines administration record (MAR) sheets had their photograph so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Where medicines were prescribed on an 'as required' basis, clear written instructions were in place for staff to follow. This meant that staff knew when 'as required' medicines should be given and when they should not.

People received an annual health check by their Doctor. However, those people who were taking antipsychotic medication had a review every three months so that they could be monitored.

The service holds bulk stocks of medicine such as Lactulose, Gaviscon and Paracetamol which are available for people who used the service as and when needed. The visiting GP confirmed that this system had been agreed with the surgery, the Clinical Commissioning Group (CCG) and the pharmacy.

Audits of medicines were undertaken. However, we noted that 'as required' medicines which had passed the recommended disposal period as identified by the manufacturer had not been disposed of when they were no longer required. We also noted a delay in a person receiving their medicine due to the pharmacy not delivering the medicine at the right time. The registered manager agreed to make arrangements to get these returned and to pick up the issues with the pharmacy.

Good

Is the service effective?

Our findings

People told us that the staff asked them about everyday choices and preferences. People felt that staff had the skills and experience to look after them properly. They said, "Yes they do look after me very well, they're very good." Another person said, "I think they are very good, they look after people." And another said, "There are no bad apples here, brilliant staff, can't help more." A family member told us, "I come in at some lunch times as I like to help out and give my [relative] their meal. It's a nice atmosphere and staff are really kind."

Staff communicated with people well. We saw that the staff asked people before they did anything for them. For example, "Can I take this please?" before removing their napkin, "Do you want me to fix your hair?" and took the person to do their hair. We only saw one example of where this did not happen as this was where a person using the service was woken up and had a large spoonful of food put in their mouth without any explanation. We spoke with the registered manager about this in our feedback and they agreed to take up this issue.

For people who could not communicate their needs verbally, staff understood their facial expressions and body language to make sure people's needs were met. Staff used verbal and physical prompts to encourage people to participate in everyday tasks. For example, we saw staff praising and guiding people in a way that enabled them to use a spoon instead of their fingers when having their breakfast, and responding to a person, who continually called out, with positive responses which gave them the answers they needed at that time to satisfy them. We saw that staff had the skills and knowledge to meet people's care and health needs and to support them in a respectful way. One person told us, "The night staff are wonderful here and really look after me. They come quickly when I ring and are helpful and nice."

The staff told us that they received induction training on the start of their employment, supervised practice after induction and supervision every six to eight weeks. Nurses received clinical supervision from the Clinical Service Manager and all nursing staff were registered with the Nursing and Midwifery Council. All staff had annual appraisals to enable them to be effective in their role as they were supported and respected, and had the opportunity to improve their practice.

Staff were provided with on-going mandatory training as well as training specifically to support people around their care needs. This included dementia awareness, mental ill health, behaviour which challenges and palliative care. We saw a full planned training programme and staff had access to the Apprenticeship in Health and Social Care Certificate to improve their skills and knowledge. People received care and support from staff that was based on knowledge and best practice. We saw staff assisting people to use their walking frames around the units and helping them transfer from a wheelchair to an armchair in a safe way which showed their training had been effective.

Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected and for others, and where appropriate, to make a decision in the person's best interests. The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes.

The staff had an awareness of their responsibilities around assessing people's capacity to make decisions. We saw in people's care files that assessments of their capacity to make day-to-day decisions had been completed appropriately. In one person's care file, an assessment had been completed, in discussion with the family and advocate. In another, for someone who needed medicine given without their consent, we saw that a Mental Capacity assessment and a Best Interest Decision processes in the file, involving the family, doctor and pharmacist which was reviewed two-monthly, the prescription by the general practitioner and involvement of the pharmacist, who conducted three-monthly reviews.

The registered manager knew how to make applications for DoLS and to follow the guidance where people were restricted from leaving the home unaccompanied. A number of standard authorisation applications had been submitted to the local authority for consideration.

Information we saw within the care files showed us that staff considered people's mental capacity (having, lacking or having variable capacity) in respect of the range of activities of daily living and specific decisions about their lives. The process in place was effective as it protected people's human rights.

Good

Is the service effective?

We saw that Do Not Actively Resuscitate (DNAR) forms were completed appropriately in discussion with people who used the service and/or their relatives.

People were supported to have sufficient food and drink at Admirals Reach. Most people we spoke with said the food was nice. “Nice food here, I like the salads.” “The bubble and squeak is nice.” “We are well fed here, I can tell you.” Other people were not as satisfied. One person said, “It’s nothing like a fish and chip shop, all batter and no fish.” Another said, “Too many carrots and too many peas.” Another said, “I like the breakfasts. The dinners haven’t got much taste.”

We observed people over breakfast and lunch time. They enjoyed a variety of options for breakfast and a hot meal, with drinks of juice available all day. We saw that the meals were balanced and there was a sufficient amount for people to eat. People who needed assistance with eating were helped gently and with patience. People could choose the meals provided on the menu or, if they didn’t want any of these, were offered alternatives.

People were encouraged to eat and drink by the staff. Staff asked people if they wanted more, something else or something different if they weren’t eating what they had. Breakfast had a relaxed atmosphere, was served over a period of time and seemed to respond to the time that individual people got up. Some people were already eating breakfast at 9.15 whereas others were observed coming in at 9.30 to eat. People’s individual needs and choices about when and what they wanted for breakfast were being met effectively.

People could choose to have lunch in the dining room or in their rooms. We saw that three people who ate in their room required support. Each person had one to one support at the same time as people who were served in the dining room. A member of staff said that everybody was served and supported at the same time to ensure that food was served at the same temperature as it arrived on the unit.

There was a calm atmosphere during lunchtime in both dining rooms in Nelson Unit. The TV was turned off over lunch to enable people to focus on their meal. One staff member we saw assisting someone to eat their lunch did so at a speed appropriate to the person and was focused upon and interacting with them which gave them an enjoyable eating experience. One person banged an empty cup on the table and a staff member knew that they were requesting a drink which they drank immediately.

Risks to people’s nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant health care professionals such as the dietician and we saw the response to these referrals. The staff recorded dietary and fluid intake to identify weight loss, responding to that weight loss, and achieving weight gain as a result. There was appropriate diet provision and routine blood sugar monitoring for people with diabetes.

People’s day to day health needs were met through ongoing assessment and the involvement of people themselves, their family and clinical and community professionals such as the Dietician, General Practitioner, Mental Health Services, Tissue Viability Nurse, Optician, Chiropodist and the Continence Advisory Service. One person told us, “An ambulance takes me to hospital and a nurse has accompanied me on a couple of occasions so I am not alone.” Another person, who went out to visit an optician, said, “I can get them [staff] to take me.”

One health professional told us, “We have always found the staff to be caring to their residents and willing to raise medical concerns with us; I also feel that the unit staff have a good knowledge of their residents.”

The registered manager told us that they had a good network of professionals who came to the home as and when required. Referrals made to health care professionals were quickly responded to and the treatment and care provided was effective because the system for providing an individualised service was available to each person who lived at Admirals Reach. A report of a visit in July 2015 by the Mid Essex Clinical Commissioning Group said that “Generally the unit was welcoming and inviting, with no concerns to report. Documentation had been completed and residents were well cared for.”

Good

Is the service caring?

Our findings

People told us that the staff were very caring and kind. One person told us that when they first arrived at the service, one of the nurses, "Hugged me and she was really lovely." Another person said, "I like them. They're nice girls. You couldn't get any better. They get you anything if you want it." Another person told us, "We've all got to know each other like friends. Everybody is friendly."

During the day we observed staff talking with people and noted they were polite, warm and respectful. Staff engaged with people who used the service and were knowledgeable about them and their needs. Staff explained to people in a straight forward and clear way what they were going to do, for example, one staff member said to a person, "We're going to move you over to the table so you can sit a bit more comfortably." This reassured the person as to where they were going. Another staff member was observed saying, "I've got a nice warm bath for you." which was greeted with a smile by the person. When another person told a staff member they didn't understand what they were saying, the staff member apologised and said that they would try to understand.

The staff used supportive physical gestures to reassure and support people. These included putting a hand around someone's shoulder and gently stroking them; a reassuring hand on a person's back to help them on their way, holding their hands and giving hugs where appropriate.

We saw two staff supporting a person to use a hoist. The person was unsure about the use of the hoist but the staff explained to him in a gentle way that they were going to move him from his wheelchair to a chair at the table. They reassured him verbally and physically at all times that he would be safe.

People were involved, where possible, in making decisions about their own care so that they could maintain their independence. People's preferred names were used when talking with them and when referring to them in conversation with other staff. People said that they had not been asked about their preferences and life history and were unsure if they had been involved in planning their care. One person said, "Not lately, but I think they have asked me in the past." Another person said, "I answer questions. I inform them about things," However, we saw a member of staff involving a person in completing their folder in a way that they understood what was being written. They looked at the persons' photograph together and the staff member said, "Look [name] it's you." The person responded positively to this engagement.

We saw staff in conversation with people and using very positive and caring language. The staff made people smile, made them laugh and made them remember particular things from their past such as the names of their children or just a reminder of where they were going at that moment in time. On one occasion, however, we heard a staff member speak less thoughtfully to a person when they were assisting them to eat. This we raised with the registered manager during our feedback so that this could be addressed.

People were able to maintain their privacy. One person said that they choose to be in their room in the afternoon and that they had a key, so lock themselves in to stop others coming in. Another person said that they were able to go to their room on their own if they chose, but they did not have a key. We talked with one person who was in their room painting. They told us, "I have the opportunity to join in a group activity, but I choose not to."

Staff took the time to listen to people and responded appropriately. Staff discreetly and sensitively asked people if they wished to use the toilet. Call bells were answered promptly, staff knocked on people's doors before entering and doors were closed during personal care tasks to protect people's dignity and privacy.

Good

Is the service responsive?

Our findings

At our last inspection we found a breach of regulation 21 because some of the records were not written clearly enough for staff to understand people's changing needs. During this inspection, we found that actions had been taken by the manager to address this. Care files and daily records were now clearly written and reflected the care and support that people required and received.

The care plans were reviewed on a monthly basis so that staff had up-to-date information on the care and support people required. Family members were invited to assist in this process. A family member said, "They have sent me a letter for me to come in to discuss the care plan, so we will be doing that soon." Daily records with entries both night and day provided ongoing monitoring of people's health and wellbeing. Staff responded to people's needs as they arose, for example, appropriate referrals to health care professional were made. We noted a good personalised response in the instructions to provide analgesia to a person, prior to the redressing of a pressure ulcer.

People had been involved in discussing their needs with the staff. One relative told us, "They do tell me things but I consult with other members of the family so that we make the best decisions for [family member]." A family member told us, "The staff keep me informed about my [relative].They will ring me up if anything happens

We saw that the care records were developed from the assessment of people's needs when they first went to live at Admirals Reach. The care planning was thorough and individualised. The care files contained a photograph of the person and sufficient information about their health and social care needs, preferences and their background history for staff to respond and meet their needs appropriately.

The service had a team approach to implementing good health care practices. For example, one person was admitted to Admirals Reach with a hospital acquired grade three pressure ulcer. The Tissue Viability Nurse was contacted and a wound care plan developed. The team adhered to NICE (National Institute for Clinical Excellence) good practice guidelines i.e. wound assessments, reviews and photography. The wound was reduced significantly between April 2015 and July 2015 and almost healed. This demonstrates a sound approach to consistent and responsive care for the person.

People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order so that staff could respond to their needs appropriately. People's culture and faith were acknowledged and respected by the staff and people were assisted to maintain this. Staff told us that people could choose if they wanted a male or female staff member to provide their personal care and we saw these requests in the care file. However, some people told us that these choices were not always offered. One person said, "You just have what comes." And another said, "The first time I came here, I went for a shower and it was a man but I wasn't bothered".

Care staff were knowledgeable about the care needs of the people they supported. They had a good understanding of how people preferred to have their needs met and could explain about people's preferences and individual ways of wanting their care provided. One example was of a person refusing care for repositioning and staff acknowledging their right to do so. The care plan clearly identified this and gave tactical advice on explaining the risks to him and providing encouragement to change position. Through this responsive approach, the healing of a pressure sore was achieved and the person was out of pain.

Improvements had been made to the arrangement of the armchairs in the lounge area of Benbow unit in order that people could socialise more effectively with staff and other people. There was use of pictorial signs for facilities, decorations on walls and named bedrooms to assist people to find their bedrooms and their way around. The use of pictures and tactile wall hangings stimulated and helped people's imagination and memory. People's rooms had items of personal memorabilia and possessions to help people remember their family and who they are.

People were supported to engage in activities of their choice and maintain their interests and a range of activities and social events were on offer. The service employed four activities coordinators full time who managed a full programme which included the staff responding to people's choices of what they wanted to do, individually

Good

Is the service responsive?

and as a group. We saw an activities coordinator engaging with people on a one to one basis. She shared newspapers and personal photo albums with people, reading them and discussing what was in them.

People said that they joined in at least some of the activities that are offered. One person said, “There is a lot to do but I sometimes prefer to be on my own.” One person enjoyed reading the paper and said, “If you want a paper, there’s a paper.” One person said, “I don’t like not being able to do what I want. I don’t get to go out much”, but said “I do like the trips out to the nursery.”

Activities on offer included visiting entertainers, bingo, jigsaws, walks, gardening, manicures, board games, reminiscence activities, church of England services, sing alongs and movies. Dogs were bought to the service for people to meet and pat We saw that people enjoyed stroking and making a fuss of one on the day of our inspection. Smaller, quiet lounges were available for use and people could have their hair done in a purpose built hairdressing salon.

The service routinely listened and responded to people’s experience, concerns and complaints. One person described how they had asked to be moved from a room that was too quiet for them and was now in a room closer to the road. They also said, “I can go to bed anytime. I’ve got as much freedom as before. I certainly don’t regret it.”

A visiting GP said, “The surgery has a very good relationship with the home and the communication is good. Also the home makes appropriate referrals to the surgery and follows instructions and guidance from health professionals in a timely and consistent way.”

A complaints procedure was posted on the notice board in one unit and one person said if they had a complaint; they would, “Get on to the one in charge.” Another said, “I’ve no complaints here at all.”

The management team operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to the staff or the managers if they had a complaint to make. We saw that the provider was dealing with complaints appropriately and saw how they were responding to concerns raised. The service has learn from past events and responded appropriately by putting in place a number of improvements to the quality of care for people, including fencing around the garden in two of the units for safety and security, a complete refurbishment of the whole service so that people have clean and comfortable surroundings and an increase in staffing to respond to people’s needs.

Good

Is the service well-led?

Our findings

The provider had a clear vision and philosophy for the service and was delivering their primary aims to provide a safe, secure environment that allowed residents as much independence as possible while supporting a range of care needs.

People we talked with knew the registered manager and were positive about him. They said, "I have met him about three times. I like him very much." Another said, "I've seen him. He's a nice man." And another said, "He ran the first talk we had." And another said, "They do an awful good job and I think it's well run."

The service promoted a positive culture that was person centred and people who used the service and relatives were involved in the development of the service and good care practices. Their views and opinions were sought through having feedback forms available, quarterly residents and relatives meetings held and a quarterly activities newsletter produced to communicate and involve people who used the service and their families. Also, a survey, carried out in May 2015 completed by people who used the service and their relatives, identified areas for improvement such as promptness of staff attending to people's needs, activities and food. The registered manager had an action plan in place for these improvements. A relative said, "The care is excellent, it is a very good care team. I feel my views are listened to and acted on by the manager and staff."

There was a strong management team which consisted of the registered manager, deputy manager and clinical nurse manager with on-going support and involvement from the provider. Nurses provided day to day leadership within the units for seniors and care staff. The managers worked well together and were visible in the service. We saw that all staff understood their role and responsibilities and what was expected of them. One staff member said, "The registered manager walks around the home every day, they are there, and talk to the residents, they encourage us to sit and talk with the residents and do activities with them." One staff member, when talking about one of the unit managers said, "She is a diamond. She encourages me to put my ideas about running the unit forward."

The staff were very positive about the management of the service. They told us that the managers were approachable and had a vision for the service, they felt supported and involved. Staff at all levels said, "They are very supportive and we see them a lot." Another said, "He [the registered manager] knows the residents and staff." One staff member said about a unit manager, "They are very supportive; they encourage me to contribute to the running of the home during the monthly team meetings."

Staff were supported to question practice and the provider had implemented a new system of supporting staff around whistleblowing which was called 'Speak Up'. All staff were aware of this new policy which encouraged concerns to be raised and staff knew their rights and responsibilities. One staff member said, "It's good that we can speak up about things that are not right." There were also incentives for staff such as a staff recognition system for numbers of years worked at Admirals Reach and an 'Everyday Hero' who received a certificate and a badge after they have been nominated by people who use the service.

As part of the monitoring of the service, the managers visited each of the units every day and held a daily morning meeting with senior staff. Nurses were involved in monthly clinical risk meetings which identified levels of need and how to manage that need.

A system of auditing care plans and risk assessments, health and safety, medicine management and appraisals of staff was completed weekly, monthly and annually as needed. They measured and reviewed the delivery of care and used current guidance to inform good practice, their decision making and improvements to people's care and wellbeing. The provider had just introduced a new care planning system to improve the management of information about people's needs and staff were in the process of transferring information into the new system. This did not affect the delivery of care to people who used the service.

Care plans were available to the staff and were put away after use so that they were not left on display. People could be confident that information held by the service about them was kept confidential.

To drive improvements, Admirals Reach is part of the Prosper Project, supported by Essex County Council, with a focus on reducing acquired pressure ulcers within the service. They were trying new ideas and implementing small changes that had worked. This had included training all staff, re-educating staff and completing safety audits on

Good

Is the service well-led?

all units. They were also recording falls, pressure ulcers and urinary tract infections (UTI's) by using the NHS safety thermometer as a way of preventing and reducing people's admission to hospital. They had used the results from a range of external reviews about the quality of the service to aid their improvement plans.