

Care UK Community Partnerships Ltd

# Armstrong House

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Armstrong House is a purpose-built nursing home providing care for up to 71 older people, some of whom are living with dementia.

### People's experience of using this service and what we found

The service was exceptional at placing people at the heart of the service. The registered manager and staff had a strong focus on demonstrably showing people were valued and respected. Staff were exceptionally caring. They focused fully on the goals and aspirations of the people who used the service. They all shared the same hopes and wishes for people to continue to live the lifestyle of their choice. The staff provided, as many opportunities, as possible for people to develop their confidence, regain skills and become as independent as they could.

We found that staff were totally committed to delivering a service which improved people's lives in fulfilling and creative ways. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The staff drive and passion had created a dynamic and vibrant service. Relatives and other professionals we spoke with during our inspection highly praised the service and the impact it was having on people.

Staff were making a difference to people's wellbeing by working well as a team, in harmony with one another and by sharing the same values and principles.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People's health needs were thoroughly assessed and external professionals were involved in individuals care when necessary.

Staffing levels met people's needs. Staff had received a wide range of training including working with people who may display behaviours that challenge. Checks were made on the ongoing competency of staff. Appropriate checks were completed prior to people being employed to work at the service.

People who used the service came from diverse backgrounds. To enable individual's communication the registered manager had looked at the skill mix within the service and employed staff who were bi-lingual. They had also ensured staff had access to telephone translator services and was making sure staff recorded key phrases and words in people's care records.

The cook had received a range of training around meeting people's nutritional needs. Staff were encouraging people who were under-weight to eat fortified foods. A range of menu choices were available.

The registered manager had acted on concerns and complaints and had taken steps to resolve these

matters. All incidents were analysed, and lessons were learnt and embedded into practice. The registered manager and deputy manager constantly looked for ways to improve the service. People's voices were of paramount importance in the service.

The service was well run. The senior managers and registered manager carried out lots of checks to make sure that the service was effective. The registered manager continually researched information about best practice and ensured staff practice remained at the forefront in introducing new guidance.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

Good (report published 29 December 2016).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Armstrong House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

An inspector and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Armstrong House is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was an unannounced inspection.

#### What we did

We reviewed information we had received about the service, which included details about incidents the provider must notified us about, feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and six relatives to ask about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, two nurses, two senior carers, eight care staff, two activities coordinators, a cook, a domestic staff member and two visiting healthcare professionals.

We reviewed a range of records. This included seven people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- A person commented, "It's safe as houses here. The staff are good, and the manager makes sure they are right for us."

Assessing risk, safety monitoring and management

- The registered manager critically reviewed all aspects of the service and determined if and where improvements were needed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. The records used to monitor those risks such as for hydration, nutrition and pressure care were well maintained.
- The environment and equipment were safe and well maintained. It was difficult for staff to manage the ambient temperature in the service and the registered manager discussed how they would be highlighting the need to determine if air conditioning units could be installed. Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. At least two nurses and 12 care staff worked during the day and two nurses plus eight care staff were on duty overnight. In addition to this, the registered manager, deputy manager, activity coordinators and ancillary staff worked at the service.
- The provider operated systems that ensured suitable staff were employed.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them, or they were no longer required staff reviewed the continued need for them with their GP.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- The home was clean and people were protected from the risk of infection. Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons.

### Learning lessons when things go wrong

- The registered manager and deputy manager critically reviewed all incidents and ensured staff considered how lessons could be learnt.
- Staff had a positive attitude to working with people, were motivated to prevent things going wrong and learn from what worked well.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An in-depth assessment tool was used to monitor people's needs. People's physical, mental and social needs were holistically assessed, and their care, treatment. Support was delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies.
- The registered manager and staff ensured this informed the care plans so staff could support people to achieve effective outcomes.
- Regular review meetings were held with family members. This ensured the service held accurate and up to date assessments.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a comprehensive programme of training. Staff confirmed that they had been trained in the topics, which enabled them to work effectively with people.
- The registered manager encouraged staff to access a wide range of training opportunities. This had led to staff completing various levels of national vocational training and a variety of staff had been trained to become champions in various aspects of care such as dementia and infection control.
- New recruits completed the Care Certificate, as a part of their induction and completed training plus shadowed experienced staff for their first few shifts.
- Staff had regular supervision and appraisals. Staff told us they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people who were under-weight to eat fortified foods. The cooks had completed a wide range of nutritional training, including how to prepare appetising adapted diets.
- People had access to healthy diets and ample portions of food at mealtimes.
- A person commented, "Food is beautiful and it's very tasty too."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when appropriate and as agreed with the person concerned. Records showed when people had contact with other professionals including doctors and nurses. The records described the outcomes and if there had been any changes in people's needs.
- The local GP completed a weekly visit to the service and regularly reviewed people's care needs. In addition, people were seen by GPs and community nurses when health needs changed.

- A visiting healthcare professional commented, "They have a loyal and dedicated work team who genuinely care and have high standards. I have seen the positive changes the team have made within the home."

Adapting service, design, decoration to meet people's needs.

- The service was decorated in line with best practice guidance for people living with dementia.
- People had been supported by staff to make their accommodation homely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take a particular decision and any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager ensured staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff asked people for consent before providing them with assistance and asked them what their choices were for meals and drinks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People, we spoke with commended the staff for their outstanding delivery of care to people. A person commented, "I think the staff really care for you like a family and I'm so very lucky to be here."
- The extremely positive approach of the service had a significantly improved people's lives. The registered manager discussed how they had worked to ensure each person was valued and enjoyed meaningful occupation. They creatively looked at how this could be demonstrated to individuals and introduced the role of 'resident champion.' People who used the service achieved this status by assisting others in the service, for instance one person encouraged others to drink enough fluids at meal-times and let staff know if people were not hydrated. Another person assisted staff to deliver the post to people and work with the laundry staff to deliver clean linen to each person's room.
- Every person who used the service was actively encouraged and supported by enthusiastic staff who were committed to empowering them to lead a fulfilling life and develop new skills. Staff were exceptionally caring. All staff members spoke passionately about the importance of supporting people in ways to enhance their emotional and physical well-being. For example, staff had worked closely with one person who had experienced a significant brain injury to regain skills, which had led them to being able to move back to living independently.
- There was a very strong ethos of caring about each individual person shaped by the senior management team. Staff told us they felt personally cared about and this in turn had led to very positive team working. Each unit was staff by a dedicated team of staff who continuously adapted their high standards of care and support to meet people's needs. The team members gave high praise to each other for the positivity they brought into the service.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. Staff told us were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live.
- A number of people did not have English as their first language and the registered manager had closely considered how they could be supported to fully engage in the life of the service and make their views known. The registered manager had proactively employed staff who were bi-lingual and there was a least one staff member employed at the service who could speak to each person in their native language. Also the registered manager had ensured staff had access to external interpreters.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to think for themselves and be their own advocates, so they could design their own care. People's personal decision-making was of paramount importance to the staff. One staff member

told us they were constantly learning about people's lived history, so they could understand any personal motivation to do something and past routines. They told us, "This assists us to understand any routines they maybe following and makes it more likely that we can understand the basis of behaviour so see what looks like an unusual behaviour is really not. For instance, if a person was a postman when they were younger and back in that time wouldn't it be usual for them go from door to door along the corridor posting things."

- The registered manager showed they cared intensely about and highly valued people's views. They had set up regular 'resident meetings', which the activity coordinator chaired and at each meeting the heads of department attended to answer questions and hear people's views. The minutes showed staff listened to every person who attended the meeting.

#### Respecting and promoting people's privacy, dignity and independence

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. Staff support to people had resulted in people achieving greater independence and new skills underpinned by growing confidence in their abilities. People were able to engage in community projects such as going to the local allotments, work with children from local schools and develop the skills they needed to return home.

- People had been supported to make significant improvements to their level of independence, skills and confidence. Some of the people who used the service had completed recent training with the staff team such as the fire training. One person who was about to move back home had accepted a position as a volunteer who would be visiting the service on a weekly basis to assist the staff and continue to engage with the people.

- The registered manager proactively and creatively looked at how to support all who had been in contact with the service continue to lead fulfilling lives. For example, a staff member who had experienced a life changing illness and could no longer work remained involved in the service. They now worked in a voluntary capacity as an assistant to the activity coordinators and felt this gave purpose to their life.

- People's right to privacy was highly respected by staff and their dignity maintained. Staff took positive risk-taking measures and where possible. For instance some people requested staff reduced the number of times staff checked them at night. The staff had considered the risk being posed and whether other measures for monitoring individual's safety could be adopted such as sensors.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were consistently asked to express their opinions about what was on offer and given choices about all aspects of their care and treatment.
- People told us that the staff were good at their job and really went the extra mile to ensure they led meaningful lives. One person told us how staff had helped them to re-establish their relationships with family members and this had a positive impact on their life.
- People's needs were identified, including those related to equality, and care plans created which were detailed and individualised. These reflected each person's personal choices for the support provided by staff and were regularly reviewed.
- People and relatives told us care was delivered in the way they wanted and needed it. A relative commented, "Staff always let us know if there is a change or a concern."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in meaningful occupation and the staff had tailored activities to stimulate each person and entertain individuals. The activity coordinators organised a wide range of entertainment and different projects for people to join. They routinely supported people to engage in activities in the local community and one person told us about the new lease of life they had experienced because they had been supported to start gardening again.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.
- The registered manager noted that the current care record format did not assist staff to detail people's communication, for instance when English was not their first language and was working to ensure was addressed.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. Where people had complained, these had been investigated and responded to.

- All concerns, as well as any complaints, had been acknowledged, investigated and responded to by the registered manager. People told us any concerns were quickly addressed by the registered manager and resolved to their satisfaction. A person said, "The manager always resolves any issues I raise."

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager's vision and values were imaginative and person-centred. They made sure people were at the heart of the service. They had considered all the small details of people's daily lives for example, how people retained a sense of control and were engaged in meaningful occupation so had started the 'resident champion' scheme. Staff closely listened to the champions and their input was clearly valued.
- The provider maintained clear oversight of the service and ensured regional managers as well as their quality team visited regularly. They had an extremely engaged central team who always critically reviewed the service to determine how further improvements could be made.
- The registered manager constantly kept abreast of new developments within care and always ensured the latest best practice guidance was implemented. They were committed to creating an innovative service.
- Staff were energised by their work. Every staff member was driven by people having choice and control over their own lives. People expectations about choice and freedom had risen. Staff revelled in people's successes no matter how small, which in turn led to people having increased confidence. A relative confirmed people's increased confidence, self-esteem and taking increased responsibility for themselves.
- Staff told us they felt listened to and that the registered manager and deputy managers were approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. Staff at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they created dementia champions who worked with people and staff to make sure the service is an environment where everyone felt valued.
- A person commented, "The manager and deputy manager have things well in control. When they first came here the home was not in a good place, but they have certainly turned that around."

Continuous learning and improving care

- The quality assurance system included lots of checks carried out by staff, the registered manager and the regional manager.
- The provider, registered manager and deputy manager provided very strong leadership and their constant critical review of the service had led to year-on-year improvements. They consulted with staff, people and relatives routinely to identify how they could enhance the service and ensure they remained at the forefront of best practice.
- Feedback from people confirmed that they felt listened to and integral to the service development.

#### Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people. One staff member said, "We work really well with the local GP who visits weekly. We also have a good relationship with community nurses and if we have any concerns, they are always available on the phone or will visit."