Care UK Community Partnerships Ltd

Armstrong House

Inspection report

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Date of inspection visit:
06 December 2016
07 December 2016

Date of publication:
29 December 2016

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

Summary of findings

Overall summary

At the last unannounced, comprehensive inspection completed on 26, 29 and 30 October 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to staffing, safe care and treatment, need for consent, person-centred care, receiving and acting on complaints and good governance. We asked the registered provider to take action to make improvements. The registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. We undertook a focussed inspection completed on 3 May 2016 following concerns being raised about people being made to get out of bed early to suit staff. We did not find evidence of this at the time of our visit in May 2016. We undertook this comprehensive inspection to check that the registered provider had followed their plan and to confirm that they now met legal requirements.

Armstrong House is a purpose built care home providing accommodation and nursing care for up to 71 older people, some of whom have dementia. The service is provided over three floors and is separated into four individual units.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the premises to be clean and tidy. Areas had been re-decorated and new furniture had been purchased. There was an on-going plan for re-decoration. There were some signs of odours in a couple of bedrooms we inspected but we saw that the registered manager was addressing this with confirmed orders for replacement flooring.

There were systems and processes in place to protect people from the risk of harm. The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

Staff told us that they felt supported and had regular and productive meetings with the management team. Staff told us that they were up to date with their mandatory training and had completed training that was relevant to the service. We saw staff were supported to develop professionally by taking additional qualifications and roles of responsibility.

Staff and management had an understanding of the Mental Capacity Act (MCA) 2005. The senior management had a good knowledge of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was

recorded within the person's care plan.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. We saw that medicines had been given as prescribed.

There were positive interactions between people and staff. We saw that people were supported by staff who respected their privacy and dignity. Staff were attentive, showed compassion, were encouraging and caring.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. We saw people from different cultural and ethnic backgrounds were supported to ensure their needs were met and respected by all staff within the service.

People told us they had good access to their GP, dentist and optician. Staff at the service had good links with healthcare services and people told us they were involved in decisions about their healthcare. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed. Nursing care at the service was provided by a consistent core team who were motivated and supported by the registered manager.

Assessments were undertaken to identify people's health and support needs. Care plans reflected people's individual needs, wishes and choices. People's independence was encouraged and there were activities taking place in the service that included evenings and weekends.

The provider had a system in place for responding to people's concerns and complaints. People and the relatives that we spoke with during the inspection told us they knew how to complain and felt confident that staff and registered manager would respond and take action to support them. People and relatives told us they felt confident in the registered manager and our observations confirmed they knew the staff and all people within the service very well.

Records looked at during the inspection informed that audits were in place to monitor and improve the quality of the service provided. The service had responded to requirements and recommendations from the previous CQC visit in October 2015 and a clear record of actions was recorded and reviewed on a weekly basis by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe and we found that action had been taken to improve safety including staffing levels and medicines administration.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Staff were recruited safely to meet the needs of the people living at the service and there were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Is the service effective?

Good

This service was now effective. People had their consent or that of their legal representative recorded.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular and effective supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Is the service caring?

Good

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff

they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was now responsive. There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened and acted on any concerns.

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

Is the service well-led?

Good

The service was now well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the registered manager. Staff told us they were supported and were motivated to continue to make improvements at the service.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Armstrong House

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. At the last unannounced, comprehensive inspection completed on 26, 29 and 30 October 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to staffing, safe care and treatment, need for consent, person-centred care, receiving and acting on complaints and good governance. We asked the registered provider to take action to make improvements. The registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. We undertook a focussed inspection completed on 3 May 2016 following concerns being raised about people being made to get out of bed early to suit staff. We did not find evidence of this at the time of our visit in May 2016. We undertook this comprehensive inspection to check that the registered provider had followed their plan and to confirm that they now met legal requirements.

We inspected Armstrong House on 6 and 7 December 2016. This was an unannounced inspection. The inspection team consisted of one social care inspector and an Expert by Experience who had cared for an older person.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information about notifications we received and other information such as complaints and feedback from people using the service, relatives and stakeholders.

We spoke with safeguarding and commissioners of this service prior to our visit, who did not raise any concerns at that time. We spoke with two healthcare professionals after our inspection and their views of the service are contained within the body of this report.

At the time of our inspection visit there were 59 people who used the service. We spent time talking with people who used the service, staff and relatives. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited. We spoke with ten people who used the service and five visitors.

During the visit, we also spoke with the registered manager, two nurses, housekeeping staff, and seven care and activity staff. We also spoke with one visiting professional.

During the inspection we reviewed a range of records. This included six people's care records, including care planning documentation and medication records. We also looked at six staff files, including staff recruitment and training records, records relating to the management of the home, its improvement plan and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

Without exception, every person we spoke with told us they felt safe living in Armstrong House. They also said they felt safe with all members of staff. Family visitors also said they felt their loved ones were safe. People told us; "I can tell the staff anything," and "I feel very safe and confident here".

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Training records showed staff had received safeguarding training which was regularly updated. We saw that information was displayed around the service with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

On this visit we asked people if they felt there was enough staff. They told us; "As far as I am concerned there are enough staff. A visitor told us; "I think they could do with another member of staff on this nursing unit. Someone who could just sit and talk – it would be helpful." We asked staff about staffing levels and people were mostly positive about this. One staff member said; "Yes, I think we do have enough staff. We can manage quite well and we very much work as a team."

We observed that although the service was busy, care did not appear rushed and call bells were answered within a few minutes. For example staff asked people about the lunch menu and people chose what they wanted but were not hurried into making a choice. We observed staff intervening to a person who was sitting on their bed. The staff member spent some time coaxing them to sit in a chair where there was little risk of the person slipping to the floor. We observed another person being helped from their wheelchair by a staff member, at a pace that met their needs. The registered manager also told us that a new nurse call alarm system had recently been fitted around the home which meant alarms only sounded in their own units but the management team had oversight over how long staff took to respond. They told us this had been helpful to share with people and relatives if they thought they had to wait a long time when in fact it had only been a matter of a minute or two if staff had been busy elsewhere.

On the days we visited there were two members of nursing staff, two senior care staff and ten care staff. There were also housekeeping staff, kitchen staff, laundry staff and maintenance staff as well as an administrator and two activity co-ordinators. The service had a staffing levels tool which was based on the dependency needs of people using the service and the management informed us that if people's needs changed they would increase staffing levels accordingly. The registered manager told us their aim was to reduce the number of agency staff hours which were primarily on nights. We saw the registered manager had just recruited two staff members for nights and that over the course of the last few months the use of agency staff had dropped to less than a third of the hours used in April 2016.

We looked at the management of medicines. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of

misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited, reviewed appropriately and disposed of. The staff member checked people's medicines on the Medicines Administration Record (MAR) and medicine label, prior to supporting them, to ensure people were getting the correct medicines. Other checks included a handover check undertaken twice daily by the nursing staff of controlled drugs (CD). The nurse told us, "The checks we do on the CDs and the CD drug book means we are clear and I like to be organised." Controlled drugs are medicines that may be liable to misuse.

Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medication. The staff member remained with each person to ensure they had swallowed their medicines. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. The nurse also explained to us that for people who may lack verbal communication to say they were in pain, that they used the Abbey Pain Scale which gave an assessment through observations by the nurse. The nurse told us, "I take my time with medicines, we don't have to run. It is 24 hour care here and we have a good team."

The deputy manager was responsible for conducting weekly medicines audits, including the MARs, to check that medicines were being administered safely and appropriately. We saw the deputy manager had acted immediately when a person had not received a dose they were prescribed by contacting the G.P for advice and referring the issue to the local safeguarding team. The deputy manager told us, "We encourage people to reflect and learn, mistakes may get made but we do not sweep it under the carpet and so staff will now come and say this has happened." A recent external audit by the supplying pharmacy had also recently been carried out

The nurse on duty told us the service had addressed ways to ensure the accurate completion of topical medicines application records and body maps for topical medicines prescribed, by the completion of a daily chart file. This meant the service could evidence people received their medicines as prescribed.

There were effective recruitment and selection processes in place. We looked at four personnel records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service. We looked at four staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. The registered manager explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. One person who had worked at the service for only a few months told us their induction training and support had been, "Really good." This meant the service had robust processes in place to employ suitable staff.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The six care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

The registered manager showed us the infection control audit, which included the cleaning audit, and we saw that actions were included in the service improvement plan.

We saw a more robust process for accident and incident monitoring was in place to ensure any trends were identified. The registered manager undertook this and we saw that detail such as times and areas of falls and accidents could be linked together. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Good

Is the service effective?

Our findings

We looked at supervision and appraisal records for all staff members. We saw supervision was planned to occur regularly and people received about six meetings per year and that records for 2016 were currently up-to-date. We saw from records that staff were offered the opportunity to discuss their standard of work, communication, attitude, initiative and safeguarding. One staff member told us, "[Name] the registered manager has an open door policy, you can discuss anything with her at any time, any problems, she will help."

We viewed the staff training records and saw the majority of staff were up to date with their training. We looked at the training records of all staff members which showed in the last 12 months they had received training in infection, fire, safeguarding, dementia, nutrition and hydration, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. We saw that the service had implemented the new Care Certificate induction for any new staff and the service had supported new staff to shadow more experienced staff as part of their induction. We saw that nursing staff had also accessed specialist training in the last year and one of the senior carers told us they had just completed their National Vocational Qualification (NVQ) in health and social care at Level Five. They told us, "I've just finished my NVQ Level Five, it has been hard. Out of 20 people from all over who started the course at North Tyneside College, only me and [name] another senior carer from Armstrong House have completed it. The hardest part was the research project and putting myself in a care co-ordinator's shoes in relation to dementia care." This showed the service was keen to support the personal and professional development of its staff team.

We also saw records of other regular staff meetings which included nurse meetings, senior care staff meetings and management meetings. We saw from the minutes that policies and procedures were discussed as well as training, health and safety, feedback from quality checks, issues relating to people and safeguarding. All staff who attended signed the sheet and other staff signed to show they read the minutes, this showed that everyone knew what had been discussed.

The food was well presented and the chef served the food direct from the hot trolley. We saw a continuous choice of hot and cold drinks offered throughout lunch time.

Where people required encouragement to eat their food staff provided this in a dignified manner, for example staff sat next to the person and interacted with them in a positive manner. This meant the risk of weight loss was minimised.

People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their needs. The atmosphere was calm and happy and there were staff available to support people with tasks such as cutting their food up.

Staff told us about how they monitored people's nutritional needs. We spoke with the head chef who showed us the file where they stored the diet notifications for people and we saw that it contained up-to-

date forms for people living at the service. The head chef told us that the nurses provided them with the updated diet notification forms but that they also met and spoke with people about their likes and preferences. We saw everyone had a care plan for monitoring their food and nutritional intake and charts recording people's nutritional intake were well recorded. This meant people's nutritional needs were supported.

People told us; "I enjoy my meals, we have a choice. Staff ask us what we would like from the menu, I have enjoyed my meals from coming in there is always plenty and you can have more if you want it." Another person said; "I am a fussy so and so but they know what I like now and I always have a small pate as I don't like being over-faced with food."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The management team was aware of the process for people with lasting powers of attorney in place and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA. We saw the service had requested documentary evidence of people with Lasting Powers of Attorney which is good practice.

Each unit had a file with anyone subject to a DoLS order held within it that contained the date of application, date of authorisation and date of review. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict people who lack the capacity, freedom to leave the care home unless it is in their best interests.

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a regular basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. One person told us, "Dr [Name] is here every week and they put name down if I ask to them, it's great." We saw from care plans appropriate referrals had been made to professionals promptly and any ongoing communication was also clearly recorded. A visiting nurse from the local health authority told us, "They are very well supported by the G.P. here and he has a great relationship with Armstrong House." This showed people's healthcare needs were listened and responded to by the service.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietitian and their doctor. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. Staff told us the local GP service was; "Very responsive." We spoke with a nurse from the local health authority's specialist older person's service who said the following about the service; "It is a lovely home, I am impressed by the care there. The palliative care is excellent, the nursing staff are very anticipatory of people's needs at that time and the carers are

lovely.|"

We saw the home had undergone a major refurbishment programme that included a full redecoration and new furniture. The décor had been undertaken to reflect the needs of people using the service and so the dementia unit had clear doorways and signage as well as appropriate pictures and tactile décor. One visitor felt that the home was well maintained and said about the maintenance person, "He's very good, he's done loads for [name], my relative."

Good

Is the service caring?

Our findings

We asked people if they were happy with their care at the service and received the following responses; "The staff treat me with kindness and have always done so. I can't speak too highly of them, they are excellent." One person said to us; "I think the girls are very kind and caring. They are very patient."

Overall, people looked well presented in clean, well-cared for clothes with evidence that personal care had been attended to and individual needs respected. People were dressed with thought for their individual needs and had their hair nicely styled.

Everyone said they got privacy. We saw staff using people's preferred names and knocking before entering rooms. One person told us; "They are a nice bunch of girls and boys, I can't fault them. They treat me with respect and they always ask if I am happy to have a male carer. They all know how to care for me". A staff member told us; "We care for people really well here and that makes me proud."

We saw all staff interacted with people over the course of the visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. One person told us; "Kind, very kind. Nothing is too much for them. I think they are worth their weight in gold." Another person said; "All the staff are kind at least that is what I have found. I have had no problems at all."

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. One person said; "We all have choices to do what we want, when we want, there is a person down the corridor who likes a tipple and they make sure they have that when they want it every day."

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as independent as much as possible including going out into the community and carrying out tasks such as dressing and washing with staff support if needed. One example we saw was a staff member taking a person to the toilet and they walked slowly behind them ensuring they did not have a fall but at the same time the person retained their independence. One observed another staff member gently coaxing someone to sit in a chair rather than on the edge of their bed so they would remain safer.

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person said; "I get more visitors here than I did at home, people enjoy coming! They try hard to catch my daughter and keep her updated."

We asked people whether they were involved in reviews or meetings about their care. One person told us; "Everything about my care is down to me, they always ask, and they keep my daughter involved at my request, they always try and catch her when she comes in." A relative told us the registered manager was always visible in the building, "[Name] comes round every morning". One staff member told us, "We do a resident of the day programme, that means each day we talk to a different resident and get their views and answer any concerns or queries. We write in their own words what they have said. We ask if we can speak

with their relatives or Lasting Power of Attorney (LPA). It works really well and keeps us on top of things." This showed that people were involved in the planning and reviews of their care.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One person told us, "They give me choices and don't take me for granted. I am a fussy eater and they know most of my likes and dislikes and I get what I want – a choice." We asked a staff member about how they knew how to care for someone, they told us; "Everyone had a care plan. The residents and family are involved if they wish to be. We learn the needs of the residents by talking to them and through reading the plan."

At the time of our visit, one person was receiving palliative care. We saw the staff treating relatives with kindness and ensuring that the person was comfortable. A visiting specialist nurse we spoke with told us, "The palliative care here is excellent, I have no qualms at all about the responsiveness of the nurse team."

Good

Is the service responsive?

Our findings

The nurse in charge on the first floor told us that they used the daily records to support the shift handover documentation. The shift handover documentation covered the following areas: appointments, details of accidents and incidents, any person causing concern requiring observation, changes to medication or treatment regimes and any other relevant information. This meant that staff were kept up-to-date with the changing needs of people who lived at the service. We observed a member of staff raising a concern about somebody's cough with a nurse who immediately went to visit and speak with the person. This showed the service responded when staff pointed out any change in someone's presentation.

We looked at six care plans belonging to people who used the service. These records showed that people had their needs assessed before they moved into Armstrong House. This ensured the service was able to meet the needs of people they were planning to admit to the service.

We found that risk assessments were in place, as identified through the assessment and care planning process, which meant that risks had been identified and minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. Standard supporting tools such as the Waterlow Pressure UIcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written which detailed the care needs, support, actions and responsibilities of the care staff and nursing team. We saw that these were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans. We saw daily records were kept for each person, they were concise and information was recorded regarding basic care, hygiene, continence, mobility, nutrition, activities and interests. Where people were supported by additional monitoring such as food, fluid or skin care charts we saw these had been well completed. This meant that people were appropriately cared for and supported as records were complete.

People's care records were personalised to reflect their individual preferences, support and what they could manage for themselves. The care planning system was found to be easy to follow, with risk assessments and care plans and evaluations. There was information about people's life history, such as key events in their life, work history, spirituality, hobbies and interests. We saw for one person from a different cultural background that there was lots of information to ensure staff supported and respected the person's cultural identity.

We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' decisions and we saw that the correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. Emergency Health Care Plans (EHCP) were in place in care plans we looked at. An EHCP is a document that is planned and completed in collaboration with people and their GP

to anticipate any emergency health problems. We saw end of life care plans for people where a person had clearly detailed their wishes and requests. We asked staff about end of life care and one staff member told us; "We ensure that staff read them and everything should be in there, so you know exactly what the person wants and needs." This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met and staff were supported with the process.

People told us about activities and said, "I don't really do activities as I don't like to leave my room but they come and give me a sensory massage and I love the Pets As Therapy [PAT] dog who comes round. They always bring me the activities programme each week so I know what's going on." A relative we spoke with gave an example of their relative doing some indoor gardening with a bowl and some plants and also of sing-a-longs in the dining room. Other people told us about entertainers who performed at the service and other regular sessions such as bingo and dominoes that people enjoyed. We saw the activities coordinators held regular meetings at the service to talk about activities, whether anyone had any other issues to raise and if people felt safe and happy.

We spoke with one of the activities coordinators who explained their role was, "To make people smile and to involve people as much as they wish." They explained the range of activities they provided including very short tactile sessions for people who may be poorly such as sensory massage to active and physical sessions with more able bodied people such as a Tai Chi session we witnessed with a qualified instructor. They told us they were able to purchase resources when they needed them and that they felt well supported by the registered manager. One staff member told us, "We have stuff on every day including weekend and bank holidays like singers and entertainers. They made gingerbread houses last week, people helped decorate them." One of the senior carers who worked with people with dementia told us, "I can't fault the activity staff, whilst we have been having the refurbishment they have tried to keep people busy and entertained." We saw that a programme of activities was shared with everyone at the home each week by the two activities coordinators. One care staff member told us, "The activities here used to be really poor and people had concerns about that but now there is stuff on all the time and we all try and support them." One staff member told us, "I took [name] out to town the other day, we had a great time, life goes on for these people and we are encouraged by the manager to spend quality time with people."

People told us they would complain to staff or the registered manager. Visitors we spoke with felt they know how to make a complaint if they needed to. One said "I'd go to one of the carers or see the manager." One person told us, "I can tell the staff anything and [name] the manager comes every morning, I can tell her anything."

We looked at the home's record of complaints and there was a clear record of investigations and outcomes recorded. The registered manager and the deputy manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. We saw that the learning from complaints was shared with staff through supervisions or staff meetings.

We saw records of regular meetings that took place for people living at Armstrong House and their relatives. One person told us; "They always come and tell me they are on or if I want to say anything if I don't want to attend in person." This meant the service listened and responded to the views of people who used the service.

Good

Is the service well-led?

Our findings

The registered manager and deputy manager told us about their philosophy to develop a family style home that was person centred and provided a high standard of care. A visiting healthcare professional told us; "I am enjoying going in and working with this service, we are doing quality things together and the nursing team are all on the ball and motivated with it, it's refreshing." One senior carer told us, "We all get on better, the communication is better. It seems more homely and friendly. The manager has been a new broom and she has swept clean. It has got loads better and means my home life is better too. I can go to any of the managers or nurses. I can be open and they are approachable."

A district nursing lead told us; "[Name] the registered manager is excellent, really approachable she's very good, good at interacting with families too, manages to get point over, staff are happy with her". People told us the registered manager was very visible around the home and would sit and talk to people. Staff we spoke with were confident they could report concerns about colleagues as they said the registered manager was very approachable. We saw the registered manager interacting with staff, people and visitors and it was obvious they knew people well and people were very comfortable with them. The registered manager was very open and honest about their areas for improvement since they started at the service in February 2016; this included changing the culture, care practices, getting activities going as well as upgrading the environment. A district nursing lead told us, "I started coming here four years ago and there were lots of issues, but [Name] the registered manager is very proactive, she has made lots of changes for the better."

The home carried out a range of audits as part of its quality programme. Areas that CQC identified for improvement in 2015 had clear updates and the improvement plan was comprehensive in its level of detail. In discussion the senior management team were very positive about the changes they had made since the previous inspection. The registered manager explained how they routinely carried out audits that covered the environment, health and safety, care plans, and medicines as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place. We saw a service improvement plan following our visit in 2015 had been updated extensively in 2016. The registered provider's regional quality team also visited the service regularly and carried out monitoring visit. We saw they got feedback from people and staff as well as checking complaints, safeguarding, the premises and registered manager's audits. Other required paperwork such as notifications the service was legally required to submit to the Care Quality Commission had also been carried out and were securely stored.

We saw the service was working closely with healthcare professionals and the registered manager told us about how the service was involved in the local community. Healthcare professionals were very positive in their views of the service. A district nursing lead told us, "The communication is really good, the carers are all very helpful and the senior carers are excellent. They really take their time, especially with people with more complex needs and they have a really good understanding of what each person wants and needs."

Staff told us they had regular meetings and we saw that both nursing and care staff met and issues such as

care planning, health and safety and rotas had been discussed. All staff signed to show if they could not attend the meeting then they read the minutes. All staff we spoke with said they felt supported by the management team and nurses. One staff member told us, "Before [Name] the manager came we didn't know where we were. [Name] has made big changes but everyone knows she is genuine, any problems, she will help and her door is always open. If you say things in confidence they stay that way."

Relatives and people who used the service were involved in the review and planning of the service. We saw that regular meetings and telephone surveys were carried out. Visitors we spoke with said they had been asked for their opinion of the home via telephone survey. One said "Someone has phoned me at home and asked what score I would give." One visitor said of the relative's meeting "I always go – it's good. It gives you a chance to air your views." Visitors we spoke with knew who the registered manager was. One said "She is amazing – she has an open door policy" and added that the registered manager was always visible in the building "[Name] comes round every morning". This showed the service listened and acted on feedback.