

Halcyon Care Homes Limited

# Marham House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Marham House Care Home is a residential care home providing personal care to 54 people at the time of the inspection. The service can support up to 66 people that are older, adult and or living with dementia. The newly designed care home accommodates people on three floors, each known as a community as they have their own living spaces and communal areas. There was safe appropriate outside space being developed.

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

People spoke highly of the care and support they received. Two areas were positively mentioned by people. This was the lifestyle support team who developed and enabled people to lead meaningful lives and have social interactions through a wide variety of events, exercise classes and activities. The second was the quality of food that people enjoyed. One person said, "The food is very, very good. I enjoy all my meals and everything they offer."

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.

People were supported by caring, respectful and competent staff who made them feel safe.

Management of the service was competent and involved in everyday events within Marham House. The new service had opened at the beginning of the national lockdown during a global pandemic. Despite this they had set up effective systems and services for people that were reflective and willing to respond to change and learn from feedback. The culture was positive and open. Staff spoken with were valued and well supported and enjoyed their jobs.

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

### Rating at last inspection

This service was registered with us on 23/03/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to rate the service following registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service and take action as appropriate.

## 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 caring.

Details are in our caring findings below.

Good ●

### 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 ●

# Marham House Care Home

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

An inspector and a specialist advisor completed this inspection.

#### Service and service type

Marham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with three people living at the service about their experience of the care provided. We spoke with 11 members of staff including the provider representative, registered manager, head of care, deputies, care workers, domestic staff and the chef. We toured the whole care home and looked at the outside space.

We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, reviews and action plans, were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We were provided with contact details of relatives and people living at Marham House. We spoke to a further five people by telephone appointment and received feedback from five relatives. We also received feedback from five more staff. We looked at training data and quality assurance records. We spoke with a further four professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked very comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness. One person said, "I'm so well looked after. I just ask and I get, and this makes me feel safe."
- Risks of abuse were minimised because staff knew how to recognise and report issues of abuse. One staff member told us they, "Have been provided with Safeguarding training and I am aware of how to raise concerns both to the Registered Manager and to the local authority MASH [Multi agency safeguarding hub] team, the Suffolk MASH consultation line has been made available for all staff to use for safeguarding concerns."
- Staff had received training about safeguarding people and told us they had never witnessed anything in the home which they felt was abusive. A night staff member told us, "People are kept safe and well with hourly checks or more often if needed."
- There was an open culture which enabled people to share any worries or concerns with the staff and management. One person told us, "The manager is very helpful. They listen to my problem and solve it."
- The registered manager worked with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were minimised where possible. Risk assessments were carried out and control measures were in place where appropriate. For example, where a person was assessed as being at high risk of falls, the staff ensured they had the appropriate equipment to promote safe mobility.
- People lived in a home where the safety of the environment and equipment were monitored and serviced. We spoke to the maintenance person who was aware of the responsibilities and actions required to maintain a care home environment safely.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Staff recruitment records showed thorough pre-employment checks were carried out before staff joined the service, including checks to ensure staff were suitable to care for vulnerable people. Interview records were thorough.
- There were adequate numbers of staff to keep people safe and to meet their needs. On the day of the inspection we saw people who requested support received it promptly. One person said, "Golly yes there is enough staff. They are nice and I can't fault them."
- Staff were able to spend time with people which made care person centred rather than task focussed. Throughout the inspection we saw staff spent time with people chatting and reassuring when needed.

### Using medicines safely

- People received their medicines safely from senior staff who had received specific training to carry out the task. One person said, "My tablets are brought in every day. At night they never forget."
- Some people were prescribed medicines that were time critical. The staff member was able to explain the systems in place to ensure this was complied with.
- Medicine was correctly stored. Where medicines required additional storage and recording this was in place. Clear records were kept of the administration of these medicines. These medicines were checked twice daily.
- Systems were in place to audit all medicines, dispose of medicines and equipment safely.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- The registered manager monitored incidents and accidents at the home and took action to prevent re-occurrence. There was a monthly audit of all accidents which looked at trends to ensure improvements were made where appropriate.
- Falls had decreased as the registered manager had analysed times, location, people and events and had adjusted staff breaks and handover times to help mitigate future occurrence.
- The management team were keen to receive feedback and make alterations to improve the service on offer.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People had their needs assessed before they moved to the home. This helped to make sure Marham Care Home could meet their needs and expectations. A staff member was able to explain in more detail about the assessment, "This ensures we capture our resident's preferences, medical conditions, capacity, required equipment and any potential risk and hazards that may arise. We are then able to use this information to complete person-centred care plans and risk assessments."
- Each person had a care plan which set out their needs and wishes. The care plan system used recognised tools to assess physical needs such as pressure care and nutrition.
- Care plans gave staff information about people's physical and emotional needs and also their likes and dislikes. This helped staff to provide care which was personalised to each individual. We fed back that some observational entries in notes made by staff were not always accurate. On investigation these were said to be incorrect and action was being taken to ensure all records were accurate.
- People were receiving care and support in line with their needs and wishes. For example, one person's care plan highlighted their love of gardening and during the inspection we heard of them tending a raised bed. Another identified a diet choice and we saw this person received a meal in accordance with this at lunch time

Staff support: induction, training, skills and experience

- People had confidence in the staff who supported them. One person commented, "Staff here are very good. A lot of things are done precisely, there are no accidents here." Other people told us they thought all the staff were well trained and good at their jobs.
- People were supported by staff who had received a thorough induction when they began work. One staff member said, "I had two weeks training and then a lot of e learning when I started work here. The training I received at Marham I felt was adequate and well delivered."
- Staff received training to help them to provide care in line with up to date guidance and legislation. During the COVID-19 pandemic most staff training had been carried out on the provider's on-line training hub. This showed 100% of staff had training in COVID-19. Relatives feedback was that they found staff to be competent and knowledgeable. One relative said, "The staff are very kind and caring and seem to have all the qualifications to do the job."

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

- People had their nutritional needs assessed and met. Where people required, or wished to have, a specific diet this was catered for. Following feedback immediate action was taken to ensure kitchen staff knew who had a specific diet related to their diabetes.



- There were overwhelmingly positive views about catering and the quality of food on offer. Comments included, "The food here is excellent."
- People received the help and support they required to eat a good diet. At lunch time staff assisted people to make choices about food and drink whilst promoting their independence.
- Lunch was a relaxed, social event which lasted well over an hour. People gathered prior to lunch and sat chatting between themselves. The tables were well laid, people could help themselves to a variety of drinks. People seemed to enjoy their meals. These were served with consideration to ensure choice and food hygiene. Staff cover was good throughout.

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

- People lived in an environment which was purpose built and welcoming. The design and decoration were of good quality and was able to meet the needs of people.
- Design and working function of the home considered best practice in relation to health and safety - examples of this were the laundry and kitchen areas.
- There was ample communal space to enable people to spend time in company or in quieter areas. Areas were clearly defined and of different décor. One person told us, "I like the tearoom best of all."

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

- People had access to a range of healthcare professionals according to their individual needs. We met specialist health professionals who were visiting on the day of our visit. Health professionals were positive about the service on offer, but one described the working relationship with the service as "Work in progress," and explained that management are, "Keen to know of problems." We conclude that this new service is still establishing some links with professionals and is actively resolving matters as they arise.
- People were encouraged to remain active to promote their well-being. There was a good balance of keeping people safe but encouraging mobility and independence. People had access to fitness classes and fresh air. People enjoyed walks in the garden, with and without staff, and thought it helped them to keep mobile.
- The staff worked with other professionals to make sure people received the care and treatment they needed. One relative explained how the transition into Marham house was enabled and, "Competently supported by [the registered manager] working together with the hospital, Social worker, Dementia Intensive Support Team worker and Dementia Together." Their relative had been, "Able to adapt extremely well to their new surroundings despite their extreme reservations of living in a residential care home" said the relative.

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

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People were asked for their consent before staff entered their room. People were given information in order to make decisions for example meeting and speaking with an inspector. When people declined, this was respected and the choice affirmed.
- Staff knew how to help people to make decisions if they did not have the capacity to decide for themselves. Staff were observed to work with utter respect of older people and people living with dementia. Choices were presented to them in ways that meet their needs.
- The registered manager had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and senior staff team led by example to make sure people were always treated with respect and kindness. We saw some lovely, kind and patient interactions between people and staff. Staff seemed to know people well. There was a relaxed, unhurried feel throughout the home. It was noticeable that staff had time to stop and chat to people or to reassure them. It never felt task led at any time.
- People were complimentary about the care home and the staff who supported them. One person told us, "I would recommend this home to anyone. The staff are kind and jolly." Another person commented, "I'm shown the greatest respect and care. I feel perfectly safe in so many ways."
- Staff spent time with people to make sure they were happy and content. We saw that when a person was upset a member of staff offered immediate reassurance and support. The calm of the staff member calmed the person in distress.
- Staff knew people well and respected their different personalities and wishes. Some people enjoyed good humoured banter with staff and others liked a quieter life. One person told us, "I enjoy myself and join in anything and everything." One person said they liked staff visiting their room, but they did not wish to mix. This was respected by staff. The person told us, "I'm well looked after and have no complaints thank you."
- People were able to follow their chosen lifestyles and religions. COVID -19 had curbed the development of communal gatherings to celebrate faith, however, services were held from time to time and it was being planned to introduce a weekly event for reflection and prayer.

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

- Staff knew people well, how they wished to be cared for and what was important to them. People said they felt able to express their views on a daily basis.
- Staff told us that people were involved in planning their care and people said their care was provided in accordance with their wishes.
- The lifestyle team held meetings for people and also carried out themed conversations with individuals. This enabled people to share their views about the home and their care and support. This enabled people to influence the running of the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with respect and dignity. One person said, "They are very respectful. Always knock on your door." Another person made a comment about how staff assisted them with personal care. They said, "Staff are very good. I just can't fault them." A relative conveyed what a person had told them – "My relative is full of praise for their caring attitude and that they respond well to her needs

and because of that, she is comfortable and feeling well looked after. She has peace of mind, and that is all important."

- Throughout the inspection we observed that people's independence was promoted. Staff encouraged people to do as much for themselves as they wished but were on hand when people needed support. Staff encouraged people to walk and maintain fitness. We saw when people needed help with personal care, it was handled discreetly by staff.
- Each person had a single room where they were able to spend time in private if they wanted to. Staff respected people's personal space.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had care plans which were personalised to their individual needs and wishes. Care plans contained information about people's previous lifestyles, interests and people who were important to them. Some of these were very detailed and were similar to life story books as they contained pictures and photographs of places and people. This helped to ensure staff accommodated people's wishes and needs when providing support. But, more importantly projected a respectful view of the individual.
- People said they continued to make decisions about their day to day care. We observed people being offered choices and decisions being respected. One person said, "I can decide for myself and they are kind and courteous."
- People were able to follow their own routines. They said they made choices about all aspects of their day to day lives. During the inspection we saw people were constantly given options of how to spend their day. A staff member told us, "A resident can request anything from doctors to hairdresser appointments whenever they wish."
- Staff spoke about people in a way which showed they treated everyone as an individual and provided personalised care and support. One staff member said, "This is the first home I've worked at where I would feel that if I left a relative, I would have no concerns for their well-being, mental and physical."
- People could be confident that at the end of their lives they would receive kind and compassionate care. Staff worked with other professionals to make sure people received care and pain relief in accordance with their wishes and needs.

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.

- People had their communication needs assessed before they moved to the home. This helped to ensure that all staff had information to support people to express themselves and their needs.
- The management told us information had been translated into different languages and formats to meet people's different needs. We saw communication aids/mats in place which also helped with communication in different languages.

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 supported to maintain contact with friends and family. During the COVID-19 pandemic the

home had followed all government guidelines regarding restrictions on visiting. However, staff ensured that people were able to keep in touch with those that were important to them.

- People and their visitors had a range of options available to ensure they could meet safely. Some people saw visitors in the garden room and others chose to have closer contact visits in their own rooms. Video calls were arranged for families. One set of relatives said, "We are both able to have daily video calls with our [relative] and the carers are always very friendly and helpful if they happen to be in the room when we or our [relative] contacts us." Technology was used to keep people connected by way of newsletters, emails and social media. This all helped people to maintain their relationships.

- There have been many events organised with people and the community for example a virtual dog show that went on-line due to COVID- 19 restrictions – but had hundreds of local entries from Bury St Edmunds. We saw that some social media posts had gone viral as life within Marham House was shared with others. The people at Marham enjoyed watching these events again as a group in the cinema room on a large screen.

- A key strength of this service is people had access to a wide range of social stimulation and activities. There was a very active activities programme which took account of people's interests and hobbies. People told us they enjoyed the activities at the home. One person told us, "I feel stimulated and I enjoy the exercise classes on the days they are organised."

- People were encouraged and enabled to follow their hobbies and interests. One person who was passionate about gardening had been given a raised bed to tend. A piano had recently been installed and we could hear this being played. People were busy attending the hairdresser and or the poetry group on the day of our visit.

- People at the home were able to take part in projects outside the home. There were regular trips out to town, people could also enjoy being transported on a rickshaw that makes parts of historic Bury St Edmunds accessible.

- During the COVID-19 pandemic many social activities had ceased but the lifestyle team at Marham House had been creative and resourceful to ensure people were able to lead a life they chose.

Improving care quality in response to complaints or concerns

- People knew they could complain if they wished to, but people told us they had nothing to complain about. One person told us, "If there is anything wrong, they sort it out."

- Where complaints had been received, we could see that these had been taken seriously, matters investigated and responded to in writing. Apologies were forthcoming. Action was taken to prevent the situation re-occurring.

- Management were open to issues being raised and truly saw it as an opportunity to improve the service on offer. Feedback from relatives confirmed they were satisfied with the process and the outcomes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People benefited from a registered manager and senior staff team who promoted a positive culture. They focused on people being treated as individuals and being able to continue to live full and rewarding lives. One staff member said, "I can honestly say that the team at Marham are some of the most caring and considerate people I have ever had the privilege to work with. There are so many instances when they go above and beyond the call of duty to ensure that the residents are provided with the love and care they need."
- Staff understood the ethos of the home and worked in accordance with this. They told us they thought managers led by example and listened to people and staff. A staff member said, "The management here are very helpful and approachable. They are very attentive to the needs and requests of staff and residents. An example of this off the top of my head is a resident wanted a different size bed and their request was met."
- Staff morale was good which led to a happy environment for people to live in. One staff member said, "I love my role and the best thing about Marham is the residents. The different characters, their talents, life stories and intelligence are fascinating. They are brilliant company and very, very kind in their appreciation of what we aim to do."
- The home had received several compliments which praised the staff and the homeliness of the home.
- People were very happy with the care they received and told us they would recommend it to other people. One person said, "I can't speak highly enough about the home. The management are kind, courteous and efficient."
- The registered manager and provider were open and approachable. They listened to comments from people and took action if things went wrong. They have been open and honest with CQC about events such as whistle blowers and have shared their journey to develop and maintain a good service during COVID-19. A staff member said, "They are good with any complaints and give feedback with the incidents and accidents to see how we can reduce the risk of it happening again."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where there was a clear staffing structure with clear lines of accountability and responsibility. Systems in place had named staff who knew each other's roles and responsibilities that were supported by good lines of communication. There was always a senior member of staff on site who was able

to monitor standards of care and respond appropriately to incidents or concerns.

- The registered manager and senior team were very visible in the home which enabled them to constantly monitor practice and seek people's views. People knew who the registered manager was, and we saw people speaking with them throughout the day.
- People lived in a home where quality was monitored in a planned way. The registered manager and provider had systems in place that allowed for regular audits, face to face observations and good records of monitoring in place. Actions to address any shortfalls identified were followed up.
- The registered manager was clear about their role and regulatory requirements. The registered manager communicated with the CQC and other appropriate agencies when necessary. They also notified relevant bodies of significant incidents in a timely manner. One staff member said, "The Manager supports the team to manage any incidents and accidents quickly and openly, through investigating when necessary and ensuring we learn from mistakes through themed supervisions."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and the provider made sure people and their relatives were involved in the running of the home and kept up to date with changes. This included regular meetings for residents with minutes kept, newsletters, and resident of the day which included contact with relatives.
- The provider had systems to seek people's views which included regular themed conversations with staff and people who lived at the home. Recent themed conversations regarding mealtimes showed people were mostly happy with the mealtime experience. This was echoed by our observations and conversations during the inspection.
- People benefited from a staff team who worked in partnership with other professionals to make sure people received the care and treatment they required.
- Throughout this inspection, the registered manager demonstrated they worked closely with others to improve the quality of the service provided. Their engagement with CQC was positive, responsive and collaborative.