

Memory Lane Care Homes Limited

Marigold Nursing Home

Inspection report

Leechmere Road
Sunderland
Tyne And Wear
SR2 9DJ

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22 January 2020
23 January 2020

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Ratings

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

Summary of findings

Overall summary

About the service

Marigold Nursing Home provides accommodation for up to 49 people with residential and nursing care needs in a purpose-built building. At the time of the inspection, 47 people were using the service. Some of the people were living with dementia.

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

There was a strong, visible, person-centred culture at the service. Without exception people and family members were extremely positive about the caring nature of the registered manager and staff. They told us it was like people were "being looked after by family" and the registered manager was "wonderful". There were numerous examples of staff consistently going above and beyond their role. Staff demonstrated empathy and a real understanding of people's needs.

All decision making centred around people. Equality and diversity was embedded in the service and people were supported to practice their religious or spiritual needs. Respect for privacy and dignity was at the heart of the service and staff promoted independence. The patient, person-centred approach staff took to get to know and understand people meant they excelled at ensuring people's anxieties were reduced.

The service was extremely responsive to people's individual needs and staff developed extremely positive relationships with people. The registered manager had implemented a holistic approach to end of life care.

The service has taken innovative steps to meet people's information and communication needs. Staff had gone the extra mile to find out about people's past, what was important to them and what they enjoyed doing.

Staff were highly motivated and told us the leadership of the service was exceptional. There were consistently high levels of constructive engagement with people, family members and staff, who were empowered to make decisions and contribute to the running of the home.

The provider and registered manager were highly motivated and passionate about making sure people received person-centred and high-quality care. There was a strong emphasis on continuous improvement and the service incorporated best practice guidance. The service had forged and maintained excellent links with health and social care professionals.

Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse. Risks were well managed and the provider learned from accidents and incidents.

The provider carried out appropriate security and identification checks when they employed new staff. There were plenty of staff on duty to meet the needs of people and they were suitably skilled, experienced and supported in their role.

Systems were in place for the safe storage, administration and recording of medicines. The premises were clean and appropriate health and safety checks had been carried out. The home incorporated environmental aspects that were dementia friendly.

Regular assessments and reviews took place to ensure people's needs were being met. People were supported with their healthcare needs and had access to healthcare professionals when required.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 December 2017 and this is the first inspection. There was an inspection on 26-28 November 2018 however the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Marigold Nursing 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.

Inspection team

One inspector, a nurse specialist advisor and an Expert by Experience formed the inspection team. 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

Marigold Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We spoke with four people who used the service and 13 visitors about their experience of the care provided. We spoke with the provider, registered manager, clinical lead, nurse, nursing assistant, two care staff, activities coordinator and three healthcare professionals. We 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 reviewed a range of records. This included four people's care records and multiple medication 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 and visitors told us the service was safe. Comments included, "Oh I am absolutely [safe]. I never had a reason to feel unsafe" and "Yes I do [feel safe] because there is always someone about."
- The registered manager and staff understood safeguarding procedures and had followed them. Staff had been trained in how to protect people from abuse.

Staffing and recruitment

- The provider had an effective recruitment procedure in place. They carried out appropriate security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. A dependency tool was used to calculate the number of staff needed. Staffing levels always exceeded the number required.
- People and visitors told us there were always staff around and they responded promptly. Comments included, "There is always someone there" and "Yes I would definitely say there is [enough staff]."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider learned from accidents and incidents. Incidents were appropriately recorded and analysed, and action was carried out to reduce the risk of a reoccurrence.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Staff undertook regular checks of the premises and equipment to ensure people lived in a safe environment.

Preventing and controlling infection

- The home was extremely clean. People and visitors told us the home was clean. Comments included, "Yes, it's always nice and tidy" and "If anything is spilt upon the floor it is seen to straight away."
- Staff carried out regular infection control audits and personal protective equipment was readily available.

Using medicines safely

- Systems were in place for the safe storage, administration and recording of medicines.
- Appropriate policies were in place for the management, storage, administration and disposal of controlled drugs.
- The management team carried out regular medicines audits and staff were appropriately trained in the administration of medicines.

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

- Staff carried out comprehensive assessments of people's needs before they started using the service. Regular assessments and reviews took place to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- People and family members spoke positively about the staff. Comments included, "They [staff] are wonderful and know how to control situations" and "If you have a query they [staff] find out and come back to you very quickly."
- Staff were suitably skilled and experienced and received training that was up to date and relevant to their role. New staff received a comprehensive induction to the service. All staff received regular supervisions and an annual appraisal.

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

- Staff supported people with their dietary and nutritional needs. Care records described people's individual needs and preferences and how staff were to support them.
- Mealtimes were pleasant and unhurried. People were provided with choices and plenty of staff were available to support those who required assistance. People spoke positively about the food. Comments included, "The food is excellent. A good choice that is home made in their own kitchen by their own staff" and "The portion size is just about right. If you want more you can have it."
- People were regularly consulted about the menu and had asked for a 1970's themed menu, which had been introduced.

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 with their healthcare needs and people had access to healthcare professionals when required. These included, speech and language therapists, psychologists and community nursing teams.
- Regular assessments were carried out by staff and were up to date. These included risk of malnutrition, oral health and pain management.

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

- The premises were purpose built and appropriately designed to meet the needs of the people who lived there.
- The home décor was dementia friendly. This helped people to find their way around the home easily.

Bedroom doors were painted in different, bright colours with large numbers, photographs and memory boxes for those people who wanted them.

- Corridors were themed, nicely decorated and included tactile objects on the walls. One of the themes was a train station, which included a ticket master hatch and waiting area where people liked to sit.

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.

- The registered manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

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 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

- There was a strong, visible person-centred culture at the service. Without exception, people and family members told us staff were extremely caring. Comments included, "I feel [relative] is being looked after by family, they are all lovely genuine people" and "[Relative] has a love of teddy bears. They [staff] know that and make sure [relative] always has a teddy bear with her. That shows they care."
- Similar comments were received regarding the registered manager. For example, "I know [relative] is in the best place, that means everything to a family. The staff and especially the [registered] manager go above and beyond what they should" and "[Registered manager] walks about hand in hand with the residents and knows all their names. [Registered manager] is wonderful."
- Healthcare professionals spoke very positively about the caring nature of staff. Comments included, "From what I have witnessed the staff are extremely caring towards the residents, they know them very well and take the time to sit and talk to them" and "I frequently arrive unannounced and have only ever observed kindness, care and compassion from the staff towards residents and families."
- Respecting equality and diversity was embedded in the service. The registered manager had researched and reviewed best practice regarding equality and diversity. This included CQC's 'Equally outstanding' report into good practice regarding equality and human rights and the 'Lift the lid' on sex, intimacy and relationships workshop in a box from the Alzheimer's Society. These had resulted in changes made at the home, which had a positive impact on people.
- A training room at the home had been converted into a multi-faith room, which was regularly used. A remembrance tree had been painted on the corridor wall outside the faith room. This included photographs of previous residents where people could remember them.
- The registered manager had organised an equality and diversity event at the home. Staff originated from many different countries and were going to dress up in traditional clothes and bring in food and drink from their countries. Each staff member was going to talk for five minutes about their country while photographs were shown on a slide show.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service. Family members told us, "They [staff] really respect people's dignity. For example, if they see someone with a stain on their top, they'll suggest they change it and take them to their room" and "They [staff] go above and beyond, definitely. For example, they put [relative]'s makeup on because they know that's what she used to like."
- The registered manager had introduced a promise tree. Staff were asked to make promises to people and add them to the tree. The registered manager checked to ensure staff were fulfilling their promises. For

example, promising to treat everyone with dignity and respect and to keep them safe.

- Staff excelled at supporting people to maintain and increase their independence. One person was admitted as a permanent resident and detailed care plans were put in place to encourage independence. With support from staff, the person improved their daily living skills to such an extent that they had been reassessed and plans made for them to move to a supported living environment.

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

- All decision-making centred around people. Staff were exceptional at supporting people to express their views so they got the care and support they needed. People's preferences and choices were clearly documented in their care records.
- One person had expressed a desire to contact family members living overseas. The registered manager arranged for the person to be provided with an electronic tablet so they could Skype call their family members.
- The patient, person-centred approach staff took to get to know and understand people meant they excelled at ensuring people's anxieties were reduced. One person was experiencing significant distress and anxiety when they were admitted to the home. Staff worked with the person and their family, finding out their life history and interests, which helped to develop a positive relationship and ease anxieties. At a recent arts and sports event at the home, the person won first prize and proudly enjoyed showing the medal they had won.
- Advocacy information was available for people if required. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Some of the people using the service at the time of our inspection had independent advocates.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was extremely responsive to people's individual needs. Healthcare professionals told us staff achieved exceptional results. Comments included, "I have found the home to be very responsive to all the needs of residents, be it their physical, psychological or spiritual health" and "They [staff] are very responsive to the needs of their residents and are proactive in ensuring everything is considered and in place for them."
- Staff developed extremely positive relationships with people to ensure their needs were met. One person was admitted from hospital and was experiencing a lot of anxiety and distress. Prior to admission, a staff member visited the person in hospital and built up a trusting relationship with them. This led to the person having confidence in the staff member and over time their anxieties reduced. The person was very religious and found talking about religion had a calming effect so the registered manager arranged for a representative from a local church to visit them.
- A family member told us about the support the registered manager and staff had provided to their relative who had a variety of health concerns on admission to the home. With prompts and reassurance from staff, the person settled into the home and their health significantly improved. The family member told us, "Over the years I have dealt with a myriad of healthcare professionals and I have never come across anywhere as good as here."
- The North East Ambulance Service had sent a letter of commendation to the home, praising a member of staff for their responsiveness following an emergency. The letter stated, "The level of care that [staff member] gave to [name] was phenomenal and worthy of recognition."
- Care records were exceptionally person-centred and tailored to meet the needs of each individual person. Staff regularly reviewed care records and kept them up to date.

End of life care and support

- The registered manager had implemented a holistic approach to end of life care. Family members spoke very positively about the care and support received from staff. Comments included, "[Relative] was happy, content and loved. I felt that they [staff] were my family. It was like a massive relief" and "The [registered] manager is brilliant. When [relative] passed away, the [registered] manager showed up at the funeral."
- The registered manager had enrolled the service on the Gold Standards Framework in palliative care and had researched and reviewed best practice guidance. These included NHS end of life guidelines, Public Health England guidance and the Royal College of Nursing's 'Matters of life and death' document. These had been used to inform and improve policies and practices within the home such as palliative care registers and audits.
- The provider had purchased virtual reality headsets for people. These had been particularly successful with

people receiving palliative care. One person's palliative care plan described how much they enjoyed using the headset.

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.

- The service has taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. All staff had received training in deaf awareness. One person used sign language and was supported by staff with picture cards and had access to an interpreter when required.
- The registered manager and five staff had completed the communication and interaction training (CAIT) programme. This is specific training to help staff provide effective dementia care and had resulted in changes being made to assist people living with dementia. For example, a dementia friendly clock had been placed in the dining room to help people identify mealtimes.
- Care plans outlined people's preferred method of communication and clearly described their communication needs.

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

- Staff had gone the extra mile to find out about people's past, what was important to them and what they enjoyed doing. This enabled staff to match people based on their hobbies and interests and arrange small group activities. These had proven to be very successful and had initiated and developed new friendships.
- People were regularly engaged in person-centred activities and to access the wider local community. People often spent time socialising with people from the provider's other services. A caravan holiday was planned, there were regular trips out to places such as Durham Cathedral, the seaside and weekly visits to a local pub.
- We observed people taking part in group activities, which the registered manager and staff joined in. One to one activities were arranged for people who remained in their bedrooms.
- The registered manager had designed a sensory room. This included a projector, which projected images onto the wall and lights on the ceiling. The room also included a bubble tube, fibre optics, cuddly toys and percussion instruments that people could use for stimulation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This ensured complaints and concerns were acknowledged, investigated and responded to.
- People and visitors did not have any complaints but were aware of how to make a complaint. The registered manager's visibility and open-door policy meant any concerns were addressed immediately.

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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager were highly motivated and passionate about making sure people received person-centred and high-quality care. Comments from people and family members included, "[Registered manager] is not just a manager, he is hands on with everything. He is always walking around, seeing what's going on. I think that makes a home. He is like a friend" and "It goes like clockwork everybody seems to know their job, and everybody does their job."
- Healthcare professionals told us the service was extremely well-led. Comments included, "I have found Marigold Nursing Home to be a very well-led care home, with excellent leadership from the [registered] manager and the clinical lead. They and the rest of the team are very proactive in ensuring that the best care is provided to the residents and are great advocates for their residents" and "The [registered] manager is very visible within the home and has a very proactive approach to the residents, he has regular meetings with families and promotes a very inclusive home."
- Staff were highly motivated and felt the leadership of the service was exceptional. Comments included, "I could not ask for better support from either the [registered] manager or staff" and "I absolutely love working here. We are one big family."
- A full staff team was recruited prior to the opening of the home. They had completed all their training and familiarised themselves with the premises and equipment before people came to live there. The registered manager worked in partnership in developing the environment with the local authority, Alzheimer's Society, people and relatives. The registered manager told us, "This helped bring everyone together."

Continuous learning and improving care

- There was a strong emphasis on continuous improvement. Healthcare professionals told us the registered manager was always looking at ways to improve the service. Comments included, "The [registered] manager is always eager to improve the service" and "They [staff] go out of their way to learn."
- In staff supervisions, the registered manager asked staff, "What is your plan to achieve an outstanding report from CQC?" The registered manager was collating all the feedback and arranging themed staff meetings to discuss areas where they could improve.
- The registered manager kept up to date with the latest guidance and reports from CQC. For example, when CQC's 'Smiling matters' report into oral health care was published, they appointed an oral health champion. They also arranged training with the CCG, arranged for a local dental practice to visit the home to see all the people and updated peoples' oral health care plans. As a result, staff are now more aware of people's oral healthcare needs. The registered manager also reviewed NICE guidelines for improving oral health for adults

in care homes.

- As part of falls prevention training, the registered manager introduced a visual impairment simulation package. This is a pack of different spectacles for staff to wear to see what's it's like to live with a visual impairment and to improve their understanding.
- The registered manager was a volunteer ambassador for Dementia UK. This included supporting people in the community with guidance and fundraising. They had carried out research into best practice and held dementia awareness training for families. The training was so popular that other families who missed it have asked if the training could be repeated.

Working in partnership with others

- The service had forged and maintained excellent links with health and social care professionals and other local organisations. The registered manager was a member of the Care Home Group, which brought together social care professionals to share experience and work collaboratively to improve outcomes for people.
- The registered manager was a member of the Hydration and Nutrition Task and Finish Group. Learning from this was used to improve outcomes for people in relation to oral care, nutrition, hydration and dysphagia (difficulty swallowing).
- The registered manager volunteered the home to take part in a NHS Academic Health Science Network study. The aim of this study was to identify ways to reduce errors with medicine administration and improve people's safety and experience of care.
- Multi-disciplinary team (MDT) meetings were held at the home every two weeks. MDT healthcare professionals spoke positively about their experiences of working with the service. Comments included, "The MDTs are used appropriately and effectively by Marigold [Nursing Home], with issues being resolved quickly and their residents gaining fast access to health services" and "[Registered manager] immediately recognised the benefits of the [MDT] service that was being offered and was proactive in sharing this with his residents. Marigold [Nursing Home] was one of the first care homes in Sunderland to have all of their residents benefitting from this."
- Staff actively engaged with fund raising activities such as a memory walk for the Alzheimer's Society. The service offered placements to university nursing students and school work experience students.

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

- There were consistently high levels of constructive engagement with people, family members and staff. A family member told us, "I feel involved in the running of the service. He [registered manager] asks what we think."
- Prompt action was taken in response to feedback. In a recent staff survey, 87% of staff said the service provided was excellent. However, because 13% said it was good the registered manager implemented an action plan. This included more staff one to one meetings, exploring new training opportunities, expanding champion's roles and empowering staff to be more involved in decision-making processes.
- Family members were involved in staff recruitment. They sat in on interviews for prospective new members of staff and were invited to ask questions.
- The registered manager introduced a 'Topic of the month' board. They chose a topic, such as the importance of flu vaccines, and staff were invited to contribute their thoughts and ideas to the board. A visiting healthcare professional was asked to choose the best contributions each month. They told us, "Staff have really gone above and beyond."
- The registered manager empowered staff to get more involved in their champion's roles. For example, carry out audits, and attend events, training and conferences to aid their personal and professional development.

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

- The provider had robust governance processes in place to ensure they were able to monitor and assess the quality of their service. The governance system was implemented and tested before people were admitted to the service. The provider visited the home weekly and told us, "We strive for excellence."
- The registered manager recently won the registered nurse category at the National Care Awards. The home had been awarded gold award by the local clinical commissioning group. This was based on the outcome of a quality and monitoring visit. They had also been awarded with the Healthwatch Star Award, for achieving a 'strongly agree' rating in all eight indicators.
- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.