

Memory Lane Care Homes Limited

# Marigold Nursing Home

## Inspection report

Leechmere Road  
Sunderland  
Tyne And Wear  
SR2 9DJ

Date of inspection visit:  
26 November 2018  
28 November 2018

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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?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 26 and 28 November 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming.

This is the first time Marigold Nursing Home been inspected.

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. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Marigold Nursing Home cares for up to 34 some of whom have nursing needs and/or may be living with dementia. At the time of our inspection 29 people were living at the home.

A registered manager was in place. A registered manager is a person who has registered with the CQC 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.

People and relatives told us the service was exceptional and many told us how dedicated staff had been a positive influence on their family member. External health care professionals also expressed how they were impressed by the caring nature of the staff. One health care professional stated, "The level of care that [staff member] gave to [person] was phenomenal and worthy of recognition."

The excellent management of the home had been recognised in a Healthwatch visit with the award of a star award. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The registered manager was motivated and passionate about making sure people received the best care possible. They demonstrated strong leadership skills, empowering staff through education, reflection, encouragement and praise. The registered manager was fully supported by the provider.

The registered manager conducted extensive research into dementia and participated in projects with the Department of Health and the Alzheimer's Society. They used this information in the design of the dementia friendly environment and creation of stimulating activities. People were encouraged to take part in a range of activities to support both their physical and emotional wellbeing.

The service had a warm friendly atmosphere. Staff were kind, considerate and displayed genuine affection to people. We observed many warm and friendly interactions between staff and people living at the service. Staff clearly knew people well and showed genuine warmth and affection when supporting people. Staff were motivated to follow the provider's values and ensured people had 'an enhanced, meaningful and purposeful lifestyle.'

The provider had an extensive range of quality assurance systems to monitor the quality of the service, with a strong focus on driving improvement. The service actively sought feedback from people, relatives, staff and external healthcare professionals.

The provider had systems in place to safeguard people from the risk of abuse and discrimination. Safeguarding referrals were fully investigated. The provider recorded, collated and analysed safeguarding concerns and accidents and incidents to identify any patterns or trends for lessons learnt.

A rigorous recruitment process was in place. The registered manager was keen to ensure only suitable, capable and caring staff were appointed into the posts. Relatives and people using the service took part in the recruitment process.

Staff managed medicines safely. The service maintained a high standard of cleanliness and hygiene. People were supported to access health professionals when required.

The registered manager ensured there were enough competent, skilled staff on duty to meet people's need. The service regularly reviewed staffing levels and adapted them to people's changing needs.

Health and safety checks were completed regularly. Identified risks were assessed and managed to reduce the risk to people who used the service and others.

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.

Care plans were specially designed around people's care needs and preferences. These were regularly reviewed and held current accurate information. People and relatives told us they were fully involved in reviews.

## 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 good.

People and relatives were involved in the recruitment and selection of new staff.

The provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

### Is the service effective?

Good 

The service was good.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Great thought and research had gone into the creation of the environment which was specially designed to support people living with dementia.

Staff completed person specific training. Staff told us they felt supported.

People were supported to have access to healthcare professionals.

### Is the service caring?

Outstanding 

The service was outstanding.

People and relatives were extremely complimentary about the exceptionally compassionate nature of staff, and cited their influence for the positive outcomes for their family members.

Care was personalised and there was a strong focus on ensuring people's needs were met so positive outcomes were achieved.

Staff respected people's rights to privacy and treated them with

dignity. People were supported and encouraged to remain as independent as possible.

### **Is the service responsive?**

The service was good.

Care records were personalised and were reviewed regularly.

People were supported to take part in stimulating activities.

The provider had a complaints process and procedure in place.

**Good** ●

### **Is the service well-led?**

The service was outstanding.

The service was led by an exceptional registered manager who provided strong leadership and led by example. They relentlessly reflected on their own performance and used information from a range of research sources to support people to have the best outcomes.

The provider and the registered manager demonstrated a passion for delivering high quality care.

Staff spoke positively about the registered manager and developments within the service, which staff felt they contributed to. All staff we spoke with were proud to work at the service.

**Outstanding** ☆

# Marigold Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 November 2018 and was unannounced. A second day of inspection took place on 28 November 2018 and was announced. The inspection team was made up of an adult social care inspector, an inspection manager, an expert by experience and a specialist advisor in nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We undertook general observations of how staff interacted with people as they went about their work. We looked around the service and visited people's bedrooms with their permission. We examined documents relating to recruitment, supervision, training and development records and various records about how the service was managed. We looked at care records for four people who used the service. We spoke with seven people who lived at Marigold Nursing Home, eight relatives, the registered manager, the provider, one nurse, one nursing assistant, five care staff members, one activities co-ordinator, and one kitchen staff member.

## Is the service safe?

### Our findings

People told us they felt safe at the Marigold Nursing Home. One person said, "Of course I feel safe here, safe and comfortable." Another person said, "I`m much more settled here, I used to have lots of falls before but now I`ve only had one, the staff walk with me to keep me safe and there is always plenty of staff around."

People and relatives, we spoke with told us there were enough staff to meet people's needs. During our inspection we noted people were never left unsupported. The service used a dependency tool to calculate the number of care staff needed, taking in to account people's individual needs. The registered manager regularly reviewed staffing levels and conducted observations to assess how staff were deployed.

The provider had systems in place to protect people from risks associated with infection control. Personal protective equipment (PPE) was readily available throughout the service. Staff had completed training in relation to infection control and food hygiene. Infection control audits were conducted bi monthly and additional reviews were captured within other audits. The service was clean and tidy and staff were present to ensure the cleanliness remained at the required standard throughout the day.

Records relating to the maintenance and safety of the building were up to date and monitored. The service conducted monthly health and safety checks to ensure people lived in a safe environment.

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency. A grab bag containing information was readily available to support staff. Each person had a personal emergency evacuation plan (PEEP), which outlined people's individual needs and how staff should support the person in the need of evacuation in an emergency.

Accident and incidents were recorded, collated and analysed monthly. The registered manager was responsive to the information gathered. For example, one person had tampered with a fire extinguisher. The registered manager researched other available options and purchased enclosed extinguishers. Any learning points were cascaded to all staff.

Staff had completed safeguarding training. Staff we spoke with described the signs of abuse and outlined what action they would take. They were confident that the registered manager would take appropriate action. Systems were in place to ensure any concerns were reported to the relevant agencies such as the local safeguarding team and CQC. One staff member told us, "It would never happen here but if I saw anything I would not hesitate in telling [registered manager]."

Individual risks to people were assessed, monitored and managed. People were promoted to be as independent as possible and supported to take positive risk without applying undue restrictions. Staff supported people to make safe choices and ensured risk assessments were followed. General risk assessments for the environment and premises were also in place.

The service had a robust recruitment and selection process. Pre-employment checks were carried out prior

to staff commencing work at the service. These included obtaining a full employment history, reviewing identification documents, references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

The registered manager told us how people and their relatives took part in interview 'boards' to help choose the right applicants for the service. They were dedicated to find the right mix of staff, ensuring only suitable, competent and caring staff were appointed.

We reviewed four staff recruitment files. One file held a DBS record but the information regarding the Adults Barred list was missing. The registered manager assured us that the DBS check included a check on the Adults Barred list as all staff have this conducted during the recruitment process. They immediately took action to address the matter and authorised an additional DBS check.

A risk assessment had been completed in regard to information held on the DBS disclosure. The registered manager had completed a full investigation. However, they had failed to record the full consideration and rationale regarding their conclusion that the applicant was suitable to work at the service. The registered manager advised that the conclusion was combined within the investigation. We noted other risk assessments that had been completed fully.

Nurse's Nursing and Midwifery Council (NMC) registrations were valid and monitored monthly. All nurses must be registered with the NMC. The NMC is the regulator for all nurses and midwives in the UK.

Systems were in place to ensure that medicines had been ordered, received, stored and administered appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. The room was large and well designed and had hand washing facilities. Regular checks of room temperature and drug fridge were conducted and monitored.

The medicines administration records (MARs) contained a photograph of the person to reduce the risk of medicines being given to the wrong person and allergies were clearly marked to alert staff. Sample signatures of nursing staff administering medication were in place and up to date. Medicines were administered as prescribed. For example, some medicines were required to be given before food and this was clearly indicated on the MAR sheets.

Staff members administering medicines had completed medicines training and received regular detailed competency reviews.

We viewed nine people's MARs and all were completed appropriately with no errors or omissions in recording. Topical MARs with body maps were in place for people who were prescribed topical preparations and indicated the area for application.

PRN (as required medicines) protocols were in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines.

We observed the lunchtime medicines round. We noted this was carried out safely and competently. Time was taken to ensure people had taken their medicines and no medicines were left for people to take later.

The registered manager completed a monthly medicines audit and achieved consistently high scores

(97.6%-99%). The service also used an external pharmacy to conduct an additional audit.

## Is the service effective?

### Our findings

The service was decorated to a high standard and was very clean and tidy. It had a homely feel and people's rooms were personalised. The registered manager had consulted a range of dementia research to create a dementia friendly environment. Walls were decorated with themes including a garden, a train station, a bus station, a candy store and cinema. There were tangible and sensory items on the walls enabling people to be stimulated. Benches were positioned in alcoves. We observed people engage with the environment. People sat and chatted on the benches and as people walked down the corridors they reached out and touched the sensory items.

There were a range of notice boards around the premises. These included, staff photographs, names and their roles. Activities notice boards were on display in written format highlighting what activities were scheduled to take place.

Dementia friendly signage was available to support people living with dementia to orientate independently around the home. Bathrooms and toilets had a pictorial sign and wording. People's bedrooms were sign posted with both names, numbers and photographs. The photographs were of people at various points of their lives and appeared to be linked to a period of their lives that they could remember or relate to.

People felt staff had the appropriate skills and knowledge to meet their needs. One person told us, "The staff are brilliant they know what they are doing. Another person, "Yes, they are clever they always explain things to me."

The service had an extensive programme of training and staff were supported to further their own development. The registered manager had completed 'train the trainer training' and delivered face to face training to staff. A dedicated training room was available which displayed information on a range of subjects.

All training was monitored and up to date. Staff had completed training in moving and handling, infection control, equality and diversity and safeguarding. Role specific training was also completed for nursing / care staff and covered; medication, nutrition and hydration, first aid, challenging behaviour training, pressure ulcer training, dementia and end of life. One staff member told us, "I have never completed so much training. [The registered manager] wants us to do all we can."

Staff were supported and encouraged to continually develop. A number of staff had undertaken further training with Tyne and Wear Care Alliance. Sessions included pressure ulcer training, tissue viability nurse specialist training in wound management and international dysphagia diet standardisation initiative. The service had created champions in subjects such as dementia, end of life and falls. These staff members had greater knowledge in the subject and supported other staff members when required.

Staff told us they had regular supervisions from the registered manager and were given feedback on their performance. We noted the forms were driven by business need and had little information provided by the

staff member. Staff we spoke with told us supervisions were very much a two-way dialogue and they were encouraged to discuss the service, development opportunities and their own wellbeing. Appraisals were comprehensive and included discussions about individual development and highlighted areas for improvement with agreed time frames. These actions then pulled through to the regular supervisions for monitoring and oversight.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

DoLS applications were made in a timely manner and monitored whilst waiting for an outcome by the local authority. MCA assessments were completed prior to applications. Best interest decision assessments were present in people's care records and had been completed in relation to specific decisions. For example, the use of lap belts.

Throughout our inspection we observed staff seeking permission before supporting people. Staff we spoke with were able to describe the best way to support people in making day to day decisions. One staff member told us, "We always offer the two meal choices to people to pick which one they want."

The registered manager conducted a full pre-admission assessment for each person prior to coming to the service. This was to ensure staff had the appropriate skills and the correct equipment was available to ensure the people's safety and comfort. The assessment also included a review of the equality act characteristics to ensure that people were not discriminated against.

People were supported to have regular access to healthcare professionals including GPs, dietitian, and podiatrist. The service was quick to react to people's change in needs and made referrals to Speech and Language Team (SALT), tissue viability and falls team. Guidance was adopted into people's care records and clearly followed by staff.

The registered manager told us about the dining standard that the home worked towards. They recalled on one occasion a new member of staff made a communal pot of tea, milk, sugar all in one and offered to people. Permanent staff intervened and had the courage to stop this approach bringing it back to person centred approach.

Lunch time was a social occasion with music playing in the background and people and staff chatting. Staff wore cloth aprons which gave the impression of café staff. Tables were smartly laid with a table cloth, cutlery and condiments. People were offered protection for their clothing and were shown two meal options to choose from. Staff were attentive and sat with people and chatted. People were promoted to be as independent as possible. Staff were sensitive to the needs of people and gave plenty of encouragement and

offered assistance when required.

Staff sought permission before supporting people and enquired if they would like more to eat and drink. Staff were able to discuss with us, people's level of support. One staff member told us, "[Person] takes their time, we just watch that the food doesn't get too cold."

## Is the service caring?

### Our findings

The provider, registered manager and staff placed people at the heart of the service. People and relatives were extremely complimentary about the exceptionally compassionate nature of staff.

The registered manager was highly motivated in their desire to offer exceptional compassionate and kind care. They led by example and treated people with kindness and respect. A relative we spoke with said, "All staff at this home are very friendly and caring, nothing is too much trouble to them, they all go beyond their duty and I think this comes from the example of the registered manager. From day one he has made us feel welcome."

We received a range of comments which demonstrated how care exceeded expectations included, "[family member] is brilliant here, couldn't fault the place," "It's wonderful; this place is outstanding. It's like a dream. I don't worry about [family member]," "Excellent from the top to bottom" and "I walk out of here and I don't feel sad as I know [family member] is well looked after."

External health care professionals also remarked on the exceptional quality of care and support. One staff member had received a commendation letter from North East Ambulance Service. The paramedic attending reported, "The level of care that [staff member] gave to [person] was phenomenal and worthy of recognition." A visiting healthcare professional told us, "I'm very impressed, the interaction between staff and people is really good, great to see."

All staff were sensitive to times when people needed care and compassion. They involved people and their families if appropriate so they could understand people's needs and preferences. Relatives told us about the positive influence staff had on their family member's wellbeing. One relative told us, "[Family member] wasn't eating, drinking, wouldn't let people in the house and wasn't interested in their appearance. The staff are wonderful. Super with [family member]; so warm. They were patient and gained their trust, [family member] has put on weight, chats with other people and enjoys a shower. The staff have done more in three hours than we had in three months." Another relative told us, "My [family member] didn't do activities as they were very shy but look at them now. They are singing and dancing with the staff. It is unbelievable, I wouldn't have believed you if you had told me this a month ago."

Staff were motivated to follow the provider's values and ensured people had 'an enhanced, meaningful and purposeful lifestyle.' Staff were patient with people and involvement was at the person's preferred pace. One relative told us how their family member had become withdrawn in their home and was reluctant to engage with people and the wider community. They described with the encouragement of staff they had seen improvements in their family member's demeanour.

The service promoted the theme of 'family and together' and this was embraced by staff. The registered manager told us, "I think of my parents and I would want then to get the best care. I treat everyone like my family." One staff member told us, "We are like one big family here. It's not staff and residents; we are all one together."

Care was personalised and there was a strong focus on ensuring people's needs were met so positive outcomes were achieved. One staff member recalled how one person had previously been so distressed on discharge from hospital to their previous care home that they had had to return to hospital. The staff at Marigold Nursing Home visited the person in hospital so they could build a relationship, develop rapport and trust. This led to the person having confidence in the staff member and ensured a safe and relaxed discharge for the person. The person liked to discuss their religious beliefs and took comfort from seeing the staff member's cross. The staff member informed the registered manager of the person's religious beliefs and they liaised with a local church and arranged for a representative to visit the person.

Throughout our inspection we observed many positive friendly interactions between staff and people living at the service. The atmosphere was happy and full of fun. Staff were fully integrated with people and were only identified by their uniforms. They joined in with activities and were responsive to people's needs. Staff took time to sit and chat with people or walk with people. Staff were respectful with people and allowed them to take the lead.

External healthcare professionals commented on the knowledge and insight staff had in relation to people's mental health. One healthcare professional reported that staff used psychosocial interventions to great success and this was evidenced by the reduction in the use of medication. We observed one person become distressed during lunchtime. They repeatedly asked how much they had to pay for the meal. The staff member sat with the person and sensitively reassured them that the meal was paid for and not to worry. They began to talk about the person's family and the person continued their meal.

Relatives expressed how their family members had regained their self-confidence. One relative told us, "[Family member] was not engaging with people and no longer liked to go outside. Here, they have got themselves a little friend and have been out on a shopping trip. The staff have worked so hard but slowly they gained their trust."

The service gathered as much information about the person as possible from relatives, friends and social work teams. A staff member told us how one person was a baker and told stories about baking bread for their family and the lovely smell of freshly baked bread. The service assessed the possibilities of the person making bread and purchased a bread making machine. The registered manager told us the person proudly told people they had made the bread and this gave them a great sense of achievement and satisfaction. Each person had a key worker allocated to them. The registered manager was creative when matching staff and people together. They considered if people and staff had common interests. For example, one relative mentioned that their family member enjoyed dancing and attended the dance hall in their youth. The registered manager allocated a staff member who teaches dance in their spare time. We observed the person seeking the staff member to dance with. They told us how another staff member was paired with a person who previously lived in the same area. The registered manager told us they regularly reviewed key worker roles via general observations and talking to people to ensure people were happy and the relationship was benefiting the person.

People told us they were treated with respect and dignity and independence was promoted. One person told us, "They are kind and caring, they look after me as I`m getting my days and nights mixed up, they encourage me in everything really." Another person said, "I don't care who bathes me, they treat me with dignity, they make everything light and cheerful, they chat away." Another person told us, "They help me get showered or bathed every day. They give me confidence and keep me independent and there is always someone around."

The registered manager told us how one person was very private and wished to maintain their

independence but needed a little support with prompts. Staff prepared the shower room and organised the person's personal items in a familiar order to support the person to remain independent. They remained outside the shower room whilst the person showered and only entered when requested.

Staff respected privacy by knocking on people's doors before entering rooms and closing doors on toilets and bathrooms. Explanations were given when staff were assisting people, and interventions were unhurried.

The registered manager was involved in all aspects of the service, engaging with people in a sing along and supporting at meal times. People were visibly happy when the registered manager joined in an activity. We observed one person reach out their hand to hold the registered manager's hand then embraced them. A relative told us, "I think it's [the registered manager's] smile, [family member] lights up when they come in the room."

The provider was genuinely interested in people's wellbeing. The registered manager told us, "[The provider] knows people and their families. If I ask for things [the provider] knows we need them and the funds are made available straight away."

The service actively sought regular feedback from people, staff, relatives and external healthcare professionals. The service encouraged all to complete a survey, use the suggestion box, speak directly to the registered manager or complete a review on 'carehome.co.uk.' Carehome.co.uk is an independent website where people can leave comments about care and nursing homes.

We reviewed all the surveys and all were extremely positive. These reported that management and staff had people's best interests at heart and were focused on ensuring people were well cared for, staff also acted professionally and were clearly interested in gathering as much information as possible about the people they supported.

The service was open, inclusive and transparent. Survey comments were reviewed and any identified concerns were addressed with an action points for completion. This information was displayed for all to see.

People were encouraged to maintain relationships important to them. Visitors told us they were made welcome. One relative told us, "The staff are always pleased to see you, they know you by name and make a cup of tea." Relatives told they felt supported by the service. The registered manager had created a dementia awareness board for people's relatives and friends to offer understanding of the symptoms of the condition and how they could best support their loved one.

People had access to information about local advocacy services. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

Confidential information was held securely and was only accessible by staff members who required the information to perform their role. The service had started to use electronic tablets to record interactions and clinical data. Staff had a unique password to access the equipment.

At the time of inspection no one was receiving formal end of life care. The service had an end of life champion. Some people had very carefully considered their end of life needs and families were involved in discussions with end of life care plans designed around the person's wishes.

## Is the service responsive?

### Our findings

People had access to a range of stimulating and meaningful activities. Activities included singing for the brain, crafts, cinema nights, gentlemen's club and pamper sessions. People were also encouraged to remain physically active and take part in gentle exercise including ball games, ten pin bowling and the parachute game.

During our inspection we observed people participating in singing for the brain. People were smiling, singing and clapping along to the music. Staff joined in and encouraged all to take part either singing or swaying their arms. On the morning people enjoyed a parachute game. People shouted encouragement to each other as they worked together to keep the ball in the air. A loud cheer rang out when they had succeeded in getting a high score demonstrating a sense of achievement and pride.

We observed one person conducting an imaginary orchestra whilst listening to music via WIFI headphones. Another person was enjoying watching sensory images projected on to a large cinema screen. The service had begun to use virtual reality headsets to support with reminiscing.

People were supported to access the local community. The service had their own minibus and people had regular trips out for pub lunches. They also explored the wider area and visited Durham Cathedral, Glass Centre, Herrington Park and events including the Sunderland air show. The service hosted a sports day when people attended from a sister home and took part in a range of activities. Each person was awarded a winning medal. One person had their medal proudly on display.

The activities coordinator was passionate about their role and recognised the importance of inclusion. They told us, "I make it my duty, it's more of an obsession really to have a one to one room visit every day with everyone. Everyone has at least ten minutes of my time and I love it, I do hand massages, nail care, hold hands and read either with them or to them."

People told us they enjoyed the activities. One person said, "I like the keepy up and going out in the mini bus to the pub". Another person told us, "I enjoy the knitting, reading, and listening to the singing and dancing."

People were supported to practice their religious beliefs. The registered manager had arranged for a representative from the Catholic church to attend.

Prior to using the service, a thorough pre-assessment process took place taking into account people's individual needs, interests, social and cultural values. Specific care plans were created to support the person such as mobility and nutrition. Care plans we looked at outlined people's support needs and promoted their independence.

Each person had a 'This is me' document which included a life history, likes and dislikes, what was important to the person and outlined how they wished to be supported.

Care plans were regularly reviewed and evaluated. All we viewed reflected people's current needs and preferences. 'All together Sunderland Care' Passports were also in place and fully completed. This held information about the person to support in a safe transition between care settings. Staff we spoke with had an extensive knowledge of people's support needs and preferences.

People and relatives were involved in reviews of people's care and support. We saw clear evidence of management audit of the care records.

The registered manager advised that the service was moving to an electronic care plan system. It had recently started to use hand held electronic tablets to record interactions and some clinical data such as fluid monitoring.

External healthcare professionals had completed a recent survey and made reference to care records. Comments included, "I was impressed at the quality of the care planning and information available. It demonstrates a good understanding of the patient, what factors impacted upon the person's presentation behaviour and how staff can assist to reduce their level of distress."

An effective staff handover process was in place. This was detailed with day and night entries and provided a 'snapshot' of the individual's care provided.

The provider had a complaints process and procedure in place. People and relatives, we spoke with told us they had no complaints about the service.

We checked if the provider was adhering to the Accessible Information Standard (AIS). The Standard was introduced in July 2016 and states that all organisations that provide NHS or adult social care must make sure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Care plans outlined people's preferred method of communication. Visual information about the service was displayed throughout the home. The registered manager had designed a dementia friendly clock with images depicting different meal times.

At the time of inspection no one was receiving formal end of life care. The service had an end of life champion. Some people had very carefully considered their end of life needs and families were involved in discussions with end of life care plans designed around the person's wishes.

## Is the service well-led?

### Our findings

The provider and registered manager were highly motivated and passionate about making sure people received person-centred and high-quality care. The registered manager demonstrated strong leadership skills, empowering staff through education, reflection, encouragement and praise. Staff we spoke with also shared this enthusiasm. This attitude was clearly evident throughout our observations during the inspection and confirmed by the discussions we had with relatives and external healthcare professionals.

The service actively sought relatives and people's views about the quality of the care provided at the service. 'Residents and relatives' meetings were regularly held to keep people informed and capture their views. The registered manager also offered a weekly relatives surgery to address any concerns. There was an open and transparent culture. Action points from surveys were addressed and clearly displayed.

People were supported day to day to give ongoing general feedback. The registered manager was involved in a research study with the Alzheimer's Society gathering information on how to involve people in the later stages of dementia in service evaluation. They used recommendations from the study to influence the manner feedback was gathered from people using the service.

Relatives and people expressed nothing but praise for the registered manager. They told us they were approachable and welcoming. Comments included, "The atmosphere is lovely, everyone seems to be smiling. You can voice any opinion to the manager and the feeling is that any problem would be sorted, no appointment system here and his door is always open!" "[The registered manager] never stops, they are hands on."

The registered manager was constantly striving to improve the service. They kept up-to-date with best practice in relation to all areas including NICE Guidelines, Medicines and Healthcare Regulatory Agency (MHRA) and CQC. They had a specific interest in supporting people living with dementia and had contributed to a number of national research projects regarding the support of people who are living with dementia.

One project was with the Department of Health and the Alzheimer's Society which looked at the reduction of antipsychotic medication with the use of focussed intervention. The registered manager had implemented the model at Marigold Nursing Home. They told us this had resulted in successfully reducing medication for a number of people. One person had previously been prescribed antipsychotic drugs three times a day which resulted in the person being sleepy with a poor appetite. Following a period of focussed intervention, the medication had been reduced to as and when required. A visiting health professional remarked to us that they had seen a reduction in the use of antipsychotic medication and praised staff's ability to pre-empt situations and use distraction methods to support people. They also commented on the reduction in the frequency and severity of incidents of behaviour that challenged and put this down to staff knowledge and training.

The registered manager proudly told us how they had recently been selected to be a Dementia Ambassador

with Dementia UK. They recognised the opportunity available and were dedicated to completing the training in their own time. They told us how they aspired to support the wider community to have a better understanding of dementia. They said, "I see people with early dementia with no support and families don't know how to help. I want to reach out and help." The registered manager had created a dementia awareness board to support relatives and visitors with their knowledge and support with their family member. The registered manager had used guidance from the Dementia Services Development Centre, Stirling University and visited exemplary dementia services to develop the service.

Prior to the opening of the service the provider had created a sound foundation to support a sustainable service. The registered manager worked in partnership in developing the environment with the local authority, Alzheimer's Society and people and relatives. A full staff team was recruited, had completed all training and familiarised themselves with the premises and equipment before people came to live at the service. Governance systems were developed and tested prior to the service going live. The registered manager told us that the provider wanted to get everything right for people first, including the environment, skill set and mix of staff. The provider had invested in a range of technology to enhance people's care and support needs, including sensory equipment and clinical reporting equipment.

The provider visited weekly and was an integral part of the service. The registered manager told us, "I have never worked with such a provider. He is such a kind person, always thinking about the people." They told us how one person needed equipment and within four hours of asking the provider had arranged for one to be delivered.

The provider had comprehensive systems to ensure it was able to monitor and assess the quality of their service. The registered manager completed a programme of audits which included medication, infection control, care plans and health and safety. The provider also conducted quality reviews and visits. The management review audit looked at information from a range of sources including discussions with staff, people and their relatives, observations regarding the premises and reviewing records for the management of the service. A regional manager quality audit covered all aspects of the management of the service and included clinical data such as pressure ulcers and weight loss. All audits were extensive with detailed reporting with clear actions and timelines. We noted all were completed within the required time scale if not before.

Documentation relating to the management of the service was meticulous and well-presented. The registered manager had exceptional organisational skills and records we asked for were provided immediately. They had an oversight of the whole service and reviewed information and counter signed them. The registered manager's outstanding work had been recognised and they had been nominated by both staff and relatives for the Great British Care Awards 2018. The Great British Care Awards are a series of regional events throughout the UK which aim to celebrate excellence across the care sector.

Healthwatch awarded the service a star award following its inspection. The service had received the highest possible scores in all sections including, 'A strong visible management,' 'staff with time and skills to do their jobs' and 'an open environment where feedback is actively sought and used.'

The registered manager demonstrated a strong 'lead by example' leadership. They had a visible presence in the service and had a hands-on approach. Staff we spoke with were extremely positive about the management of the service. One staff member told us, "[The registered manager] rolls his sleeves up and gets stuck in." Another staff member said, "[The registered manager] is brilliant. I have learnt so much. They listen to us and involve us in everything." Another staff member said, "The registered manager is fair and easy to approach."

Morale was extremely high. Staff told us they were proud to work at Marigold Nursing Home. Many cited their happiness at working at the service down to the work of the registered manager. One staff member said, "It is amazing here, we have the time to care for people." Another staff member told us, "I have learnt so much from [the registered manager]." Another staff member said, "I feel like I'm achieving things here."

Staff were well informed about the management of the service. Staff meetings were inclusive and encouraged staff to be involved in discussions about the improvement of the service. Staff were given access to quality audits and feedback. The service had created a promise tree where staff had recorded their promises for the service and people. Flash meetings were held daily with heads of departments, they discussed the management of the service and people's needs.

The provider demonstrated appreciation of staff's hard work and commitment and celebrated positive outcomes. Staff had been given a party and the provider had also sent individual thank you cards which had a voucher enclosed.

The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

The service encouraged and supported people to be part of the wider community. The service actively engaged with fund raising activities. Relatives and staff had recently took part in a Memory Walk for the Alzheimer's Society and raised £870. People regularly attended away days at the provider's other services. The registered manager organised an arts and sports day and which was judged by representatives from the Alzheimer's Society. 24 people participated in the competition and all were awarded medals. We viewed a display of photographs of the day. A staff member told us one person had worn their medal each day for a week and were clearly proud of their achievements, we observed the medal on display in their bedroom.

The registered manager had liaised with the local school and plans had been put in place for children to visit the service. They were also supporting with a scheme to introduce work experience for pupils.