Marillac Neurological Care Centre

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Inspection report

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Date of inspection visit:
22 September 2022
03 October 2022

Date of publication:
18 November 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Marillac Neurological Care Centre is a residential care home providing personal and nursing care and treatment for up to 52 people with complex neurological support needs. These included people over the age of 18 and those with a physical disability and sensory impairment. At the time of the inspection 51 people were living in the service.

The care home premises accommodate 52 people in three units within one adapted building and three small bungalows for people undertaking rehabilitation. It is set in a woodland area with landscaped accessible gardens.

People's experience of using this service and what we found
Medicines were not always managed well. Effective systems were not in place to ensure people received their medicines safely.

Governance systems were in place to monitor the health and safety for everyone using and working in the service. Improvements to the auditing process in the areas identified in this inspection were needed.

The service had enough staff to meet the needs of the people. Staff had been safely recruited; however, we found some gaps in staff members employment history. These were identified and dealt with quickly during the inspection.

Staff understood about safeguarding people in their care and processes were in place to inform and notify the relevant authorities. Assessments of the risks to people's health and wellbeing were undertaken and kept updated. The environment was clean and infection prevention and control measures were effective.

The provider had learnt lessons when things had gone wrong and made the necessary improvements.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation. The induction, training and supervision of staff was provided to ensure they had the knowledge and understanding to carry out their roles and responsibilities.

People's nutrition and hydration needs were catered for and monitored. Staff teams within and across the service worked together and people had access to healthcare services which delivered effective care, support and treatment.

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

The staff were caring and kind. They spoke about people in a warm and compassionate way. People's dignity and privacy were respected.

People had an assessment of their needs which included their choices, wishes and preferences. This provided staff with the information they needed to respond to people in a safe and effective way.

Relatives and friends were encouraged to visit and get involved in the service, providing company and support. There was a range of social and leisure activities on offer and we saw the group activity sessions were well attended.

People were able to raise concerns and we saw complaints had been responded to. Peoples end of life care wishes had been recorded where these had been discussed.

People, relatives and staff spoke positively about the service and the management of it. Their views were sought through surveys, feedback and complaints. Improvements were made as a result of people's feedback.

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 6 May 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 28 April 2017.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe section of the full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach of the regulations in relation to the management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Marillac Neurological Care Centre

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 Health and Social Care Act 2008.

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
The inspection team was made up of one inspector, a bank inspector, a specialist professional advisor, two pharmacist inspectors and an Expert by Experience. 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
Marillac Neurological Care Centre is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Marillac Neurological Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 15 September and ended on 14 October 2022. We visited the location's service on 22 September 2022 and 3 October 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information we had gathered as part of monitoring activity that took place on 18 May 2022 to help plan the inspection and inform our judgement. We used all this information to plan our inspection.

During the inspection
We spoke with seven people and five family members about their views of the service and observed the care and support being provided by the staff. We also spoke with 15 staff including the registered manager, director of nursing, director of estates and director of therapy, unit managers, nurses, the chef, care and housekeeping staff.

We looked at a range of documents relating to the management of the service, care plans, staff recruitment and training and a range of quality audits. After the inspection we received additional information from the provider, as requested. We had contact from two health and social care professionals for their feedback about the care provided at the service.

Requires Improvement

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

● Medicines were not always managed safely. Staff did not always rotate stock as well as they could. There was a large amount of medicines in stock, but stock had not always been checked and rotated to avoid medicines going out of date.
● We found evidence that people usually received their medicines as prescribed. However, one person missed four doses of their prescribed medicine because staff had not checked the medicine had passed its expiry date and a supply could not be sourced in time. We told the team an alternative supply needed to be found as soon as possible.
● Whilst staff had contacted 111 for advice, appropriate checking and rotation of stock would have ensured that the person received their medicines as prescribed. This did leave the person at risk of experiencing symptoms of their illness that would have otherwise been treated.
● Care plans and risk assessments relating to medicines were not always accessible or up to date. For example, people taking blood thinners had no risk assessments in place for side effects such as increased bleeding and bruising. However, the provider told us that they kept this information within skin integrity assessments. This meant information was not easily accessible when reviewing people's medicines.
● PRN [as required medicines) protocols were in place. However, for PRN used to address pain, details of monitoring pain were not recorded within the medicine records and were recorded only in the care notes. Staff were able to tell us how they provided PRN medicines to people, but medicine records needed to improve to support appropriate monitoring as to whether the PRN medicines used were appropriate, affective or needed review by a medical profession.

The systems and processes in place did not ensure medicines were managed safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were administered using an electronic medicines administration (e-MAR) system which supported staff to follow the prescriber's instruction.
● People's medicines were given at set times throughout the day and staff considered people's preferences. Staff knew how to obtain urgent medicines such as antibiotics and had used NHS111 prescription service.
● Treatment rooms were temperature controlled and monitored. Controlled medicines were stored securely and recorded correctly.
● The GP visited the service twice a week to see people and consult with the staff.
● One person was administered their own medicines. We saw that risk assessments were done and appropriate monitoring in place.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. People and their relatives told us they felt safe. One person said, "I'm safe here and I feel everyone looks out for me." A family member said, "Our [relative] is safe here as we know how supportive and knowledgeable the staff are."

● The provider had a safeguarding policy in place. Safeguarding concerns were investigated by the relevant senior person and reported to the board of trustees. We saw actions taken, and lessons learnt had been recorded and were kept under review.

● Staff received training on how to keep people safe and how to identify and raise concerns. They confirmed they would raise any issues with the unit manager or nurse on duty and knew they could raise concerns externally, such as directly with CQC.

Assessing risk, safety monitoring and management

● Risks to people's health and wellbeing had been thoroughly documented and staff were provided with detailed descriptions of how to minimise risks and keep people safe.

● Care plans and risk assessments were regularly reviewed and updated as people's needs changed. This was done by the registered nurses and unit managers and all staff were made aware of changes to peoples care and support needs quickly. Referrals for specialist input from professionals were made quickly to keep people safe.

● Equipment within the service was regularly checked, maintained and stored appropriately. When concerns were identified with equipment the service acted quickly to ensure it was repaired or replaced and was safe.

● There was a comprehensive system in place for monitoring and dealing with clinical and environmental health and safety. We saw an effective process was in place for recording, reviewing, taking action and learning from any trends and themes relating to the environment and people's safety.

Staffing and recruitment

● There was a mixed response from people and their family members as to enough permanent staff available to care for them. One person said, "I do sometimes wait too long for my alarm to be responded to." Another said, "I think there are enough staff. I can get one when I need one. Normally it's someone I recognise. I guess that makes me feel secure." A family member said, "Yes there are enough staff and in the lounge areas, there are staff milling about. They know my [relative's] needs. We never feel unhappy when we leave."

● The provider ensured there was a safe level of care provided to people. A nursing dependency tool and recommendations from relevant national guidelines were used for staffing levels and skill requirements.

● There was, however, a reliance on agency nursing staff as the director told us they were having difficulty recruiting to permanent posts. They told us, "Recruitment of nursing staff is a real problem and we are using agencies which provide the same staff members for consistency wherever possible, but we ensure there are always enough qualified staff on shift."

● People and relatives made comments about the use of agency staff. One person said, "Everyone is so kind, it really makes me feel safe. I'm not so sure when there are agency staff, because it's like dealing with a stranger, especially when they are washing me." Another said, "They know the support I need and I think the agency staff are Okay." A family member told us, "We don't regard agency staff in a good light. They don't know my [relative's] name."

● Staff were also concerned about the use of agency staff. One staff member told us, "I have raised my concerns and awaiting a response. The unit manager said they would meet with me to listen to how me and my colleagues are feeling, so they are taking it seriously."

● The management team was being very proactive in their recruitment of staff. Plans were underway to recruit to posts, through open days, advertising locally and internationally. Some success from international

sources, had resulted in two nursing posts being filled.
● Staff were recruited safely in line with the legal requirements including identification and references. Gaps in staff members employment history had been found but the registered manager had dealt with this quickly by auditing all files and bringing them all up to date during the inspection. Disclosure and Barring Service (DBS) checks were undertaken and provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● The provider's infection prevention and control policy was up to date.
● Systems were in place to prevent visitors from catching and spreading infections and there were protocols in place to minimise the spread of infection.
● The provider was admitting people safely to the service. Comprehensive preadmission assessments had been completed.
● Personal protective equipment (PPE) such as masks were worn when providing direct personal care but there was some inconsistency as to how and where staff wore face masks when around the service.
● The service was clean and effective hygiene practices were in place throughout the building. Staff responded effectively to risks and signs of infection. Comprehensive cleaning records were seen for all areas of the service.
● The provider was making sure infection outbreaks could be effectively prevented or managed. Rooms had been set aside to manage isolation and/or infection outbreaks.

Visiting in care homes
● There were appropriate visiting arrangements in place for people to receive visitors at the service and to support people to go out in the community.

Learning lessons when things go wrong
● The provider had taken on board and incorporated into their lessons learnt advice from the local authority and from CQC's focussed inspection to improve safeguarding and quality assurance processes.
● The provider demonstrated that all incidents and concerns were investigated and if applicable, notified the local authority and CQC. Actions were taken to minimise the chance of incidents recurring.
● We saw evidence changes had taken place to improve the service which included the management of safeguarding alerts and dealing with confidentiality. The director of estates gave us an example of listening to staff concerns regarding the poor maintenance of hoists. It was quickly arranged for a change of maintenance provider to provide this service.

Good

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
- Evidence was seen of comprehensive pre-admissions assessment to ensure the service could meet people's.
- Peoples protected characteristics, such as age, gender, religion, race and sexual orientation was recorded to ensure the service they provided was person centred.
- Staff received training in equality and inclusivity to ensure the service was delivering care in line with guidance and good practice.
- The management team kept themselves aware of good practice guidance and implemented changes as required to support good outcomes for people.

Staff support: induction, training, skills and experience
- Staff received a full induction to the service, including shadowing experienced members of staff within the units or departments they would be working in.
- A full training programme was in place which was monitored to ensure staff were up to date. This included a range of mandatory training as well as that specific to their job role. Specialist training in complex nursing tasks such as tracheostomy care, percutaneous endoscopic gastrostomy (PEG) feeding, pressure ulcer and continence care was also provided.
- Nursing, therapy staff and directors were registered with the relevant professional bodies such as the Nursing and Midwifery Council.
- Staff were regularly observed by the nursing and unit managers to demonstrate their skills and knowledge. One staff member said, "Training is very good and ongoing." Another said, "I generally work with the same team, I like the fact that work is around giving individual personal care to people."
- Staff received regular formal supervisions. The provider supported staff to enhance personal development and staff were encouraged to complete appropriate qualifications in health and social care. One staff member said, "We are checked to make sure we are doing things right. It is vital we are skilled, competent and confident to do very complex nursing care for people; they rely on us to keep them well."
- The service was active in welcoming students to the service, such as nursing, physio, occupational therapy and speech and language therapy. People signed their consent to have a student work with them alongside experienced staff. One student told us, "Staff are friendly and supportive. Anything going on staff come and get me to observe. I am finding the work very interesting and I am learning a lot."

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink in ways personalised to them. Staff knew people's preferences well and offered a variety of choices for food and drink. One person said, "I always eat what they give me.

The food is good, and they would find me something if I didn't like it. I like my own juice, so that's what I have next to me."

● The service had a menu in place which changed weekly. The chef catered for people from a range of cultures by having an international choice of food from around the world. Some people commented that certain dishes were not as flavoursome as they might expect such as Indian or Chinese meals. One person said, "I like Indian food, it might be lentils, but there's no spice."

● The chef knew people's nutritional needs and ways in which their meals need to be provided such as soft, textured or pureed. They communicated effectively with the speech and language therapist and unit staff daily as to people's needs, choices and any changes to their specialist diet.

● The mealtime on one unit was observed to have a relaxed and comfortable atmosphere and was quiet. However, the way people were sitting in the dining room did not encourage social interaction. We talked with the director of nursing who explained they had put in place 'protected mealtimes' to enable people to concentrate on their meal without distractions and this had been beneficial, seeing some good outcomes for people. For example, one person who was easily distracted was now able to enjoy their meals and ate more as result.

● People ate at their own pace with support and encouragement from staff who were very attentive.

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

● The service was divided into three units. All areas were clean, spacious, bright and welcoming. People's rooms were well decorated and maintained. Each person and their families had input into how their bedrooms were decorated and were actively encouraged to bring personal items such as pictures, photos and ornaments to personalise their rooms.

● All bedrooms had ensuite facilities, allowing for increased privacy, dignity and independence. These were well maintained and kept clean.

● There were many accessible communal areas for people to use such as a canteen, recreational and therapy spaces which we saw being used. The grounds offered an opportunity for people to get fresh air, stimulation and a change of scenery.

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

● People had access to inhouse services such as physio, occupational and speech and language therapeutic support if funded by their Integrated Care Boards (ICB). The GP visited very regularly to discuss people's care and knew the service well. One person told us, "They encourage me to walk where I can." A family member said, "If he has sores, they are on it immediately and the same if he needs a doctor. They absolutely know my [relatives] needs

● Referrals were made to external stakeholders such as dieticians, the wheelchair service and mental health team when required. The nursing staff had access to a specialist team for advice and support when needed for people who had a (PEG) fitted. Staff liaised with the local authority social work and safeguarding teams.

● Records were kept of people's clinical, therapeutic and social care day to day needs. This information enabled all staff throughout the service to understand people's ongoing health and wellbeing and any changes in their care needs.

● Most people and their relatives gave positive feedback about the ongoing support and care they received. One person told us, "Staff make sure I am comfortable and put my arm and footrests on." A family member said, "The staff are amazing with [relative]. They understand them as a person, as well as undertaking every aspect of their needs and care to the highest degree you could expect."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. People had thorough assessments about their capacity to make day to day and significant decisions. Evidence of best interest meetings and decisions were seen in the care records.
- Some people who did not have capacity had advocates who knew them well and spoke up on their behalf to ensure decisions were made in their best interest.
- Staff demonstrated a good understanding of capacity and consent and had received appropriate training in both MCA and DoLS.
- DoLS applications had been made appropriately and authorisations received. These were monitored as active or an application awaiting authorisation from the local authority. We were shown monthly emails sent to the local authority chasing outstanding applications.
- Notifications on the positive outcome of any authorisation had been sent to CQC.
- We saw some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place which showed their or their representatives' decision about not wishing to be resuscitated in the event of a cardiac arrest. A red sticker on the spine of their care plan indicated this for easy reference in the case of an emergency.

Good

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

- People and their family members told us they were treated with kindness and compassion. One person told us, "The staff are really, really nice. [Name of staff member] is amazing, they are wonderfully kind, friendly and sweet." Another said," [Names of staff members] are especially lovely, as they will talk to me about music, which I so love. They are delightful. Others are good and they will come in and chat." A family member said, "They [staff] are so kind and loving towards our [relative] and really kind also to all the family. They always keep calm and I've never heard a staff member be unkind to anyone." Another said, "I don't think the staff especially interact with visitors all the time, but they are actually friendly and give a lot of smiles. They associate me with [relative] so know who I am".
- We saw staff being gentle, understanding and sensitive. They responded to people's needs and were not rushed. They were open, courteous and helpful when approached. One example we saw was when a person's headscarf had fallen off. The staff member immediately approached them, picked up the scarf and gently retied it, explaining what they were doing as they did so, checking it was being done as the person wanted.

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

- The service involved people and their family members in the planning and delivery of their care and support. They were included in decisions about their physical, mental health and social care needs and any clinical intervention as and when needed. One person said, "The staff are kind. They will chat to me, ask what I want. There are some real gems of people working here and they deserve our support." Another said, "The domestic staff are sweet, and they make sure my room is lovely and clean. They talk to me and ask me about things." A family member said, "[Name of staff member] gets about and they are very good to talk to."
- Where a person did not have capacity to make decisions around their care, discussions and decisions made by the staff and family members were documented.
- People and family members were able to share their views and opinions of the service including the food and menus, social and leisure activities, therapeutic support and nursing care. People's views were listened to, taken to senior management and feedback was given about the decisions made and why. For example, some family members had requested for additional physiotherapy and massage therapy to be provided from an external agency. The provider had investigated this request and fed back to them the results.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff. Care was taken to ensure doors were closed when giving personal or medical care. One person told us, "They always shut the door if they are changing me." Another said, "They close the door for personal things, brush my hair for me and cut my nails."

● Staff sought peoples consent for all interactions and spoke quietly with people when in communal areas to maintain their privacy.
● We observed staff encouraging people to maintain as much independence as possible. One person said, "I can get about in my wheelchair and it gives me a sense of independence." Another said, "They encourage me to walk where I can."
● Staff gave people time, choice and encouragement to complete tasks in their own way. One person told us, "I go to bed when I like and they'll help me with that."

Good

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

- People's care plans were detailed, regularly reviewed and updated. Care plans included information on how to support people with their complex medical, physical, therapeutic, emotional and social care needs. A family member said, "The care plan tells me what is going on."
- Staff were familiar with people's care plans and risk assessments and were able to explain people's needs to us. They were skilled and experienced in providing person centred care, whether it be medical, therapeutic or social. For example, we saw a person begin to cough. The staff member spoke with them in a calm way and told them what they were going to do. They checked with the person throughout the procedure and settled them down after.
- The daily care notes we saw were detailed and contained information about the person's daily routine, any medical intervention provided, therapeutic support and activities. However, some of the therapeutic notes were hard to read due to handwriting being illegible. This meant it would be hard to understand the treatment received and outcomes achieved.
- The provider was moving towards an electronic system whereby staff used a handheld screen for recording people's care. This would enable information to be shared quickly, read easily and all staff in all departments would have easy access to information to support people in the right way at the right time.
- Peoples choices and preferences were listened to and they were encouraged to be as independent as possible. One person said, "I make my choices, but I actually could be persuaded to do more." Another said, "They [staff] like me to do anything I can for myself."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. Information was available in a range of formats to meet people's needs and understanding.
- Care plans detailed peoples communication needs. People used a range of devices such as letter and number boards for people to point to and more technological devices such as an eye gaze system (a tablet where your eyes are used to scroll instead of your hands or a mouse). Specialist input was sought to maximize people's access to their individual ways of communicating.

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

● Planned activities were on offer for people to get involved in and they were asked what they would like to do every day. This provided people with a variety of different engaging activities, including trips out. One person said, "I like quizzes and bingo. I like having people come and sing to us. I never get bored." Another said, "I like the cooking and I like physio sessions. Art and craft is good. Music is the best and that makes a huge difference to me."

● Some people commented that they lacked the opportunity for meaningful conversations. One person said, "I'd say I don't get bored, but there's not many people to talk to." A family member told us, "[Relative] would benefit from more 1:1 attention, as their condition puts them at a disadvantage of getting contact with others." Another said, "There are no activities for [relative] to participate in as they struggle with those on offer. They get frustrated but they love the garden."

● People could access the garden and surrounding woodland. The outdoor space had been designed as a sensory garden with areas divided in different sections, with features, surfaces, objects and plants to stimulate the senses. People made many positive comments about the gardens. One person said, "I get in the garden which is lovely." A family member said, "My [relative] loves helping in the garden."

● Family members were encouraged to visit and were welcomed by the service. A change in visiting times had been put in place which meant visitors were asked to avoid mealtimes which were now protected. Some family members found this limiting their times with their relatives. One said, "I don't see why the visits have been cut down. We had free access pre COVID-19. We don't get long enough or come and go as we want." The director of nursing told us, "We think this is the right way as people have benefitted from having less distractions whilst trying to enjoy their food, we hope families do understand the need for this."

Improving care quality in response to complaints or concerns

● People and family members told us they felt they could speak out when they had any issues or concerns. One person said, "[Name of staff member] is so nice, that I would speak to them first if I had concerns." Another said, "I never need to complain. I just love this place. It's clean, there's a great atmosphere and my family feels that too."

● The service had a complaints procedure in place. The director of estates demonstrated how complaints received were investigated and a response provided, which would include details of how the service would learn and improve. We saw records relating to discussions and actions taken to resolve the issue. One family member said, "I did complain, and they apologised."

End of life care and support

● The service ensured peoples wishes surrounding their preferred place of care at the end of their life were well documented so staff could follow their decisions.

● We saw people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place to inform professionals and paramedics about their decision should they have a cardiac arrest.

● People and their families were well supported during their end of life journey. Conversations with people and families regarding end of life care wishes were encouraged and supported. One thank you note from a family member said, "The staff will never know how they have helped me, talking to me during the awful hours when I was at rock bottom and helping me get through the darkest times."

● The service was very quick to respond to changing health needs and actively involved external professionals, such as St Francis Hospice for support and advice.

● On the day of the inspection no-one was receiving palliative or end of life care.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality audits of the management and administration of medicines were completed but had not identified the issues we found during the inspection. The provider had changed from a paper based to an electronic system for medicines and staff were still receiving training to use it.
- Regular audits were not undertaken in the therapy department which would have picked up that some of the daily therapy records were illegible and needed to be improved. The planned move to recording daily notes electronically would assist with better recording and a clear understanding of people's daily clinical and therapeutic care.
- The quality audits of all other aspects of the service were comprehensive. Audits we saw clearly identified incidents, types, action taken and trends. Investigations were competed by the appropriate senior person.
- Lessons learned were identified and information cascaded to staff through unit managers and staff supervision. Actions taken and follow up outcomes were reported back to the director of estates to ensure lessons have been learnt which were sustainable.
- There were regular clinical, management and board of trustee meetings and information sharing which helped the service to meet its regulatory responsibilities and provide quality care to people.
- Staff at all levels had job descriptions which detailed their roles and responsibilities. Any issues with performance were discussed at supervision and appraisals and additional training was provided to refresh their knowledge and competency.

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

- We observed a positive warm atmosphere throughout our visit. Staff were calm and friendly and spoke about people in a compassionate way. One staff member said, "I love coming to work here, people's courage is amazing." Another said, "I love my nursing, and nothing can take that away from me".
- People and family members told us the service was responsive and well managed. They spoke highly about the managers and staff. One person said, "The staff are sweet and they make sure my room is lovely and clean. They talk to me. Most things here are good and things run well." Another said, "All the staff get on together and are lovely to me." A family member said, "Reception sorts most of my needs. They are efficient and pleasant. We've seen nothing that worries us about the place."
- The management team worked hard to promote a positive caring culture within the service. People were treated as individuals and were central to the care they received.
- Staff felt well supported in the service and there were opportunities for development and learning. One

staff member said, "I am happy with my role and working for the service. I feel supported and the management team are approachable." Another said, "I am very well supported by [name of manager] and senior management are very approachable, with regular meetings and good communication."

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 service was proactive and responsive to addressing and improving the service when things went wrong.

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notifications appropriately to CQC and relevant authorities.

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

● There was a system in place to seek the views of everyone using the service, people, relatives, professionals and staff. As well as ongoing reviews of people's care, there were individual feedback forms, unit meetings and surveys undertaken.

● The 2022 survey we saw asked for people's views on care on their unit, therapy, catering, housekeeping, activities, maintenance and grounds, pastoral care and management. There was a mixed response. The management team had considered the feedback and made some improvements, namely people having free access to their care plans and arranging two weekly drop-in sessions with the therapy team.

● Staff had been consulted and there was positive feedback about Marillac being a good place to work.

● The service had collated feedback from a range of professionals which was positive. Comments related to good communication, the care provided, joint working and responsiveness of staff.

● We saw that family meetings had started to take place post COVID-19 on two of the units in June and July 2022 in response to their request to meet. We were told these would be more regular now that face to face meetings could take place to increase family involvement.

Working in partnership with others

● The service worked well with health and social care professionals to promote people's wellbeing. The registered manager and the staff communicated well with us throughout the inspection and openly discussed with us where they were looking to make improvements. One person told us, "Everyone gets on well with each other in this Home."

● A health care professional told us, "We have in the main very good feedback about this service, they are responsive to our queries and we are happy to continue to use this provision."

● We were given a number of examples where people had achieved good outcomes from the service working together with a range of health and social care professionals. These included people's journey from traumatic injury to going home to live independently.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not ensuring the proper and safe management of medicines