

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Marillac

Eagle Way, Warley, Brentwood, CM13 3BL

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services



Met this standard

Care and welfare of people who use services



Met this standard

Management of medicines



Enforcement action
taken

Requirements relating to workers



Met this standard

Complaints



Met this standard

Details about this location

Registered Provider	Sisters of Charity of St Vincent De Paul
Registered Manager	Ms. Wendy Chen
Overview of the service	The Marillac offers accommodation to up to 50 adults. It provides services to people who have physical and sensory disabilities and offers rehabilitation support.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

People told us they were satisfied with the quality of care and support they received at The Marillac. Comments included, "I love living here and I get on well with everyone." A visitor said, "My relative was in a previous home and I now know what I have to compare against and this is a fabulous home for my relative."

People told us that their opinions were always sought, they were involved in decision making and they had choices available. People who used the service said that they were given dignity and respect at all times during their personal care, while they were being assisted to move and at meal times.

We found that robust recruitment procedures were in place and staff were given training. People told us that staff were skilled and looked after them well. One person said, "The staff are marvellous here and give so much warmth to my family member." Another person said, "The nurses know what they are doing here."

We found that medicines were not safely managed for the protection and wellbeing of people who used the service. We found that records were not accurate and medicines were not securely stored or in an appropriate environment. The management team of The Marillac confirmed that the concerns would be addressed promptly.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have taken enforcement action against The Marillac to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

All the people we spoke with during our inspection on 25 October 2012 told us that their opinions were always sought, they were involved in decision making and they had choices available. We saw signatures of people who used the service and their relatives within the care plans reviewed. This showed that people and/or their relatives were involved in making decisions about their care.

People who used the service told us that they were treated with dignity and respect at all times. We saw that staff maintained people's privacy and dignity when carrying out personal care. Staff knocked on people's doors and waited to be invited in before entering rooms. They ensured that doors were closed whilst providing personal care. We spoke with two staff on duty. They were able to describe how they maintained people's privacy and dignity and could give examples of how individual choices were provided throughout the day.

Their examples included making sure people's preferences were followed when providing personal care, enabling people to celebrate religious festivals and having a flexible approach to administering medication to allow people to choose when they wanted to get up in the morning. This showed that people's diversity, values and human rights were respected.

People were supported to be as independent as possible. A wide range of bespoke equipment was available to users of the service to ensure maximum independence. Physiotherapy was a large part of treatment offered. It was clear from conversations with the therapist and information from care plans that treatment plans were designed to be as progressive as possible to encourage further independence.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that makes their needs and protect their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans of five people who used the service. They contained a range of information that covered all aspects of people's health and personal care. We noted however there was no a specific section in the generic assessment form for cultural and religious beliefs. The manager was able to provide a case example of a person's cultural needs being fully addressed at the home.

Each care plan demonstrated an outcome focused approach in that it clearly reflected how the person liked to be supported, how this support was achieved and the individual outcome for the person. This showed that the care and support provided by the home met people's individual needs and also reflected current good practice. Discussion with two staff showed they were knew about people's individual care plans and how to meet these in the way the person needed and wished. We saw that staff worked well together as a team to provide support and care to people who used the service.

During our inspection of 25 October 2012 we spoke directly about this outcome area with 10 people who used the service. People told us that they liked living at the Marillac and felt they received the care they needed. They also spoke positively about the leisure and social activities available to them. Volunteers and relatives also supported people with their pursuits. People's comments included, "The staff here are excellent carers", "I am going to see the new James Bond film next week", "I get my glass of 250ml red wine every night it's good for my heart too" and "We do a lot of different things here".

We spoke with seven relatives about the care their family received at the home. Each relative told us that they were very confident and praised how well people were cared for. One visitor described the care provided to their family member as "excellent" and stated ""I know my relative is well looked after when I go home. That puts me at ease. Staff have helped my relative's progress so much". Another person said, ""My relative got an infection while I was on holiday. The home informed my daughter and they were given excellent instant care which put us all at ease".

We found that care and treatment was planned in a way that was intended to ensure people's safety and welfare. We looked at risk assessments within people's care plans. These showed us that where risks had been identified, such as for nutrition, falls or moving and handling, measures had been put in place to manage these. This meant that staff had

information to support people safely.

We found that care plans and risk assessments had been reviewed at regular intervals by the home's staff, health professionals and family members. Care records were also reviewed in response to any incidents. This meant that staff had up to date information to help them to meet people's needs effectively.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

On our visit of 25 October 2012 we found that medicines were not always stored securely for the protection of people who use the service. A medicine trolley was seen to be unlocked and unattended in a corridor. Inside the cabinet we found a varied number of tablets in each of five identical medication pots. The medicines were readily available to visitors and people who used the service. This presented a risk of people taking medicines not prescribed for them.

A person's first name was written on a slip of paper inside four of the five medication pots. Staff confirmed that these tablets had been transferred into the pots from people's individual and named medicine packs. Decanting medicines in bulk rather than administering to each person individually could have resulted in the medicines being mixed up. It meant they could be given to a person they were not prescribed for. It also meant that people who use the service may not have received their own prescribed medicines.

Systems were in place to record when medicines were received into the home, when they were given to people and when they were disposed of. The records of receipt were generally completed. The amount of stock carried over to a new recording period was not always recorded however, so it was sometimes difficult to account for medicines used. We saw that records were maintained of medicines destroyed. We checked the records for some people who were prescribed controlled drug medication and found that their medicines were recorded appropriately and that stock balances were correct.

Records made of when medicines were given to people were inaccurate. The medicines decanted and in the trolley had been recorded as having been already administered to the people who used the service. Checks of the medicines and records showed that they were prescribed to be administered later in the afternoon. Further checks showed that some people's night medicines had also been decanted into pots. These were stored in the medicine cabinets in their room. These had also been signed for as already administered to the person. This presented a risk that people may not receive their medicines as prescribed for them.

In the report of our last inspection of the home on 06 September 2011, we told the Registered Manager and the provider that the failure to store medicines at the correct temperature could result in people receiving medicines that are ineffective. We had asked them to make improvements.

Each unit had a storage room where some supplies of medicines were kept. During our visit of 25 October 2012 we saw that the temperatures of these rooms were recorded daily. The records of two of the rooms showed that they regularly exceeded acceptable limits. Each person's current medicines were kept in a locked cupboard, either in their room or their ensuite. Staff confirmed that temperatures were recorded in one of these rooms as it was so hot in that area. Records seen showed that these had also exceeded acceptable limits on a regular basis. This meant that people could have received medicines whose quality had been compromised.

We saw that where people had medicines on an 'as required' basis such as for pain relief, staff had recorded the time it was given. This helped to ensure that people did not receive their medicines too close together. A copy of the detailed guidance on the circumstances these medicines were used was kept with the medication records. We also saw that where people were prescribed medicines in variable doses, for example 'one or two tablets', staff had recorded how many tablets had been taken. This helped to ensure that people did not take more than the maximum prescribed dosage. It also meant that the effectiveness of the medicines, such as for pain relief, could be monitored.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the recruitment records of four staff, three of whom had been appointed in the past year. We saw that all of the required checks had been carried out on staff and were in place before they started working at the home. They included evidence of identity and criminal record bureau checks. This ensured that people were protected through robust recruitment procedures.

People who used the service spoke positively about the staff. Comments included, "The staff are so experienced here." Records showed that staff were provided with induction training to a recognised standard when they started working at the home. This was confirmed in discussion with staff who described the induction process as helpful and supportive. The induction provided evidence that people had the skills and experience necessary for the work to be performed.

Staff records looked at showed that, as part of their induction, staff had attended training in areas relevant to their role. This included moving and handling, health and safety and dignity in care. This meant that staff were given the training they needed to do their job.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. Information on how to make a complaint was provided in a format that met their needs. Most of the 25 people spoken with throughout the inspection confirmed that they knew how to raise a complaint or whistle blow. They told us they would feel comfortable in doing so if required. Family members reassured us that this would be unlikely as any issues raised were dealt with straight away.

We asked for and received a summary of complaints people had made and the provider's response. This showed that complaints were dealt with quickly and effectively. An investigation on a recent complaint was followed up with a full written response to the complainant and well within the 28 days' timescale.

The provider may wish to note that the record of the investigation itself was not detailed sufficiently leaving the circumstances of an incident open to interpretation. Investigation minutes were not available in relation to statements received. Therefore the investigation did not show that statements made were tested for accuracy and to clarify the nature of the incident in terms of significance.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. A positive outcome was noted in a particular complaint with no evidence of the relationship remaining other than positive. This was confirmed in the later reviews of the care provided.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. Complaints inspected showed a positive approach in the written correspondence and what to do if the complainant remained dissatisfied. This included the option to discuss the matter further with the manager in person.

Where different services were involved in delivering care or treatment the provider took appropriate action to co-ordinate a response to the person raising the complaint. It was evident in one complaint that external health providers were asked to attend a meeting with the family at the home. The home acted as 'broker' whilst family and health provider discussed the medical issues raised.

This section is primarily information for the provider

✗ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 19 November 2012	
This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Treatment of disease, disorder or injury	How the regulation was not being met: People were not protected from risks relating to unsafe use and management of medicines. Medicines were not stored securely and in a suitable environment. Medicines were not safely administered to people and records relating to administration were inaccurate.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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