

Marbrook Limited

# The Marbrook Centre

## Inspection report

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23 November 2016

04 January 2017

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## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The Marbrook Centre is a purpose built care home, which provides accommodation and care, with nursing, for up to 81 adults. The home is situated in Eaton Socon, close to the A1 and the Cambridgeshire/Bedfordshire border. The Marbrook Centre delivers a service to people with neurological conditions including acquired brain injury and stroke. The centre also provides a service to people who are living with dementia.

This comprehensive inspection took place on 9 and 23 November 2016 and 4 January 2017. We visited unannounced on 9 November 2016, announced on 23 November 2016 and unannounced on 4 January 2017. This was the first inspection of this care home, which opened in May 2016. There were 18 people living at the home when we visited. Nine people were living on Eden, the ground floor rehabilitation unit and nine people were living on Mayfield, the unit on the top floor for people living with dementia. Our visit on 4 January 2017 was carried out following concerns that were raised by someone who wished to remain anonymous. The concerns related to a number of issues, including staffing levels, particularly over the holiday period.

As part of its conditions of registration, this home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 home is run. There was a registered manager in place who was present on the first two days of the inspection. The registered manager told us that a new general manager had been appointed, who would be applying to be the registered manager. On 4 January 2017 the new General Manager was present during the inspection.

Whilst some people were receiving a good service, this was not the case across the home. The auditing and monitoring of the service had not been effective enough to identify and address the issues we found.

People had warm, caring relationships with the staff and staff showed that they cared about the people they were supporting. Staff treated people with respect for their privacy and dignity and encouraged people to maintain and develop their independence. Relatives/friends appreciated the care and support given by the staff team, to them as well as to their family members. Staff liked working at The Marbrook Centre and felt well supported by the management and by each other.

Staff had undertaken training and knew how to recognise incidents of harm and report any concerns to their managers. The management team worked well with local safeguarding teams and made appropriate referrals. Potential risks to people had been assessed and guidance given to staff to minimise risks so that people were kept as safe as possible.

There were not always enough staff on duty to make sure that people were kept safe and that their individual needs were met in a timely manner. Medicines were not always managed safely. Staff had

received a thorough induction and training in a range of topics relevant to their role. However, they had not undertaken sufficient training to develop the skills to work with people with a wide range of conditions, such as dementia and the effects of a stroke.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Staff had a good understanding of the principles of the MCA. Appropriate applications had been made to the relevant authorities to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People's healthcare needs were monitored and staff involved a range of healthcare professionals to make sure that people were supported to maintain good health and well-being. People were given sufficient amounts of food and drink and the nutritional needs of people who required special diets were met.

People's personal information was kept securely so that their confidentiality and privacy were maintained. An independent advocate visited the home regularly to offer support to people who needed someone to support them with their affairs.

A full assessment of each person's needs was undertaken before the person was admitted to the home. People and their relatives/friends were involved in the planning of their family member's care and support. For people admitted for rehabilitation, plans were put in place for each person to work towards their discharge. Staff gathered as much information as possible about each person so that their support plans were personalised. Staff did not always follow the instructions in the care plans, which meant people did not always receive the care they needed.

On Mayfield, staff worked tirelessly to make sure that each person was kept occupied, with whatever they wanted to do, for as much of the day as possible. People were encouraged to pursue their interests and hobbies, assist with household tasks if they wanted to and develop new skills. People on Eden received therapy sessions but there was very little else for people to do other than watch television. People and their relatives/friends knew how to complain and complaints were responded to in a timely manner.

The management team were visible and approachable. People, their relatives/friends and other stakeholders had made numerous positive comments about the service provided at The Marbrook Centre. The service was still in its first year of operation and the managers recognised that the home was still developing. Everyone involved with the home was encouraged to put forward ideas for improvement. Notifications were sent to CQC as required by the regulations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There was not always a sufficient number of staff effectively deployed to ensure that people's needs were met and that people were kept safe.

Medicines were not always managed well, so that there was a risk that people might not receive their prescribed medicines safely.

Staff recruitment had been done so that only staff suitable to work in this care home were employed.

Potential risks to people were identified, assessed and managed so that risks to people's safety were reduced. Staff had undertaken training in safeguarding and knew how to keep people safe from harm.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Staff received an induction and were supported by management. Staff had undertaken a range of training.

Arrangements were in place to ensure that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were provided with sufficient food and drink to meet their nutritional needs. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by kind, compassionate and caring staff who respected their privacy and dignity and encouraged them to be as independent as possible.

**Good** ●

Staff knew each person well and people were given opportunities to make choices about all aspects of their daily lives.

Visitors to the home were welcomed at all times and supported by the staff when they needed support. Advocacy services were available if a person needed an independent person to act on their behalf.

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

The service was not always responsive.

For people living on Eden there was very little to do, other than their planned therapy sessions. People living on Mayfield had a wide range of activities and things to do to keep them occupied and their minds stimulated.

Full assessments of each person's needs were carried out before they were admitted to the home. Care plans were developed which were person-centred and included sufficient guidance for staff to ensure that people received consistent care and support from the staff team. Staff did not always follow the instructions in the care plan.

People and their relatives/friends were generally confident that any complaints would be listened to, taken seriously and addressed.

**Requires Improvement** ●

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

The service was not always well-led.

Checks on various aspects of the home were carried out. A quality assurance system was being developed but was not yet effective.

The management team provided good leadership and the managers were approachable. People, their relatives/friends and the staff had some opportunities to give their views about the service provided.

Notifications about incidents were submitted to CQC as required.

**Requires Improvement** ●

# The Marbrook Centre

## 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.

The first visit to the home, on 9 November 2016 was unannounced and was carried out by two 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. One inspector returned to the home, announced, on 23 November 2016. The third visit to the home, on 4 January 2017, was carried out by one inspector following concerns raised by someone who wished to remain anonymous. We arrived early in the morning so that we could meet night as well as day staff.

We looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was sent back to us, by the date we requested, in November 2016.

We observed how the staff interacted with people who were living at The Marbrook Centre. During our three visits we spoke with five people and eight of their relatives/friends. We also spoke with 27 staff. These included 15 care assistants and support workers, two team leaders and two nurses, all of whom provided direct care. In addition we spoke with the therapy lead, the deputy manager, the human resources manager, the registered manager, the new general manager and the provider's representative. Following our visits we spoke with three people's relatives/friends over the telephone. We also contacted and received responses from eight health and social care professionals that the service told us they had regular contact with. We looked at two people's care records as well as some other documents relating to the management of the home. These included staff rotas, quality assurance audits, and records relating to the management of medicines.

## Is the service safe?

### Our findings

During our first two visits to the home, we checked whether there were enough staff on duty to keep people safe and to make sure their needs were fully met. The registered manager told us that staffing was planned so that during the day there would be "one member of staff for three residents." The nurses were included in these numbers. The registered manager said they did not use a 'dependency tool', which would calculate staffing numbers based on the needs of people living at the home. They said the numbers were based on the provider's experience of running care services and that they would adjust the staffing if required. The ratio meant that for the nine people living on Eden, there were three staff. At the time of our first visit we saw that at least four of the nine people on Eden unit needed two staff to assist them with moving and/or personal care. On 4 January 2017 staff told us that all 12 people currently on Eden unit needed two staff to assist them. When, for example, the nurse was administering medicines, the two remaining staff were assisting one other person. This left no staff to answer call bells or attend to other people's needs.

Most of the people, relatives/friends and staff we spoke with on Eden felt that there were not enough staff. A relative/friend said, "They are short of staff, sometimes we wait for over an hour for [name] to be turned or go to bed." Staff told us that one of the results of there not being sufficient staff was that sometimes people were left longer than they should have been in wet or soiled pads or had wet their pad because staff could not help them in time. When we asked if the call bells were answered quickly, people and their relatives/friends said that generally the call bells were answered in a timely fashion. However, a relative/friend told us, "They [staff] usually come and check and then they might go away and come back." One person told us that sometimes the lack of staff meant there was "a problem with the bells being answered." Another person said, "Sometimes I wait 10 minutes when I press the buzzer. If I want [to go to the toilet] that's a long time."

On 4 January 2017 staff told us that the home was short-staffed both at night and during the day. They said that there had been occasions when the situation had been bordering on being unsafe. Almost every member of the care team that we spoke with told us that, during the three weeks up to the 4 January they had been on duty on a day or a night shift when there had been fewer staff than on the staff rotas. Staff told us that this had resulted in some people not getting personal care and not getting up until after lunch, which was not their choice. One person had been assisted on a number of occasions by their relative/friend. This was because staff had not been able to get them up at the time agreed as being beneficial to their rehabilitation. Staff, relatives/friends and health care professionals told us that there had been occasions when people had not been up in time so they had missed their therapy session. One member of staff said, "We're rushed off our feet all the time – we don't have time to care."

We found that on Mayfield on the days we visited there were enough staff to meet people's needs in a timely manner and to ensure that people had enough to do to keep them occupied. However, staff told us that sometimes a member of staff was moved from Mayfield to assist on Eden. At those times, people on Mayfield were given less support.

We looked at the computerised staff rotas for the holiday period but found that the rotas were not accurate.

This meant that we were not able to verify what staff were telling us. However, managers confirmed that there had been some shifts when there were not enough staff. They said that last-minute arrangements had had to be made to make sure that people's needs could be met safely. This had included the use of agency staff and staff agreeing to extend their shift or work on their day off. The general manager explained that they had spent time on Eden unit to find out for themselves what was required. They had approached the provider's representative with a plan to address staffing levels at different times of the day/night and this plan was accepted during our visit on 4 January. Recruitment was on-going and they told us that staff would be appointed to improve the staffing situation.

The provider had a robust recruitment procedure in place. Staff told us that they had completed an application form and attended an interview. They had applied for a criminal record check through the Disclosure and Barring Service (DBS), supplied the names of two referees and provided proofs of identity. One member of staff said that they were not allowed to be alone with anyone living at the home until the provider had received satisfactory references and DBS check. Staff personnel records confirmed that the recruitment procedure ensured that only staff suitable to work at this home were employed. The general manager demonstrated that there were also robust procedures in place to address any issues relating to staff suitability or competence once staff had started work.

People told us they felt safe living at The Marbrook Centre. One person said, "It is safe here, the service is good." However, relatives/friends' views varied depending on whether their family member was in Eden or Mayfield unit. Relatives/friends of people who lived in Mayfield were satisfied that their family members were safe. They told us, "... [my family member] is safe and well looked after"; "The attention [Name] gets [means that s/he] is absolutely safe"; and "[S/he] is safe, very much so, the staff are so genuine, very very genuine."

We checked the way that medicines were managed. At our first visit, staff explained that medicine management had very recently been transferred to a computerised system of electronic medicine administration records (e-MAR). This meant that all the records relating to medicine management were electronic. Staff told us they were impressed with the system. One member of staff said, "It's [the system has] got things on there that are really really good." They demonstrated that they had been trained to use the system and were competent to use it. They showed us how the system was programmed to tell them not only which medicines people needed at which times of the day but also, for example, how each individual preferred to take their medicines. They also showed us ways in which the system worked to prevent mistakes being made. This included alerting the administrator if a 'when required' medicine was being offered too soon after the previous dose.

However, we noted that errors had been made. An error had been made in relation to one person's medicines when the system was first introduced. The provider had put actions in place to address this and the registered manager said that no further issues of this nature had been identified. We checked whether the number of one person's pain relief tablets remaining in the packet tallied with the amount the computer stated should be remaining. We found this record did not tally. We saw an audit for October 2016, just after the e-MAR system had been introduced, which showed that a number of discrepancies had been found. The company which provided the e-MAR system had agreed to do a further two day's training for staff in early January. Our findings meant there was a risk that people might not be getting their medicines safely and as they were prescribed.

One of the managers told us that the home's medicines policy included that staff would support people to administer their own medicines whenever possible. This had not been put into practice at the time of our visits. Staff agreed that for some of the people receiving rehabilitation it might be an essential element to the person being able to live independently.



One of the managers told us they had recently attended safeguarding training. They were able to describe the process they would follow if they received concerns of a safeguarding nature. The registered manager told us that all staff had received training in safeguarding people from harm and abuse during their induction. Staff confirmed this and one told us, "Someone from the council came and gave us a talk about safeguarding." They also said that information about how to report concerns, and to whom, was on the organisation's computer system. However, staff were not clear about who they would report to outside the provider's organisation. We saw that there was information displayed on notice boards in communal areas about who to contact if someone was at risk of harm. This included telephone numbers for external organisations.

Records showed that assessments of potential risks to people had been carried out. These included risks relating to falling; not eating or drinking enough; and the risk of getting pressure sores. Guidelines had been put in place for staff so that they knew how to manage and reduce any risks to people's safety. One member of staff told us that risk assessments had been carried out relating to their personal circumstances.

Prior to our visits a relative/friend had raised concerns about infection control. However, everyone we spoke with told us, and we saw, that all areas of the home were very clean and tidy. One person said, "It is faultless, clean and tidy all the time." A relative/friend told us that the home was always "spotless. [There is] never a problem with cleaning here." Staff wore personal protective equipment (gloves and/or aprons) at appropriate times and followed good infection control practice including hand-washing.

## Is the service effective?

### Our findings

Staff told us, and records confirmed that staff received an induction, including training, when they first started working at the home. One member of staff said that their induction programme lasted for seven days. Following induction, a further programme of training was offered. Staff told us that topics included manual handling; safeguarding; Mental Capacity Act and Deprivation of Liberty Safeguards; infection control; and dementia.

We found that some staffs' knowledge in some areas, including safeguarding and dementia was not as in-depth as we would have expected. For example, one member of staff was only able to tell us that they "were told about the different types of dementia ... and that dementia affects people in different ways." Relatives/friends said, "Staff are not always aware of conditions and could do with more training. For example, they don't understand that [name] can read even though [name] can't speak," and "They need more staff trained around stroke – some understand but some do not." This meant that the provider had not always ensured that staff were equipped with the knowledge they needed to carry out their role effectively.

Staff told us that on the whole they felt supported by the management and by other staff. Unit managers told us that staff received bi-monthly supervision and staff confirmed this. One member of staff said, "Everyone is very helpful, full of information and have time to explain things."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Overall, staff had sufficient knowledge of the principles of the MCA and DoLS to ensure that people were given choices about their care. Staff we spoke with understood that people could have their liberty restricted if they lacked the capacity to make their own decisions and needed to be kept safe. One member of staff explained that if someone had capacity and they wanted to leave the building they would be able to go: "We couldn't and shouldn't stop them." They told us that information about each person's mental capacity was in the person's care records. The deputy manager showed us that an application to deprive someone of their liberty had been made for one person but the person had left the home before the authorisation was granted. This demonstrated that the rights of people who lacked capacity to make decisions for themselves were protected.

People were supported to have sufficient to eat and drink. We saw that lunchtime in both units was a very sociable, enjoyable occasion, with people and staff eating together. People were offered a choice of meal at the time the food arrived on the unit. If they did not want either of the choices, the chef provided a range of alternatives, such as salad or an omelette. People's nutritional needs were assessed and modified diets were provided for people who needed them.

People's healthcare needs were met by the involvement of a range of healthcare professionals, some of whom were external to the home and some employed by the provider. For example, a psychologist visited the home one day a week and worked with people, and their families if required. A GP from a local practice provided an enhanced service to everyone who lived at or was staying at The Marbrook Centre. The GP held a surgery at the home once a week, but could be called at other times if necessary. A speech and language therapist provided a service at the home twice a week for those who needed it. People told us that other healthcare professionals visited the home. For example, they said that a chiropodist visited regularly and a relative/friend told us, "Eye testing is being organised now."

## Is the service caring?

### Our findings

People and their relatives/friends made a lot of very positive comments about the staff. They used words such as "great, amazing"; "lovely and well-meaning"; and "very friendly and accommodating". One person told us, "The carers [staff] are phenomenal. They are the hardest working and very loving, always ready with a hug and sometimes two or three will pop in and say 'goodnight' before they go off duty." A person who was living with dementia showed with their body language how much they liked one member of staff and said, "She's a good girl, she's lovely." Healthcare professionals described the staff as "very pleasant and very helpful" and "very caring and genuinely very motivated to provide the best care they can." A relative/friend told us, "They've been excellent with [family member]. They are extremely caring, they really are. They've become [name's] family. [Name] immediately bonded with the carers [staff] and has never said they don't like any of the staff."

Relatives/friends were grateful that they too were important to the staff. One relative/friend told us, "They are always there for people: they even offered me a cup of tea and a chat when I was upset one day. They just sat with me." Another relative/friend said, "The carers [staff] are kind to the relatives and to the people who live here." One relative/friend wrote to the staff: 'You have created such a warm caring environment that it has been a real pleasure to visit.' We saw that staff treated people and their relatives/friends very well. Several staff told us that it was like being in a big family. One member of staff said, "The family [people's relatives/friends] are just as important. We spend a lot of time with them, they are grieving too."

In the PIR, the provider told us, "Our recruitment process ensures that staff have empathy and can demonstrate competence, kindness and willingness to engage in their own feelings." One member of the management team told us that recruiting staff was about finding staff who "come in with fresh eyes, want to learn and are willing to work in the way we want."

Staff, especially those working in Mayfield, knew people very well. A member of staff said, "We have day to day contact with people so we get to know their likes and dislikes." Three different members of staff told us about the backgrounds and the likes and dislikes of three different people. They knew a lot about the person and about their family. We saw that staff worked hard to be flexible and to meet each person's individual needs. One person and a member of staff were laughing and singing together. The member of staff told us, "[Name] loves music, knows all the songs, sings along and is a great dancer." A relative/friend told us, "One member of staff even offered to come to an important reunion so that [name] wouldn't miss out." A relative/friend of a person in Eden said, "The staff are good and kind. They talk to [name] about the things [they] are interested in, like hair and make-up. They treat all the residents like friends."

We saw that staff showed great respect for people's privacy and dignity and people confirmed that this was so. One person told us that staff "treat me with respect" and another said, "They are always good at keeping things private like personal care. They keep the doors shut and they are kind." A healthcare professional commented that staff treated people "with respect and care." We saw that staff approached each person in the way that person preferred. They knew who liked a hug and who preferred a member of staff just to walk alongside them. We saw one person break into smiles as a member of staff approached them and they

engaged positively and happily with the member of staff.

In the PIR the provider wrote, "We recognise the importance of including family members and friends whenever possible. We have open visiting and actively welcome families to be involved." The registered manager said, "We're open 24 hours a day." Visitors confirmed that they were welcomed at any time of the day or night and were always offered a drink. Several relatives/friends told us they had been at the home very late at night and one relative/friend said, "I come in at different times; once I was here at six in the morning." A hot drinks machine and a selection of cakes, scones or biscuits were available in the cafes in the entrance foyer and in Mayfield, for people and their visitors to help themselves. We saw that visitors were encouraged to join their family members at the lunch table. They could have a meal with the person if they wanted to, assist them to eat their meal or just sit and be with them. A relative/friend said, "They [staff] have been excellent with [family member]. ...I find it so welcoming – it's a family." This relative/friend's family member had told them, "I like it here, it's lovely."

Staff on both units encouraged people to do as much as they could for themselves, to maintain or regain their independence. A relative/friend told us, "The personal care here is good. They [people who lived at the home] can have showers every day....and they [staff] encourage them [people who lived at the home] to be independent." Another relative/friend said, "They [therapy staff] are always moving [name] towards independence."

People were given choices in most aspects of their lives. For example, in Eden, people often needed to be up in time for their planned therapy sessions. But they told us their choices included what they did for the rest of the day, what time they went to bed and what and when they ate. Some people told us they could choose whether they wanted male or female staff to provide their personal care. However, one relative/friend told us they were in ongoing discussions with management about whether it would always be guaranteed that both of the staff their family member needed would be the gender they had requested. On Mayfield we saw that each person was offered a choice of what they wanted to do, based on their known likes, dislikes and preferences. During our visit we often saw staff standing holding a person's hand, or sitting with them, while they discussed what they were going to do next.

The provider commissioned a private advocacy service to work with people living or staying at The Marbrook Centre. In the PIR, the provider wrote, "Access to advocacy is clearly signposted and the independent advocate visits weekly." People and staff confirmed that the advocate visited every week and was available for individual discussions with people and/or their relatives/friends. The advocate also spent time in the units observing how staff were working with people. They reported back to the registered manager, which gave the registered manager an independent view about people's experience of living at The Marbrook Centre.

People's care records were stored securely so that people and their families could be assured that people's confidentiality was respected.

## Is the service responsive?

### Our findings

In the PIR the provider wrote, "Pre admission assessments are carried out by a competent staff member and discussed at the weekly referral meeting. Meetings are held with family members wherever possible and families are invited to visit the centre at any time prior to or following assessment." Each person had a care plan, developed from the initial assessment, which guided staff on the care and support the person needed.

The home used an electronic care planning system. We found that care plans were personalised and gave detailed guidance for staff about each person's care and support. Unit managers, nurses and team leaders were responsible for writing the care plans. They reviewed and updated the care plans at least monthly, or when the person's needs changed. A relative/friend told us that they had been fully involved in their family member's care plan. They said, "The OT [occupational therapist] spent half an hour talking about goals. We agreed [name] would get up at a regular time during the week and get back to a normal routine."

We found that the plans were somewhat different on each of the units. The plans on Eden were guided by each person's aims and goals and what they needed to achieve before they could be discharged. A relative/friend of a person on Eden told us, "They have a brilliant planning process here [approaching discharge]. I am really well informed, they've [staff] ordered the aids, we know the dates, and the OT is coming out [to the person's home] again to double check. It is well organised."

However, a complaint had been made to the local authority safeguarding team and to CQC, that one person's care plan was not being fully adhered to by staff. Their care plan stated they needed to be turned every four hours. The provider's investigation found that for several dates staff had not recorded when the person had been turned, so they could not evidence that the person had been turned. They stated that on one day there was a possibility that the person had not been turned for 10 hours. This meant that staff were not following the instructions in the care plan and that the person was at risk of harm.

Care plans on Mayfield were relevant for people who had made The Marbrook Centre their home. The plans were detailed, personalised and gave staff information about the person's life history as well as their current needs and preferences. Staff from both units told us that the care plans were useful, informative and included everything they needed to know about each person. One member of staff said, "The care plans are very detailed and written really nicely. We can get to know someone and their needs are spelt out for us."

Staff had a 'tablet' on which they recorded the care they had given to each person. On Eden the daily notes were about care and support given as well as any progress towards the person's goals. On Mayfield, daily records were also about care and support, but gave more information about what sort of a day the person was having, what had made them happy or sad and any details that would assist staff to offer them the care they needed. The unit manager on Mayfield told us, "I want staff to show the love in what we do [in the notes they write]."

In the PIR the provider told us that if the home is not able to meet a person's needs, the management team "actively approach commissioners to arrange a review and support the process of finding a more

appropriate setting." The registered manager told us that this was a very last resort and the staff team worked hard to find ways to meet each person's needs. One relative/friend told us, "This is the right place for [name]. The facilities are fantastic."

The facilities at The Marbrook Centre were excellent and gave people a range of options for things to do and different places to spend their time. There was a gym and cinema room on the third floor; a fully enclosed, landscaped garden, with paths for people to walk around and artificial grass so that it was usable at all times of the year; a café on the ground floor and one on Mayfield unit; and outside terraces on the first and second floors. On Mayfield, the garden terrace was protected by a roof but open to the elements. This meant that people could get some fresh air and do gardening if they wanted to. On Mayfield, the design of the interior had been based on findings from research related to people living with dementia. Bedroom doors were a different colour to the toilet and bathroom doors. There was appropriate signage, for example for the toilets and bathrooms and memory boxes outside people's bedrooms so that each person might recognise their own room. Handrails in the corridors continued across doors such as cupboard doors, which people living at the home would not need to enter.

During our inspection we found that the level of activity and meaningful occupation varied greatly between the two units. The provider's representative told us that this was due to the different aims of the units. Mayfield was intended to be people's home, with people living there for as long as their needs could be met. Eden was intended to be a centre for rehabilitation, with the intention that people would move on to independent living or other services. Some people stayed for just a few weeks and others on a slower rehabilitation programme would be at The Marbrook Centre for longer.

On Eden there was little evidence of anyone being engaged in any activities other than their therapy sessions and watching the television. People on Eden told us they were bored and that there were no activities or outings. They said that once they had completed their morning therapy session there was nothing else to do. One person told us, "Nothing to do here at all. Sit in the lounge and watch TV but there is nothing else to do." Another person said, "I'd like to go out and have a coffee and read my paper.... I said I'd like to go out and they said they would [assist me] but it never materialised." One relative/friend was concerned that there was nothing to do, particularly in the evenings and "a lot of them [people staying on Eden] are quite young." Another relative/friend told us that a friend came and sat with their family member in the evenings so the person was not just watching TV alone.

Mayfield had a vibrant, friendly and welcoming atmosphere. It felt busy and lively with people and staff engaged in a number of different activities. People were kept occupied, if they wanted to be, often doing things they used to do at home, such as doing the laundry, setting tables for meals and generally helping with household tasks. People were also engaged in other pursuits. For example, one person was doing a jigsaw on a table in the dining room and other people and staff were chatting to them about it. One staff member was playing a game of dominoes with one person and suddenly broke into song. They knew the person liked the song and encouraged the person to sing. There was lots of impromptu singing and dancing going on throughout the day and people showed they were happy to be involved in what was going on.

Arts and crafts paraphernalia, as well as board games and other activity equipment were available if that was what people wanted to do. One person told us, "It's okay here; I'm doing bits and pieces." A relative/friend told us that the staff "do lots of very nice things." They gave examples of a Mad Hatter's tea party; playing bowling on the Wii; and playing on the keyboard. They said, "They have a whale of a time. The main thing is that my [family member] is happy." Another relative/friend stated, "They do things most of the time, which is marvellous." A third relative/friend told us, "It's lovely. I call in at all sorts of times and eight times out of ten [my family member's] doing something. I love the care like that."

At lunchtime some people and all the staff put on amusing aprons, which sparked a lot of discussion and laughter between people, their relatives/friends and the staff. Several people went to the hairdressers, which again sparked discussion and staff commented positively on the results. Staff told us that one person attended church each Sunday and that they often took people to the pub across the road. One member of staff said, "The [relative/friend] of one of our residents very much wanted [name] to be able to go home. We've encouraged that and helped to arrange it and now [name] goes home for lunch and sometimes for the afternoon." Another member of staff told us that they had seen a neighbour with racing pigeons release them at the end of the road and one of the people who lived on Mayfield was very interested. Staff took the person to see the neighbour who chatted to them and let them hold one of the pigeons. The staff member told us, "[The person] really enjoyed it."

Lunchtime on Eden was also a very sociable occasion with everyone, including people's relatives/friends and the staff, sitting at one long dining table. There was a lot of chat and banter and people were clearly enjoying the occasion.

The home had a complaints procedure. People's relatives/friends told us they knew who to speak to if they had concerns. One relative/friend said, "I would always speak with [name] in admissions first with any problems." One person and two people's relatives/friends told us they had raised concerns with the management team and their concerns had quickly been resolved. Two of the complaints were about three staff who had been provided by an agency. None of those staff had worked at the home again. The other was about food being cold: "I told them...and they bought heated trolleys very quickly." Another relative/friend said that they had never had any real problems as any issues "had been sorted straight away. I can't fault them, no problems whatsoever." A healthcare professional told us they were happy with the proactive nature in which any problems were dealt with. Staff demonstrated that they would take all complaints seriously and they would report any issues to their manager.



## Is the service well-led?

### Our findings

Our inspection identified that whilst some people were receiving a good service, this was not the case across the home.

Audits of some aspects of the service provided had been carried out but we found that these had not always been effective in driving improvements. For example, an audit of medicines done in October 2016 had shown a high number of discrepancies. Although an action plan had been put in place our check of medicines found a similar error. Previous concerns raised with the provider about staffing levels had not resolved the issue. Staffing levels remained a concern. The provider had not recognised that staff were not sufficiently well trained. This meant that the provider's system to check the quality of the service was not sufficiently robust to effectively monitor and improve the service provided.

Although we recognised that the provider had recently identified that there were insufficient staff and that they had plans to address this, we needed to be confident that the issues would be resolved and any improvements sustained. Our discussion with the provider's representative showed that they had not recognised their responsibility to ensure that people were supported to follow their interests and take part in social activities.

The registered manager told us that a system of governance was being developed. They said this was to make sure that the service provided was of a high standard, was what people wanted and was delivered in the way people preferred. A HCP commented that "It is fantastic to have a service that offers a rehabilitation focus and helps [people] plan for discharge but the home needs to be able to demonstrate their outcomes by use of the appropriate measurement tools."

Relatives/friends we spoke with made a lot of very positive comments. Relatives/friends of three different people told us how much happier their family member was, and how much better the service provided was, than in their previous care homes. One said, "The difference between The Marbrook Centre and where [my family member] was is light years apart. It's fabulous [here]. I couldn't rate them higher." This relative added, "We looked at The Marbrook Centre and it knocked the spots off anything we'd ever seen."

The Marbrook Centre had received a high number of thank you cards and letters from people and their relatives/friends. One person wrote, 'Many thanks to everyone at Marbrook for taking care of me so well... you did a marvellous job.' Relatives/friends wrote, 'To all the wonderful staff. It is hard to express the gratitude I feel for the way you have looked after [name] in the last two months. You have made a huge difference to me and the family and I know [name] appreciated your efforts too.' And 'Thank you so much for the care you gave [name]... words cannot express our gratitude... you also cared so much for us as a family and we will never ever forget that.' One relative/friend, whose family member had recently moved into the home, had written a website review of the home, which stated, 'My [family member]'s move has been very positive in every way. The centre has excellent facilities and a lovely homely atmosphere. All the staff... have shown [name] respect and understanding and I feel [name's] dignity has been restored. I have peace of mind that [name] is being cared for in the best possible way.' Another relative/friend had

completed a review and had scored the home 'excellent' in all nine areas listed. They wrote, '...all the staff deal with residents with absolute care, love and professionalism...my [family member] could not be in a better home...I would never hesitate to heartily recommend it.'

Health care professionals (HCPs) overall made very positive comments. One told us that they had frequently sat in the café and "heard current Marbrook residents speaking favourably about the service and the staff." Another HCP told us, "Standards seem to be high. I can't criticise it at all. It's a great facility, filling a hole in the NHS. The quality of the facilities and the input from staff are excellent." Other HCPs we spoke with or who wrote to us were very positive about the way the management team had worked hard to build relationships with them. For example, one organisation used the café in the foyer to meet with people who had a brain injury and who lived in the community and/or their carers. This organisation had provided training sessions for the home's staff. A meeting room on the first floor was used by other groups. One HCP said, "Marbrook is really really good at being part of a wider community. Our relationship with them is really strong."

Several HCPs that had contact with us told us, or implied, that the service was quite new and was still developing. Almost all felt that there had been things that could have been better but these were gradually being addressed and the service was improving. One HCP said that the management team welcomed feedback and that "Things have been taken on board and facilitated." Another wrote, "Overall I think Marbrook is a lovely place...and genuinely strives to provide an excellent service for residents they care for. It is a relatively new service so it's early days, but there's lots that can be done to build upon what's been developed so far."

Staff were clear about the culture of the home. Their descriptions included, "very person-centred"; "very very caring"; and "home from home." The general manager talked to us about improvements they were planning and actions they were taking. They told us, "If it's not good enough for my mother or grandmother then it's not good enough for anyone."

People, relatives/friends and staff were encouraged to put forward their views about the service being provided. The registered manager told us that meetings for relatives/friends and people living at the home were in the process of being arranged. Families confirmed that there had not been any meetings. One told us, "I've suggested family meetings so that we can feed back information." However, most knew who the registered manager and deputy manager were and felt they could talk to the staff or management team. They felt they would be listened to. Staff told us that staff meetings were held regularly and staff were all sent a copy of the minutes via email. Most staff felt that they would be listened to, although some staff felt that their concerns about staffing levels were not being addressed quickly enough. The provider planned, once the home had been open for a year, to send everyone involved with The Marbrook Centre a written questionnaire to gather their views about their experiences of the home. There was a 'suggestions box' in the staff room, which staff could use anonymously if they wished to.

People, their relatives/friends and staff all told us that the management was visible, supportive and approachable. Staff told us, "I'm blown away. Management are hands-on, caring, empathetic, clear and very supportive"; "I really enjoy working here...management are very open to suggestions. We're ironing out the creases and it will be even more wonderful"; and "I really like it...a very good team, a lot of like-minded people all aiming in the same direction." The registered manager told us that the home was working towards accreditation with Sterling University, relating to care of people living with dementia.

All care providers must notify CQC about certain changes, events and incidents affecting their service or the people who were using it. Our records showed that we had received relevant notifications and these had

been submitted to CQC in a timely manner.