

Marcus & Marcus Limited

142 St Marks Road

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

142 St Marks Road (also known as Marcus & Marcus) is a supported living service providing personal care. The service provides specialist support and personal care to people with a learning disability, autistic people and people with mental health needs. At the time of our inspection there were 112 people supported with personal care, living in 41 different properties.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right support

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. Restrictions were reviewed and creative solutions sought to reduce their use.

Staff maintained exceptional focus on people's strengths and promoted what they could do, this meant people had a fulfilling and meaningful everyday life and opportunities for new experiences. People were supported by staff to achieve their aspirations and pursue their interests. Staff sought opportunities for people to increase their choice and control through environmental and equipment changes, improved communication tools and strategies and skill development. Staff enabled people to access specialist health and social care support in the community. Staff worked collaboratively with people and their circles of support to review progress and find solutions to obstacles.

The service made reasonable adjustments so people could be fully involved in discussions about how they received support.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. People played an active role in maintaining their own health and wellbeing. All restraint and restrictions were recorded and reviewed. Staff learned from these incidents and actions were taken to reduce the chances of people becoming distressed.

### Right care

Staff demonstrated effective skills in communication and behavioural support strategies. Staffing levels were adjusted to suit the needs and choices of people. People's needs were assessed holistically and modelled on best practice, considering individualised approaches to deliver the best outcomes for people.

People's equality and diverse needs were consistently promoted. Staff understood people's individual needs and a multi-cultural workforce provided culturally appropriate care. Staff protected people from poor care and abuse and worked well with other agencies to do so.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

#### Right culture

People led fully inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the provider, management and staff team. It was very clear staff were enormously proud of the work they did in supporting people. People received exceptionally good quality care and support because trained staff and specialists who genuinely cared about people, could meet their needs and wishes.

People were supported by staff who fully understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received exceptionally compassionate and empowering care that was tailored to their individual needs.

Feedback from external professionals about the management team was extremely positive. There was a clear leadership structure, focused on supporting people to develop strategies to rehabilitate and achieve success in life. Staff were focused and inspired to achieve the aims of the service, for people to live as independently as they could whilst championing their rights for equal opportunities.

Staff ensured risks of a closed culture were minimised and people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 19 December 2017).

#### Why we inspected

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

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 142 St Marks Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# 142 St Marks Road

## 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.

#### Inspection team

The inspection team consisted of 2 inspectors and 2 Experts 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 September 2023 and ended on 21 September 2023. We visited the location's office on 13 September 2023.

#### 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.

#### During the inspection

During the inspection visit, we spoke with 3 people using the service. In addition, we spoke with the nominated individual, registered manager, head of operations, 3 operation managers, 1 positive behaviour support (PBS) lead, 3 PBS officers and 10 support workers.

We reviewed 17 people's care records which included care plans, positive behaviour plans, transition plans, risk assessments and medicines records. We reviewed 8 staff recruitment records and other documents related to the running of the service which included staff rotas, audits, surveys, meetings and quality assurance records.

We visited 4 supported living locations and we spent time observing the care and support people received. After the site visits, we spoke with 16 relatives and sought feedback from 5 health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

The provider assessed risks well to ensure people were safe. We asked a person how staff supported them and they said, "They help me stay safe."

It was very clear that risk assessments were in place to facilitate people to undertake potentially risky behaviours, not to prevent them. Risk management plans were informed by an understanding of people's sensory and communication needs and updated whenever necessary.

The service helped people to have a full and meaningful life, while supporting people to stay safe. It helped people to make decisions that may have elements of risk. We saw many examples about how positive risk taking had opened up people's lives and saw examples of them enjoying the opportunities this brought them. For example, a person with very complex support needs wished to go out at night independently. Staff worked with the person, introduced the Herbert protocol (this is a national scheme introduced by the police to encourage carers and service providers to compile useful information which could be used to help locate a vulnerable person if they go missing) and social stories to help them understand the risks and things they could do to stay safe, including carrying a phone with them with the staff contact details and using a key word when staff called to check they were safe. This meant the person could go out independently through positive risk taking whilst taking all reasonable precautions to minimise the risks.

All support plans we looked at contained detailed, up to date and relevant environmental and occupational risk assessments. For example, a person's support plan described the risks associated with anti-social and aggressive behaviour. There was detailed information about what would trigger these behaviours, such as staff speaking firmly or a sudden change in routine. Should an incident occur, the support plan contained detailed instructions on how to manage this. For this person, it would mean keeping eye contact, engaging in the '10 second rule' to slow down conversations and treating the person as an adult at all times in conversation.

Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, a person was assessed as being at high risk of hitting the driver when they were in the car. A harness was suggested but this was assessed as being highly restrictive. The staff team worked closely with the family, occupational therapist and social worker to explore a less restrictive option. Instead, a partition was put in the car which provided safety for the person and the driver, without any restrictions for the person. Staff reported that this worked very well for the person.

Relatives told us, "Staff have been taught how to communicate with [person]. He is routine driven, and staff know him well and how to keep his anxiety low e.g., by keeping key words. They know not to overload him with information and have to be careful about what they say because certain words will trigger him" and "[Person] is very safe with the staff. The staff are great, there's no confusion and they're well trained."

#### Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

People and their relatives were involved in recruitment to ensure prospective staff had the right values and could promote positive engagement to improve outcomes for people. Staff were exceptionally well matched to the people they cared for. Staff teams were specifically recruited based on the support needs of people following their care assessments. Staff were selected to work with specific people based on the requirement of the role and the person's own person specification. This further reinforced the matching of people with the staff who would support them best.

Staff reported that they had been provided with excellent training and ongoing support to support people to stay safe and empower them to take appropriate risks.

Relatives said, "The staff are great. I have weekly meetings with them. They have recruited a team specifically for [person]. They have figured out who would work well with him, and we talk to each other all the time" and "They are really knowledgeable about autism. They are very caring and really one of the best." Another relative told us, "Staff are highly skilled and there are always enough staff."

The provider operated safe recruitment processes. People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment, as well as identity checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with people.

#### Using medicines safely

People were supported to receive their medicines in a way that was safe.

The provider ensured that all medicines were prescribed in line with the provider's STOMP (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines) medicine's policy and ensured people's medicines were reviewed by prescribers in line with these principles.

People received support from staff to make their own decisions about medicines wherever possible. Staff were focused on working closely with people and other health professionals so they could successfully tailor their medicines management approach. This enabled them to fulfil people's aspirations and desire for independence, whilst balancing these wishes and ensuring people had the medicines they needed to remain well. For example, we saw evidence of significant reduction of PRN (as and when required medicines) given to people. For one person there was a reduction of 87% in PRN use when they became distressed. This was achieved through dedicated PBS (Positive Behaviour Support), good autism practice, consistent staff team and comprehensive person-centred care.

A relative told us, "From being someone on medicines, [person] is now off them since Marcus & Marcus took over. He is now at a healthy weight. We have come a long way and I have got my old son back again. We worked closely with the PBS lead, and it made a big difference."

People were safeguarded from abuse and avoidable harm well.

The provider focused on a culture of reflection and positive learning across the organisation, building a knowledgeable workforce which in turn brought positive outcomes to people's lives. There were up to date safeguarding policies available to all staff. Staff received updates in real time via an online platform. Safeguarding was discussed at all team meetings and was also part of risk assessment and care plan reviews.

People were provided with a range of accessible information about how to keep themselves safe and how to report any issues of concern. These included, easy read leaflets, social stories, PECS (The Picture Exchange Communication System (PECS) is a way for autistic people to communicate without relying on speech. and Makaton (This is a unique language programme that uses symbols, signs and speech to enable people to communicate). For example, a person wore a helmet for their own protection from self-injurious behaviours by hitting and banging their head. Staff supported the person with social stories to learn to ask for their helmet and shin guard when they started getting anxious. This had helped to minimise their injuries.

The provider used action plans and lessons learnt from safeguarding concerns or incidents to help shape the way they worked and enhanced their performance. All safeguarding concerns and incidents were reviewed by the registered manager to identify actions that needed to be taken and to ensure all reasonable interim precautions were in place, including maintaining communication with commissioners, safeguarding teams, families and advocates.

Learning lessons when things go wrong

The provider learnt lessons when things had gone wrong. There was a open culture in which all safety concerns raised were highly valued as integral to learning and improvement. Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. Staff, and the provider's PBS team, reviewed all incidents of restraint and used the examples to learn and improve people's support so they did not become distressed.

We looked at the provider's restraint audits, which included, behaviour analysis data, case studies and restraints data collection. All incidents involving behaviours and use of PRN were reviewed by the registered manager, PBS lead and operations manager, with each providing feedback to share learning with the staff teams. Restrictive practice meetings were used to monitor patterns and trends and examined the use of PRN, use of physical interventions and other restrictive practices to assess if restrictions were reasonable and in accordance with protocols and plans.

A social care professional said, "Marcus & Marcus are always very responsive to any issues or concerns and deals with them swiftly. There is a lot of evidence showing how our service users with complex support needs become more settled and this enables them to have more integrated lives in the community. We value Marcus & Marcus and would recommend them as a provider."

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

Staff knew how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment (PPE), such as disposable gloves and aprons, to help prevent the spread of infection. A staff member said, "We have regular training and the managers keep us updated."

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
People's needs were fully assessed and exceptional care and support was delivered in line with current standards to achieve highly effective outcomes.

Staff completed a comprehensive assessment of people's needs before they started to provide care and support. This assessment included the views and experiences of the person, their family and professionals who knew them well. These holistic assessments reflected a philosophy of support that placed the person fully at the centre and respected their history, family culture and traditions. We were told by staff, professionals, and relatives this enhanced approach had underpinned support that had made a huge difference to people's quality of life resulting in markedly less distress and increased participation in their community and activities that brought them pleasure.

The PBS team played an instrumental part in each person's transition process and provided evidence of carefully planned and successful transitions for autistic people who had several failed placements, long term stays in hospitals or had lived in unsuitable services. For example, a person who was in hospital for over 5 years and never went out before, since joining Marcus & Marcus, the PBS team worked in collaboration with the person and their family. They were now able to go out daily to local cafés, bowling and shops. They also enjoyed the use of the Jacuzzi available at their property and engaged in music sessions.

Another example we saw was of a young person with severe learning disability, autism and a long history of distressed behaviours. Several placement breakdowns resulted in them being detained and admitted to hospital. After intensive support, resilience and interventions from the PBS team and staff, this person had developed their confidence, self-reliance, ability to cope with sensory input and independent problem solving. This was achieved over a period of 2 years, although the person continued to have moments where they became unsettled, they remained stable and happy.

A health professional told us, "Marcus & Marcus tend to work with more complex clients and the team have commented on the thoroughness of their preparation, and flexibility in meeting outcomes identified for the individual. They have a positive working relationship with the team. Where things have not worked out with a client, they have worked with us to enable smooth transition to other providers. When there have been safeguarding concerns raised, they have worked openly with us."

Behaviour support strategies were tailored to promote people's mental health and well-being. Behaviours were analysed and once the strategy had been in place and was working, the PBS team then developed individual induction and training plans tailored to the needs of those with complex needs. This improved consistency of care and increased people's choice and control in their own lives motivating them to make positive changes. For example, a person wanted to swim the English Channel and this was included in their care plan. They were supported by the provider and consistent staff support to source professional training and was supported with intensive training by a professional swimming coach and they eventually successfully swam the channel in a relay.

**Staff support: induction, training, skills and experience**

The service was exceptional in ensuring staff had the skills, knowledge and experience to deliver highly effective care and support.

The provider placed significant emphasis on skill development and ensured that all their staff have received training in how to support people with a learning disability and autistic people. The service had an in-house PBS team. They received high level autism specific and BILD (British Institute of Learning Disabilities) training and clinical supervision.

Staff training was developed and delivered around individual needs. People, their families and other carers were involved in planning and delivering this training. Staff completed a 16 weeks' induction programme, which consisted of shadowing, roleplay and self-reflective practice. Autism related induction and training were delivered to specifically meet the needs of autistic people, based on their functional behaviour analysis. Staff were supported and their practice was monitored to ensure they understood and demonstrated competencies to deliver good autism practice.

The provider used video recording of skills teaching sessions as a tool to offer personalised feedback and support to frontline staff to help ensure the approach used maximised opportunities for people to engage and also ensured staff were using structured and consistent approaches to teaching and developing independent living skills.

A staff member said, "The training we do is really good. It helps that we know the people we're supporting well, so day to day decisions can be made easily. We need to be careful because if you try to discuss decisions at the wrong time, it might upset the person".

A relative wrote, 'We were impressed with the staff's approach and knowledge. We felt reassured that they had good experience and knowledge of autism to get to know and support [person] day to day in a successful way.'

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

People were supported exceptionally well to eat and drink and maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals in ways that were meaningful to them. People shopped locally where possible and were supported to make community connections that added additional meaning to the task.

Speech and Language Therapists (SALT) and dieticians helped informed needs and options for meeting people's nutritional needs. For example, people had snack protocols in place which gave choice and control for healthier snacks throughout the day. These were monitored and informed reviews. We saw people benefitted hugely from healthy eating and lost significant amount of excess weight. Other examples included a relative teaching staff how to cook culture specific food so the person could enjoy their preferred

food at home.

Staff supported people to be involved in preparing and cooking their own meals using active support techniques. Active support is a way of providing support which focused on a person's participation. One of these examples was of a young person learning how to cook with the use of a cooking timer to prompt them to add ingredients and stir the food. Over a period of 2 years, they were eventually successful at completing the task, which was a tremendous achievement for this person and their support staff.

The service embraced different cultural and religious issues around people's choice of food to make sure their wishes were respected. For example, pork products were not purchased in shared shopping in one of the homes to accommodate Muslim housemates.

We saw a compliment left by a relative which read, 'Thank you very much for keeping calm in stormy moments. [Person] is eating at the table, I have not seen that for over 2 years.'

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

People were supported exceptionally well to live healthier lives, access healthcare services and support. Staff worked in partnership with families and professionals and advocated strongly for people, to ensure people had access to optimal healthcare. This focused, person centred approach ensured people had access to appropriate health treatments and prevented readmission or admission to hospital.

Staff were committed to championing people's rights to effective care and support. When social and health care professionals had advised the provider nothing more could be done to support people in certain areas, such as learning basic life skills and personal safety, the provider did not give up. They researched, developed pictorial plans, social stories and strategies to help people understand the impact of their choices and make informed decisions to self-direct their own lives. An example we saw included a young person who was supported with making healthy choices and keeping active which led to the person reducing their weight by 17 kgs.

People had health actions plans and were referred to health care professionals to support their wellbeing and help them to live healthy lives. The provider was working in partnership with the local authority to pilot an all-in-one telehealth case, which was a national initiative by the NHS to help tackle health inequalities and using technology to record health data. The telehealth case helped to conduct multiple comprehensive assessments. All results were digitally communicated to healthcare professionals. This meant that signs of deterioration or illness were identified earlier and prompt clinical response could be provided to people.

A social care professional said, "Marcus & Marcus are a strategically important provider who offer services to some of the most challenging cases in [the borough]. They have consistently delivered positive outcomes for our residents and seem to have a great emphasis on staff training." Another professional commented, "Marcus & Marcus tend to work with people with complex support needs and the team have commented on the thoroughness of their preparation, and flexibility in meeting outcomes identified for the individual. They have a positive working relationship with the team."

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.

The provider was working in line with the Mental Capacity Act. People were supported to make their own decisions about their care and support wherever possible. Support plans detailed decision-making agreements designed to help people, staff, families and professionals to think about how much control people had in their lives; to clarify how decisions were made and to increase the choice and control people had in their lives. We observed people's choices being validated and respected.

Where people were deprived of their liberty through the Court of Protection staff ensured the conditions identified were met. Staff understood how people made their views about their support known. When people were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions made. There was a flexible approach to consent with staff keeping decisions under review and seeking to improve how people were engaged.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people were truly respected and valued as individuals extremely well. They were fully empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

People were exceptionally well supported and treated. People's diverse needs and experiences were equally respected. Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People and staff felt respected, listened to, and influential.

Relatives told us, "I couldn't be more positive about them. This specialist service has made it possible for me to feel comfortable", and "[Person] is very difficult but they go the extra mile to build a life that is uniquely his. They have found a place which has no neighbour within half a mile, spent time and money on it. There are 6 or 7 staff giving [person] 1:1 care 24/7. [Person] lives in a fantasy world, and they keep him going. The staff are incredibly hard working."

Staff understood how people with a learning disability and autistic people can succeed and have a fulfilled life with high standard of support and care, based on understanding people's individual likes, dislikes and needs. Staff worked with people to manage the challenges they faced in accessing activities and go out and people were the focus of their support. For example, a person was passionate about buses and trains but previously would not go out without support from 3 staff. Staff supported the person with social stories and consistent communication over a significant length of time and they were now going on bus and train rides regularly, going swimming and on holidays, with considerably reduced staff support.

Staff understood how important it was for people to maintain and develop relationships and people could rely on their staff teams in happy and difficult times. Teams used individualised creative methods to communicate with people. For people using the service, social stories were invaluable in supporting them to navigate complex emotional experiences and new information. We heard about the positive impact this had for people and their families. For example, a young person who communicated their distress by defecating in inappropriate places, damaging property, and aggression towards staff, was supported by using social stories, person centred care and proactive preventative strategies, which ensured a significant decrease in incidents.

People told us staff were good and kind towards them. We observed all support was meticulously planned and people were supported with their understanding of what was expected, whilst offering clear structure and access to motivating activities. These proactive strategies reduced anxiety, confusion and distress from

occurring or escalating. Staff were quick to recognise signs of anxiety and respected people's requests and offered reassurance, which helped people to self-regulate. We observed this when we visited people in their homes.

Supporting people to express their views and be involved in making decisions about their care  
People were supported exceptionally well to express their views and make decisions about their care. People, and their families were fully involved in making decisions and choices about their care. A person told us, "I can decide what I want to do."

Plans to support people in achieving their expressed goals were carefully considered to maximise the potential for success. A relative said, "They listen to me and act on it. I am involved in meetings with the PBS team, where I can advise on training, for example, in drawing up a sensory diet. They always ask my opinion and take on board what I say. Needs are always evolving, and I am constantly engaged. It has to be person centred."

We observed staff made themselves understood by simplifying verbal language and by providing visual cues, such as symbols, photos and objects of reference. Staff were calm and allowed adequate time for people to process information. People were provided with plenty of opportunities and purpose to communicate with staff. Staff engaged with people in their preferred ways, for example, by using intensive interaction techniques and playing games.

People's right to vote was considered and staff helped them to register in local and national elections. The service produced an easy read sexual health and sexuality workbook for a person who wanted a partner. This helped the person understand information they needed to make an informed decision and choices about knowing their bodies, safe sex, consent, sexually transmitted diseases and hygiene.

The staff we spoke with were aware of people's rights to be involved in their care and support. A staff member told us, "Not all can make decisions for themselves but those who can, should be able to. It's their home after all, not ours". Another staff member said, "We are told right from the start that these are adults and should be treated that way. It runs through the company anyway. Everyone is treated like an adult".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant people's needs were exceptionally well met.

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

People were exceptionally well supported as individuals, in line with their needs and preferences. Staff and the registered manager knew all the people who used the service extremely well. This was demonstrated during the inspection as well as feedback from people and relatives. This meant people consistently were the focus of care planning arrangements and this helped to ensure their aspirations were met. A relative said, "The staff are great. I have weekly meetings with them. They have recruited a team specifically for [person]. They have figured out who would work well with him, and we talk to each other all the time. We have put together a healthy eating plan. Staff are trained on a regular basis."

Support plans reflected the principles of Right support, right care and right culture; they clearly stated when people wished to be independent and what they required support with. All the support plans we looked at contained detailed and up to date information concerning the person's personal and social histories. It was possible to 'see the person' in these support plans. For example, the plans contained a section titled 'Decision making profile' which outlined how the person preferred to make decisions and in what context, for example, at a particular time of day. It was also very clear about when and why people should not be approached to make decisions. It was evident that people were in charge of the process and that self-determination was paramount. For example, a support plan stated that staff should, "Never restrict choices and opportunities for fear of risk".

Staff were resourceful and creative in how they helped people achieve their goals and pursue their interests. The cultural commitment to seeking minimum restriction had led to enhanced opportunities for people, some of whom had a history of multiple failed placements and previous long stays in hospital. For example, a person who was in hospital for a very long time recently moved into the service and was now learning to communicate using objects of reference to express their needs. Another person who used to live in a confined area due to risks was now planning trips with their staff and also learning to make precise requests, which greatly settled their anxiety.

Professionals told us the service was focused on providing person-centred care and support and achieves exceptional results. They said, "Marcus & Marcus are always very responsive to any issues and concerns and deals with them swiftly. There is a lot of evidence showing how our very challenging service users become more settled and less challenging and this enables them to have more integrated lives in the community. We value the service and would recommend them as a provider who is able to manage very complex service users."

Relatives were exceptionally complimentary about the provider, staff and the support people received. A relative told us, "They provide that loving care. [Person] has actually gone from a loving home to a loving home. With the transition he was very happy to go, it was easy, they made it easy. It was a really difficult time to move, their first time away from home and it was the pandemic year. Marcus & Marcus actually came into [person's] school many times beforehand, so [person] got used to them first. It was 9 months to 1 year transition; they gave him time to recognise them and know them. They made it so much easier and he's happy to be there."

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. The Accessible Information Standard 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 provider was exceeding the requirements of the Accessible Information Standard. People's communication needs were exceptionally well understood and supported.

People's communication needs were clearly stated within their support plans. Staff learnt how people preferred to communicate as part of the initial assessment and transition activities. Staff demonstrated an understanding of how communication was key in effectively working with people. We observed interactions between staff and people were natural and staff had empowered people to express their views.

The provider looked at the best ways to support people's understanding, considering alternative formats and how this could be accessible during transitions to other services. Communication plans were extremely detailed so that staff and healthcare professionals could communicate effectively and gain positive responses. Social stories, easy read documents, videos, pictorial information, objects of references, Picture Exchange Communication system (PECS), Makaton sign language, and structure boards were used as communication aids to assist in ensuring people had every chance to make decisions themselves.

Comments from relatives included, "Staff have been taught how to communicate with him. He is routine driven, and staff know him well and how to keep his anxiety low, for example, by keeping key words. They know not to overload him with information and have to be careful about what they say because certain words will trigger him" and "[Person] is non-verbal but he can write. If he wanted a snack or a drink he might write down or say a key word so they put that together and know what he wants."

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  
People were supported exceptionally well to maintain relationships, follow their interests and take part in activities that were relevant to them.

The provider believed supporting families through the transition period and gaining their trust was key to providing effective support to people. Transition plans were in place and these showed how families would be involved.

Support plans clearly identified people's functional life skills within their homes, attending college or ambitions around employment. Plans motivated people to develop and achieve ambitious goals in line with their passions, for example, arts, politics, and swimming. People were offered opportunities and supported to volunteer at the provider's office to develop their skills and build their confidence.

People were supported to develop communication skills, make choices and follow instructions through a desensitisation programme, which helped them go out and enjoy activities again. We saw a person who previously had lost all interest and confidence in activities they used to enjoy, had regressed significantly, was showing distress and would go out with ripped clothes and shoes. Through good autism practices, trauma informed support and comprehensive person-centred care, they were now able to go out, fully clothed and do their own grocery shopping.

#### Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to and used to improve the quality of care. The provider had robust systems and policies in place to reflect on complaints and concerns. The provider and the management team had responded professionally and in a timely manner to people raising complaints.

A person told us, "I tell staff when I am not happy."

Relatives we spoke with said that they had raised small matters which were resolved to their satisfaction and had never had to raise any major concerns or complaints. They said that they knew who to contact if they had any concerns about anything. A relative said, "I have really good communication with them. We have endless chats on a WhatsApp group where I can raise concerns and if I have any queries, they will come back to me."

Managers explained how complaints were reflected on and used to inform improvements to people's care. The staff we spoke with were clear about their responsibilities concerning the management of complaints. A staff member told us, "I would always try to resolve issues along with my manager before it got to the point of a formal complaint". All the staff we spoke with were aware that guidance could be obtained from the provider's complaints policy.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service they created drove and improved high-quality, person-centred care.

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

The nominated person/ director, registered manager and wider management team shared an ethos and values that were embedded in the way all staff spoke about and approached their roles. All staff spoke with enthusiasm about their colleagues, the organisation, the wider network they collaborated with and most enthusiastically they shared their commitment and passion about the lives and rights of the people they supported.

The whole organisation's passion and commitment to provide people with excellent care and support was obvious to other professionals who worked with people supported by the team. A professional commented, "Marcus & Marcus have been a trusted provider for many years. The ethos of the management team is one of being person centred. We have no concerns regarding their ability to be able to provide safe and effective services and are satisfied with the strength of leadership within the teams and the service as a whole. They proactively ensure the needs of the client is kept at the centre of all their decision making including the training they commissioned, the skill mix amongst the teams and they are a provider who maintain the same high standards across all of their packages."

The provider achieved their Autism accreditation by the National Autistic Society in 2022 and was very proud of this achievement. The Autism Accreditation Programme is the UK's only autism-specific quality assurance programme of support and development for all those providing services to autistic people. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for good autism practice.

Comments we received from relatives included, "The care is excellent. The staff is balanced between old and young. Staff is really regular. Any changes are fully considered. Staff are well chosen", and "I couldn't be more positive about them. This specialist service has made it possible for me to feel more comfortable."

Workshops were held with staff about how to assess and improve culture which emphasised workplace culture should be aligned to the organisational values which should be positive, respectful, inclusive and should promote the wellbeing of the people supported as well as the staff teams. Workshops included positive behaviour support, accidents and incident analysis, restraint reduction and stopping overmedicating people. We saw comments from staff about how these were very detailed and thought provoking and allowed them to reflect on their practice in a mutually supportive environment.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider and registered manager fully embraced their responsibilities and demonstrated the requirements of the duty of candour to be open, honest and transparent when things have gone wrong. The service worked with families when there had been concerns or something had gone wrong. Families were invited to attend to team meetings to share their perspectives and deepened staffs' understanding around how they were impacted when things had gone wrong.

A professional commented, "[Nominated person/director] is very passionate about the services that his company provides and desires the best outcomes for the service users. He is currently spending a huge amount of money keeping a positive behavioural service to ensure that the complex service users he is taking all have the correct level of support and that this additional support helps staff to better understand their complex service users and how best to support them."

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

The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality.

The provider had created a learning culture at the service which improved the care people received. The provider, registered manager and managers maximised opportunities to check on the culture and quality of the service provided to people. This included working alongside staff on shifts and supporting people to go out. This enabled them to directly obtain people's input on the care and support they received, to ensure people's preferences were fully met and their expectations exceeded, and to support staff by leading by example.

Audits were carried out as part of the on-going monitoring of the quality of care provided, these were very robust and embedded governance systems and organisational oversight in place. Governance monitoring included all aspects of the service and its records, including trends analysis and customer satisfaction surveys. People were encouraged to take part in the auditing as part of the quality audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics. People contributed to planning and delivering training sessions and recruitment. The provider worked exceptionally well in partnership with others. Management was visible in the service, approachable and took a genuine interest in what people, relatives, staff and other professionals had to say, so people could live the lives they wished. Staff gave us examples of how this approach had led to very effective work which had benefitted people, including, improved health and wellbeing outcomes.

Staff told us, "I am not just saying this to be diplomatic, but my manager supports me 101%. If I have any concerns, I know I will be supported and listened to". Another staff member said, "It's excellent, it really is. I have learned so much from my manager and I know I can approach them at any time".

Managers' ethos was to value reflection, learning and improvement, to be receptive to challenge and to welcome fresh perspectives, when working jointly with external organisations. For example, there was effective partnership working with other health and social care professionals, such as advocates and day services, so people received seamless care across organisations, and when moving between services. This

was as a result of the proactive work staff undertook with other agencies, coupled with their in-depth knowledge of people's aspirations and goals.

The provider had initiatives to show staff they were valued, to promote staff wellbeing and retention. For example, bonuses, competitions, birthday recognitions, flowers and hampers for teams, gift vouchers and referral bonus. Staff also benefitted from a 16-week induction programme that included training, shadowing, workshops and supervisions. Additional training and career pathways were available for staff who wished to progress their career further.