

Cognithan Limited

# Marvels House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 17 April 2018 and was unannounced.

Marvels House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Marvels House is registered to provide care and accommodation to up to six people. At the time of our inspection, four people were using the service, some of whom had mental health conditions or a learning disability.

Bedrooms are single occupancy rooms with en-suite facilities. The service has a garden.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibility to protect people from the risk of abuse. People received support in a manner that managed identified risks to their health and well-being.

People were supported by experienced staff who had undergone appropriate recruitment procedures. Staff delivered people's care in line with the procedures necessary to prevent and control the risk of infection. People lived in a well-maintained environment.

People consented to care and treatment and those unable to do so had support delivered in line with best interests' decisions made by health and social care professionals. People were supported to eat healthily and to maintain good health. People enjoyed the meals provided and had their nutrition and hydration needs met.

Staff were encouraged to learn from their mistakes. The registered manager monitored accidents and incidents to identify any trends. Staff received guidance on how to minimise a recurrence.

People had their care planned and delivered in line with evidenced based guidance provided by health and social care professionals. Staff underwent induction, training and supervision of their practice to enable them to deliver effective care.

People had their care and support delivered in a kind and caring manner. People's privacy and dignity were respected. Staff knew people well and had developed positive caring relationships with them. People had access to information in a format they understood.

People enjoyed taking part in a variety of activities at the home and in the community. Staff encouraged people to pursue their hobbies and develop new interests. People received the support they required to achieve their goals and to develop independent living skills.

People received care that met their individual needs. Staff understood people's needs and knew how to respond to changes in their health.

People were aware of the complaints procedure and knew how to raise any concerns about their care. The provider obtained the views of people using the service and their relatives about care delivery.

People and staff knew the registered manager and described her as visible at the service and approachable. There was a person-centred culture at the service. Staff were open and honest about how they delivered care. Staff understood their responsibilities and received the support they required to undertake their roles.

Audits and monitoring checks showed that the registered manager identified and resolved shortfalls in care delivery.

People's care planning and delivery benefitted from the close working partnership between the registered manager and external agencies.

## 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. People were protected from the risk of abuse. Staff managed the risks to people's health and well-being.

Enough suitably recruited and experienced staff were deployed to meet people's needs.

Staff managed and administered people's medicines safely. People received care from staff who knew how to minimise the risk of infection.

Staff learnt from incidents when things went wrong.

Good ●

### Is the service effective?

The service was effective. People received care in line with current legislation and the requirements of the Mental Capacity Act 2005.

Staff were trained, supported and supervised to enable them to deliver effective care.

People enjoyed the meals provided and had their nutrition and hydration needs met. Staff supported people to access healthcare services.

Premises and accommodation were suitably adapted to meet people's needs.

Good ●

### Is the service caring?

The service was caring. People were cared for in a kind and caring manner.

People using the service and their relatives were involved in planning their care. Staff understood people's needs and had developed positive caring relationships with them.

Staff respected people's privacy and dignity.

Information on services available to people was provided in a

Good ●

format they understood.

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

**Good** ●

The service was responsive. People received care that met their individual needs.

Staff provided care that responded to changes in people's needs.

People enjoyed taking part in activities of their choosing. Staff supported people to maintain their independence.

People had access to the information they required about how to make a complaint.

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

**Good** ●

The service was well-led. People and staff were happy with how the service was managed. Staff understood their responsibilities and delivered person centred care.

People and staff shared their views about the service and their feedback was used to make improvements. Audit systems were used to monitor the quality of the service and to resolve any shortfalls identified.

People received input to their care delivery because of close working relationship between the registered manager and external agencies.

# Marvels House

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This is the first comprehensive inspection of the service since registration with the Care Quality Commission on 19 March 2017.

This inspection took place on 17 April 2018 and was unannounced. The inspection was carried out by one inspector.

Before our inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with two people who used the service, one visitor and a project artist. We also spoke with three members of care staff, a deputy manager, registered manager and chief executive officer.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records and reviewed service management records, quality assurance reports and five staff files including recruitment.

After the inspection, we received feedback from two health and social care professionals.

## Is the service safe?

### Our findings

People were supported to remain safe. One person told us, "I am happy here and feel safe." Another person said, "[Staff] do check if everything is okay." People received care that protected them from the risk of harm. Staff knew how to identify abuse and the reporting procedures to raise any concerns about people's welfare. Staff told us they were confident of escalating cases of potential abuse to the registered manager or external agencies to keep people safe. The registered manager ensured every member of staff received safeguarding training and attended refresher courses to keep their knowledge up to date. Concerns about people's safety and well-being were reported to the local authority safeguarding team for investigation to protect people from harm. Records showed staff followed guidance put in place to protect people from harm.

People received appropriate support to minimise the risk of avoidable harm. Risks to people's safety and well-being were identified. Staff had sufficient guidance on how to manage the known risks. The registered manager reviewed and updated risk assessments to ensure these reflected people's needs and the support they required. Staff knew the risks to people's safety in areas such as nutrition, maintaining personal hygiene, medicines management and accessing the community. People who had behaviours that challenged the service received the support they required from staff and other health and social care professionals to minimise harm to themselves and others.

People's care delivery prevented and controlled the spread of infection. Staff described how they used the infection control and food hygiene training for safe practice. One member of staff told us, "Handwashing is important. I wash my hands before and after delivering personal care." Staff had access to personal protective equipment such as gloves, aprons and hand sanitising gels. We observed staff using gloves when preparing food and cleaning the kitchen and bathrooms.

People were protected from an avoidable emergency at the service. Personal emergency evacuation plans showed the support each person required to evacuate safely from the building. Staff practised fire drills and knew the action to take for example on discovering a fire or detecting a gas leak. Contingency plans were in place to manage situations such as unusually high staff absences, disease outbreak or loss of utilities. Staff had received fire training and attended a refresher course to keep their knowledge up to date.

People's medicines management met best practice guidance. One person told us, "I get my pills just about the same time every day." Staff administered people's medicines when needed and in line with the support each person required. Staff had attended medicines management training and had their competency assessed. Medicines administration records were completed and did not contain any evidence of errors. The registered manager carried out regular medicines audits and checks to ensure staff adhered to the provider's procedures. Appropriate arrangements were in place for the safe storage and administration of medicines.

People were supported by sufficiently skilled staff in a safe and timely manner. People's comments included, "There is always [member of staff] to help" and "I can always ask someone to help me. [Members of staff] check on me. I go out with one of them for shopping." People told us staff spent time with them and

that they did not feel rushed when receiving care. Staff told us they had sufficient time to provide care to people. Duty rotas showed people received care from regular staff and that shifts were covered, for example to support people with personal care, access the community and to attend hospital appointments. A senior member of staff or manager provided out of hour's support when needed.

People's care delivery was provided by staff deemed suitable for their roles. The provider carried out appropriate recruitment checks to determine the suitability of staff to provide care. The procedure included applicants completing an application form and attending interviews. The applicant's work history, right to work in the UK, reference checks and criminal record checks were obtained before they started to deliver care. New staff underwent a probationary period to ensure they could deliver care in a safe manner.

People were protected from the risk of avoidable harm. Staff understood the provider's policy on how to monitor and manage incidents to reduce the risk of avoidable harm. Staff completed incident forms and reported to the registered manager who monitored trends and patterns. Support plans were reviewed and updated to help staff minimise the risk of a recurrence. Staff attended meetings to discuss and learn from incidents. Staff told us this helped them to understand plans put in place to ensure people received safe care.



## Is the service effective?

### Our findings

People received care that met their individual needs. Assessments of people's needs and well-being were undertaken before they started using the service. This enabled the registered manager and other health and social care professionals involved in people's care to develop appropriate support plans to meet each person's individual needs. The guidance provided by health and social care professionals ensured people received care in line with best practice evidence. Care plans contained information about the support each person required to have their needs met. Staff told us they received sufficient information about how to provide care to people who had behaviours that challenged the service and others. Records showed staff delivered care in line with people's support plans.

People received effective care. Staff told us they received support to enable them to undertake their roles. One member of staff told us, "I had a thorough introduction to the service, colleagues and service users." Another member of staff said, "I met all the service users, attended training and read the service user's care plans and policies and procedures as part of my induction." The provider supported staff new to care to complete the Care Certificate training which equipped them with the knowledge and standards expected of all health and social care workers. Staff received regular supervision of their practice and had opportunities to discuss concerns about people's well-being and any additional support they required. Appraisals were scheduled for later in the year as staff had been in post for less than 12 months. Staff had learning and development plans and were happy with the opportunities offered to progress in their careers.

People were supported by trained and competent staff. Staff received training in various aspects of their work to enable them to deliver care effectively. One member of staff told us, "I got the training necessary to do my work." Another member of staff said, "We share information about any training we attend." Staff had attended the provider's mandatory training which included safeguarding adults, health and safety, infection control, Mental Capacity Act, first aid and food hygiene. Staff received additional training related to people's specific conditions such as behaviours that challenged to enable them to provide appropriate care. A training matrix showed that staff attended training and refresher courses as planned.

People were involved in planning their meals and enjoyed the food provided at the service. One person told us, "We have weekly meetings to talk about what food we would like to have." Another person said, "There is variety and the food is well prepared." Staff encouraged people to eat healthily and to have a balanced diet. Menus showed people had choices that included culturally appropriate foods. Daily observation records showed staff asked people what they liked to eat and that they also prepared food off the menu when needed. People told us their diet included fruit and vegetables and had access to snacks and refreshments. We observed people during breakfast and dinner mealtimes. Staff spoke with people asking if the meal was how they liked it, if they wanted some more food and made the environment pleasant and relaxed.

People received the support they required to have their nutrition and hydration needs met. Records showed people's food preferences, dietary needs and the support they required to eat in a healthy and safe manner. Staff sought guidance from a Speech and Language Therapist (SALT) when they had concerns about a person's eating pattern. Another person had been referred to a dietitian for advice on weight management.

Daily observation records showed staff followed the guidance for example by ensuring they provided a soft diet for a person with a swallowing difficulty.

People enjoyed living in an environment that was adapted to meet their needs. People had access to all parts of the accommodation and the garden. We saw people enjoyed spending time sitting in the garden.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who required support through a restriction to their liberty received appropriate support. People underwent an assessment when they were unable to make decisions about their care. DoLS authorisations were in place for four people and daily observation records showed that staff delivered their care in line with the authorisations. Their records showed the areas they required support with which included accessing the community, managing their medicines and maintaining personal hygiene. People told us they were supported by staff to clean their rooms, do their laundry, attend hospital appointments and social outings and manage their finances.

People consented to care and treatment. One person told us, "[Members of staff] asks and explain what they need to do before they help. At times, I do not need any help and they understand that." Staff told us they considered and respected people's choices about how they wanted their care delivered. The registered manager worked closely with other health and social care professionals in making best interests decisions on behalf of people who did not have the capacity to do so.

People received the support they required to meet their health needs. One person told us, "I go with staff for my GP visit." Another person said, "Yes I get to see the doctor when I am unwell." Staff maintained a diary of hospital appointments, medical check-ups and health reviews to monitor people's conditions. People's contact with healthcare professionals was recorded and issues raised, treatment received and guidance offered were followed up. Records showed people's visits to GPs, community psychiatric nurses, dentists, opticians and SALTs. The registered manager ensured staff had sufficient information about people's changing needs and that they followed the guidance provided by healthcare professionals.

## Is the service caring?

### Our findings

People commented positively about the care they received. One person told us, "[Staff] are friendly, kind and polite. This place is more homely than the hospital." Another person said, "Everyone here is kind. We get along with each other." One visitor told us staff were attentive to people's needs and spent time with them. We observed staff speaking to people in a calm manner, taking time to explain things and listening to what they had to say. People discussed their plans for the day and staff adapted their working pattern when required to support people as they wished. People were relaxed and comfortable around each other and the members of staff.

People received care from staff who knew them well and understood their needs. One person told us, "I have good relations with everyone. [Staff] know me quite well and understand when things are not okay with me." Another person said, "The manager and staff know when I want my space and they respect that." One visitor told us, "[Members of staff] are supportive. They know things that make [person] happy and those that annoy her/him. They manage the situations very well." We observed staff interacting with people positively and talking about topics that interested them. Staff knew people's preferred names and respected that by calling them as they wished. People's records indicated their preferred manner to receive care. Records showed staff respected people's wishes as practicably as possible in line with their preferences, routines and support needs.

People were involved in making decisions about their care. One person told us, "[Staff] ask how they can help. We talk about how I want things done." Another person said, "They check if it is okay before they help me with anything. They are not bossy." A third person said, "Staff check with me if everything is okay, for example, they let me decorate my bedroom the way I wanted." People's bedrooms were decorated to their taste with displays of photographs and ornaments of value to them.

Staff were aware of people's likes, dislikes and their preferences for care delivery. People using the service and their relatives held meetings with staff to discuss and make decisions about their care. Each person had a member of staff assigned to them to coordinate their care with health and social care professionals and their relatives. This ensured decisions made about people's care delivery were inclusive. People's care records were updated to reflect the discussions and any changes made to their support plans. A person's records showed a detailed plan about how they were to start accessing the community from short trips to local shops before venturing into the town centre. Staff worked closely with relatives involved in people's care to understand how they wanted their care delivered. Care records were updated when needed to reflect people's likes and dislikes, routines and preferences.

People received the support they required to access advocacy services. The registered manager and staff understood their responsibility to enable people to have their voices heard. Records showed one person had received the support of an advocate to support them with decision making on where they wanted to live.

People were supported in a manner that respected their privacy and dignity. One person told us, "I get along

with [members of staff]. There is mutual respect." Another person said, "We do talk about things. I have never felt pushed around." Staff told us they supported people to dress appropriately and encouraged them to maintain their personal hygiene. People told us staff respected their privacy for example by knocking on their bathroom/bedroom doors, giving them space to be alone when needed and closing doors and curtains when supporting them with personal care.

People's records and information were stored safely and securely in a lockable office and cabinets. Computers containing people's records were password protected and accessible to authorised staff. Staff told us they held handover sessions and care review meetings away from third parties to protect people's privacy and to maintain their confidentiality.

People were supported to maintain relationships that mattered to them. One person told us, "My family and friends visit me when they want." Another person said, "Staff help me visit [family member]." Staff supported people who wanted to develop friendships with each other and encouraged them to socialise to minimise the risk of social isolation and loneliness. Relatives and friends were welcome at the service and understood that the home valued their interactions with people. People told us and records showed that staff supported people to keep in touch with their friends and enjoy social outings.

People had information about the services available to them in a format they could understand. Each person received a 'Welcome booklet for Marvels' which explained care delivery and the health and social care professionals available to support them. People had easy to read care plans which ensured compliance with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

## Is the service responsive?

### Our findings

People received care that responded to their individual needs. One person told us, "I get the care and help I need." Staff monitored people's wellbeing and reported to the registered manager any concerns about their condition. Staff had sufficient guidance about how to support a person who had behaviours that challenged the service and others. One member of staff told us, "We have one to one sessions with the service user, go out to the shops or engage them in activities they like. In that way, we help them to manage their emotions." Care plans highlighted triggers to people's behaviours that challenged. Health and social care professionals were involved for guidance when a person showed signs of decline in their mental health. Staff followed the advice provided which ensured the person received appropriate care for example, one to one support when needed.

People's care delivery was designed to meet changes in their needs. Staff undertook regular reviews of people's needs and when there were changes. Care plans and support plans showed staff updated people's records to reflect their needs. One person told us, "I meet with staff and talk about my care. [Family member] sometimes calls to get updates or talk about my health." Relatives and health and social care professionals involved in people's care took part in the reviews which ensured support plans were accurate and appropriate. Daily observation records showed people received care in line with changes to their needs such as mental health needs, sleeping and eating patterns and accessing the community. Each person had a member of staff assigned to coordinate their care and to inform the registered manager if there were changes to a person's health needs and support plans.

People enjoyed taking part in activities. One person told us, "There is always something to do and I don't get bored." People were happy taking part in an ongoing art project. A project artist who conducted 'Supporting development through creative making' workshops to enable people to communicate through art. People were proud of their art displays. Staff told us and records showed people benefited from the sessions, for example, one person had started to interact with other people and enjoyed the sessions. Staff knew people's hobbies and interests and encouraged them to take part in activities of their choosing. Each person had an individualised activity programme and could also join in group activities if they wished. People enjoyed gardening, planting seeds and flowers. Daily observation records showed people were engaged in a variety of activities and encouraged to develop new interests.

People were supported to live independently. One person told us, "[Staff] encourage me to do as much as I can for myself." Another person said, "I am learning how to budget and manage my money." Staff had information about tasks of daily living each person could undertake such as managing their money, accessing the community and personal care. Records showed each person had goals about what they wanted to achieve and the support they required from staff to develop their daily living skills. This included learning how to prepare meals, attaining mental stability enrolling at a college and seeking voluntary/paid employment. People made progress in achieving their goals and received support from staff and other healthcare professionals such as occupational therapists.

People knew how to make a complaint when they were unhappy with any aspect of the service. One person

told us, "There is always someone around to talk to." Another person said, "I would talk to the manager or my social worker. They do listen when I raise concerns." Staff understood their responsibility to inform the registered manager of any issues raised by people using the service and their relatives about the care provided. People told us they received a copy of the complaints procedure when they started to use the service and had information about how to escalate to external agencies when their concerns were not resolved. The registered manager knew how to resolve complaints in line with the provider's procedures. The service had not received any complaints since their registration with the Care Quality Commission.

People's end of life care needs were recorded when needed. No person was receiving end of life care at the time of our inspection. The registered manager and staff were aware of end of life care, and the organisations and health and social care professionals to contact when a person needed such care.

## Is the service well-led?

### Our findings

People using the service and staff made positive comments about the registered manager. Comments included, "She's kind", "She is hands on and supportive" and "The manager cares and aims to make the home a good place to live in." Health and social care professionals commented the registered manager involved them in a timely manner to ensure people received high standards of care. The registered manager told us the provider ensured she had support from senior managers and the resources required to meet people's needs.

People received person centred care. Staff commented the registered manager ensured they made decisions based on each person's individual needs. Comments included, "The registered manager's emphasis is always on, 'what does the service user want' and 'how can we meet their needs'" and "We are always working with each resident to find out how best to support them." Staff understood the provider's vision and were focussed on delivering high standards of care. Staff relations were positive and focussed on effective information sharing about people's needs and the support they required. Handover sessions at the start of each shift, write ups in a communication book and team meetings ensured staff had up to date information about people's needs.

Staff attended regular meetings chaired by the registered manager who promoted an open and transparent culture. One member of staff told us, "We share experiences and talk openly about our mistakes and how we can learn from them." Meeting records showed the registered manager met with staff to review incidents and to share good practice to minimise risk of a recurrence. Staff told us they were updated on developments at the service and their views were considered.

People and staff had opportunities to give feedback about the service. The provider had plans to carry out annual surveys to gather people's views about service in the latter part of the year. People attended regular resident's meetings to discuss developments they liked to see at the service. Relatives held meetings with the registered manager and staff where their suggestions to develop the service were welcomed. An open-door policy enabled people using the service and their relatives to raise any issues with the registered manager or members of staff at times that were convenient to them. We observed people enjoyed interacting with the registered manager when discussing their plans for the day.

People told us the registered manager was visible at the service and checked on them every time she was on duty and ensured they were happy with care delivery such as the quality of meals and activities provided, staffing levels, staff attitude and support to access healthcare services. Records showed the registered manager and provider addressed issues raised and were on a continuous drive to develop the service.

People received care that was subject to monitoring and checks. Appropriate systems were in place to review the standard of care and support provided to people. The registered manager undertook regular audits on care plans and reviews, medicines management, risk management, record keeping and on people's finances. The checks were effectively used to identify any areas of improvement and to maintain good standards of practice. Audits on staff recruitment, induction, supervision and training enabled the

registered manager to identify their needs and the support they required. Records showed the registered manager followed up on issues identified. The provider had oversight of the management of the service. The registered manager benefitted from the reviews of the operations of the home by senior managers and attending management and quality assurance meetings where they discussed all audits on care delivery.

The registered manager knew her responsibilities in line with their registration with the Care Quality Commission (CQC). Notifications were submitted to the CQC as required by law. The provider updated policies and procedures which enabled staff to provide care in line with best practice evidence. Team meetings records showed the registered manager discussed with staff policies and procedures and the importance of applying these to care delivery. Staff had access to up to date policies and procedures such as infection control, food hygiene, safeguarding, whistleblowing and health and safety. People's records and information were maintained well, detailed and accessible to staff when required.

People benefitted from a positive partnership between the registered manager and other agencies. Health and social care professionals commented the registered manager and staff involved them when necessary to ensure people received appropriate care. Records showed the registered manager engaged other health and social care professionals to seek guidance on best practice guidance to meet people's complex health needs. Staff followed the advice provided which ensured people received care and in line with legislation.