

Marcus & Marcus Limited

142 St Marks Road

Inspection report

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Date of inspection visit:
19 September 2017

Date of publication:
19 December 2017

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 19 September 2017. 142 St Marks Road provides care and support to people in a number of supported living projects in North London. The majority of people using the service have an autism spectrum condition or other profound learning disability. Currently the service supports 80 people.

We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. At our last inspection on 10 August 2015 the service was rated as good.

People experienced high quality care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

Staff told us they really enjoyed working for the organisation and spoke very positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff described management as extremely supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The registered manager had been in post since the service opened in 2009. 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 and associated Regulations about how the service is run.

People, relatives, staff and health and social care professionals spoke highly of the registered manager; they found her to be dedicated, approachable and supportive. The provider, via their managing director demands excellence and the managers of the service were provided with the resources needed to aim high and to achieve the best possible results for all. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. People were supported to be valued members of their local community. The continued development of the skills and performance of the staff was integral to the success of the service.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had excellent training and support.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

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.

The service was meeting the requirements of the Deprivation of Liberty Safeguards(DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

The registered manager and staff ensured everyone was supported to maintain good health. They took a very proactive approach to ensuring people's complex health needs were always met, and consistently ensured that when people needed specialist input from health care professionals they got it.

People had excellent, meaningful relationships with the staff. People were treated with respect and dignity and staff were very kind and caring towards them. Staff understood the importance of providing dignified care and support and did so to a high standard. People were encouraged to lead independent lives and care and support was tailored to enable people to do so. Innovative methods were used to communicate with people and there were individualised processes in place to help people understand and contribute to, decisions about the care. All people were treated equally with staff having an excellent awareness of how to respect people's rights.

People received excellent person centred support focused on what mattered most to them. Clear processes were in place to ensure that people had a smooth transition when moving into the service. People's care and support needs were frequently discussed with them and progress on achieving their goals was regularly reviewed. People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The support staff we spoke with demonstrated an excellent knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences.

The service employed a dedicated compliance Co-ordinator and had a quality assurance policy which detailed the robust systems they had in place to monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely

Is the service effective?

Good ●

The service was effective.

Staff were very well supported with training, supervision and appraisal. They were given further training to make sure they could meet the specific needs of people with complex medical conditions

People received the support they needed to maintain good health and wellbeing.

People were encouraged to have a balanced diet and supported people to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring

People were exceptionally well cared for by staff who treated them with kindness and compassion. Providing people with the best care possible was important for all members of staff and there was a strong person centred culture which put people first.

People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were caring and

spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate.

Is the service responsive?

Good ●

The service was responsive.

People received person centred support focused on what mattered most to them. Clear processes were in place to ensure that people had a smooth transition when moving into the service

People's care and support needs were regularly discussed with them and progress on achieving their goals was reviewed frequently.

People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted.

People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People, relatives, staff and health and social professionals spoke highly of the registered manager; they found her to be dedicated, approachable and supportive.

The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service.

People were supported to be valued members of their local community.

The continued development of the skills and performance of the staff was integral to the success of the service

Robust systems were in place to monitor and improve the quality of the service

142 St Marks Road

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.

We visited the service on 19 September 2017. The inspection team consisted of 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.

Before our inspection we reviewed the information we held about the service, including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

The provider also completed a Provider Information Return (PIR). The PIR 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 also provides data about the organisation and service.

We visited two of the service's supported living projects. The majority of people who used the service were unable to communicate with us verbally and so we observed interaction between people who used the service and staff. We reviewed six care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with two people who used the service and fourteen relatives. We also spoke with the registered manager, the director and eight support staff. After the inspection we got feedback from seven health care professionals who worked closely with the service.

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. One person who used the service said, "The staff are always there to keep me safe; that can't be easy for them." Another said, "I can't believe that staff have managed to keep me safe all this time; it was very difficult before I moved here." One relative said, "I feel relieved and relaxed that [relative] is well cared for and safe, I can sleep well at night now."

We checked to see how the service sought to protect vulnerable people against abuse. We found suitable safeguarding procedures in place which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service's safeguarding adults policy and saw how the service managed safeguarding concerns. We found that all the staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. Staff told us that they had received appropriate safeguarding training, had an understanding of abuse and they described to us the action they would take if they witnessed or suspected any abusive or neglectful practice. They knew who to report concerns of abuse to and were able to tell us of learning which was shared with the staff group of a recent safeguarding incident. They were also aware of the Whistleblowing policy and how to report matters of concern, "up the chain of command and ending with the CQC."

Members of staff said there was a sufficient number of staff to ensure those who used the service were safe. The registered manager told us they never used agency staff since people's needs were too complex for a staff member who was unfamiliar with them to provide safe and effective support. There was a mixture of full and part-time staff which provided flexibility to support people. We were told that the provider never accepted requests for emergency placements, "this would compromise the safety of service users and staff alike."

There were a number of individualised, comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual. Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible and minimising risks to their freedom. Managers and staff all demonstrated how they helped people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible.

Staff knew what they should do to keep people safe when supporting them both in and out of their home. For example, one person was at risk of self-harming and absconding. There were detailed plans in place to help staff support the person to manage this. If people's risk assessments and management plans were changed, staff were always updated with those changes, to ensure people remained safe. Staff told us the registered manager discussed with them any changes at handovers and staff meetings. Support workers then had to confirm they had read the new plans and understood what changes to the person's care delivery they needed to make.

Recruitment practices were robust. All of the relevant checks had been completed before staff began work, including Disclosure and Barring Service, previous conduct where staff had been employed in adult social

care and a full employment history.

People's medicines were managed and stored safely in locked cupboards in their rooms and were given as prescribed. Medicine administration records (MAR) demonstrated people received their medicines as prescribed and at the right times.

There were clear policies and procedures for the safe handling and administration of medicines. There was a protocol for 'as required' (PRN) medicines at the front of each person's medicines record. This was followed whenever PRN medicines were administered in accordance with the protocol.

Controlled drugs are prescription medicines which are controlled under the Misuse of Drugs legislation. We reviewed the storage and administration of controlled drugs and saw this process was safe and in accordance with legislation. We were told how it was not always possible to have two members of staff to sign the MAR when a controlled drug was administered (as per legislation) to one person who used the service. This was because the person had the support of just one member of staff when out in the community at a time when their medicine was due. In order to manage this situation, the registered manager wrote to CQC for guidance. We saw a copy of the response which stated that under such circumstances it was acceptable for there to be one person administering the medicine.

Staff received training, observed other staff and completed a full and comprehensive competency assessment before being able to give medicines. This included how to administer emergency rescue medication in the event of a person experiencing prolonged epilepsy seizures. Staff competencies in medicines administration were reviewed twice a year by their supervisor.

We saw the environment in the two services we visited to be safe and fit for purpose. There was reinforced glass in windows and televisions were secured behind shatter proof screens. The registered manager explained that this was a risk management control measure to protect people who had previously hit out at windows putting themselves and others at risk of harm. One service we visited had electronic gates which were timed to open slowly to give staff time to ensure those who lived there were not in the vicinity of the approaching car or could access the road through the opening gate. We also saw that the fences surrounding the property were sufficiently high to give people privacy and security. The environment of both properties was clean and hygienic. They were well maintained with no obvious areas in need of repair. Staff told us any damage to the properties was repaired rapidly.

Is the service effective?

Our findings

People who used the service were supported by well trained and highly skilled staff. Relatives told us staff were well trained and that the service was very effective in meeting people's needs. One relative commented, "the way they support [relative] proves that the staff are really well trained. They manage to get [relative] to participate in so many things; I can't quite believe it sometimes." Another relative told us, "the registered manager's commitment and close attention to training and development [of staff] this results in a highly trained and capable staff group."

A comprehensive induction and training programme was in place for new staff and there was a framework for continuous professional development for staff. All new employees were required to sign-up to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers to follow in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. We saw how the service had adapted the Care Certificate syllabus in order to make it more relevant for supporting people living with autism and learning disabilities.

Staff told us they spent four weeks on induction before doing any direct work with a person. This included training on aspects of service user needs as well as company policy and procedures. They shadowed more experienced members of staff and understood their competencies were assessed by their line manager during this time to ensure they were suited to the role and the particular person who used the service. Staff said they had regular supervision, at least four per year. One said, "we can have one to one sessions with our line manager at any time. The registered manager is also very available and knowledgeable and I would not hesitate to ask him for advice."

Staff spoke very positively of the induction and training they received. One told us, "my induction was very thorough; I was most impressed that the manager delivered a lot of it so we got to know them and the values of the organisation." Another said, "throughout my induction and subsequent training it is always very apparent that the service user is at the centre of everything we do." They told us they were given three months' notice of any training which needed renewing. They also told us how they could request additional training to better meet a person's changing needs. This included training on diabetes, epilepsy, spinal injury care and safe eating and drinking. We saw from staff training records that this additional training was completed by staff who supported people with these additional needs.

There was robust oversight of staff training needs. The manager with responsibility for training employed a number of tools to ensure that mandatory training was up to date, with alerts for any soon to expire dates sent to staff. They maintained a rolling programme of mandatory training so that recently recruited members of staff had immediate access to it and had responsibility for booking any required additional training. Monthly reports on staff training showed that all mandatory training was up to date. We saw that expiry dates of less than three months were coloured red to alert the training manager of the need to contact those members of staff who need to book refresher training.

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 MCA. Where people lacked the mental capacity to make their own decisions, the service took followed the principles of the MCA to and made best interest's decisions on their behalf. We saw that people and their family members were involved as much as possible in this process and that the process for DoLS had been followed where appropriate. We saw documentation related to DoLS applications made by the registered manager. All paperwork was in order and at the time of our inspection there was one person with a DoLS in place. Staff were able to describe how they sought people's consent before engaging in any activity. They also told us of aspects of their work which meant that that people's freedom was restricted, for example, when they had one to one support, if the kitchen had to be locked and where there were codes on exit doors or gates. Staff understood the process which enabled these restrictions to be legally placed and were aware of the restrictions which individuals were under.

We were told of the many visiting professionals who contributed to the person's well-being. These included psychiatrists, psychologists, speech and language therapists and dieticians. We saw numerous examples where the intervention of psychiatrists and psychologists had significantly reduced behaviours that challenge. This included conducting workshops and on site observations of staff practice. Community nurses from the local community team for learning disabilities had regular contact and the GP made home visits in recognition of the fact that it was too challenging for a person to visit their surgery.

Both premises we visited were adapted to the needs of those who lived there. For example, there were key codes on doors where a person was likely to abscond. There was reinforced glass in windows and shatterproof covering over televisions and computers. One house had a sensory room which was designed by a person who used the service. The other house had a music therapy room and included sensory equipment. This room had a wide range of musical instruments, sound equipment and a television which had a specially designed music game for those who lived there.

Throughout our inspection visit, it was apparent the service had a staff and management group which was dedicated to meeting the needs of service users in a safe and effective way. Contributory factors to this included a visible management group which engaged in different aspects of the provision of care, careful selection of staff, on-going monitoring during the induction process, regular supervision and provision of any additional training need to meet service user' 'changing needs. This meant the service was highly effective in responding to people's individual needs.

People were supported to get involved in decisions about what they wanted to eat and drink. One relative told us, "My sister is vegetarian and she has very particular likes and dislikes. They manage all of this and provide her with a varied diet, including her as much as she is able."

Another relative said, "'He is enabled to shop, having planned his menus with guidance towards healthy choices.'" Staff told us how they monitored people's nutrition and they encouraged people to cook their meals where possible and be independent in respect of this. We saw that people were weighed on a regular basis and referrals to GP and dieticians were made in a timely way when there were any concerns.

Is the service caring?

Our findings

Without exception, relatives and people we spoke with told us they considered 142 St Marks Road to have strong leadership. One relative said, "The manager is the most positive person who actively facilitates the links between all his staff, other agencies and the service users to give them the best possible care that he can." Another commented, "Great open communications and you are part of the team. I'm involved and appreciate that they know him so well and if I have ever phoned the office they know immediately who I'm talking about – so friendly and supportive." A third relative told us, "I strongly value the great personal interest shown by the owner; He cultivates a good team who are very loyal. Great line management."

Comments from health and social care professionals included, "There is a fantastic service. They are very sensible, humane, respectful, innovative, person centred and creative with all their service users, and families of service users. They make very good use of support or advice, whenever sought or given. The outcome of all this excellence in my view is that people's mental health tends to be as good as it possibly can be, and least restrictive/positively empowering approaches are always tried." And "They are bespoke and nuanced and skilled, and are thus directed at individual issues in a sensible and pragmatic way. This is a very well led and resilient service as a result. In an era where I constantly see and hear of low morale and despair generally amongst NHS workforce, the Marcus & Marcus approach is a culture and model of caregiving that the NHS should learn from, in my personal view."

During our visit all the management team spoke with great passion and enthusiasm and demonstrated a high level of subject knowledge with regards to supporting people living with autism and learning disabilities. The registered manager and the management team were able to concentrate on improving the lives for all because they were supported by a provider who ensured they had the resources to do so. Staff spoke highly of the registered manager and members of the wider leadership team. Comments from staff included, "There is a very good culture of support and development in this organisation," "This is an organisation where you can grow and thrive" and "I can't see myself working anywhere else – this organisation and my job give me everything I need in job satisfaction and career development."

People experienced a high quality service because staff were inspired by the registered manager and senior management team to do so. Staff frequently mentioned how everyone worked as a team to achieve positive outcomes for people, and that levels of motivation were very high. Several staff said they had worked in other care settings and this was the best one they had ever worked in. All of the staff we spoke with were very enthusiastic about the role in supporting people to lead an active and fulfilling life.

The registered manager and management team recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. The service sustained outstanding practice and improvements over time and worked towards, and achieved, recognised quality accreditation schemes. The service demonstrated industry leading best practice through continued professional accreditation with The National Autistic Society (NAS). During their last accreditation visit in 2015 the service was commended for the high quality support offered to people with autism. Two senior members of staff were also review officers for the NAS; one of these individuals was also a member of the NAS Accreditation Panel. The

registered manager told us "One of the benefits of our links with the NAS is that it enables us to update ourselves with current practice and latest thinking."

There was a clear emphasis on people being encouraged and supported to lead as fulfilling a life as possible. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life. A dedicated and enthusiastic staff team was in place, led by an excellent management team. The service had its own Positive Intervention Team (PIT) which consisted of eight dedicated full time members. Each of the PIT members had a sound working operational knowledge in areas such as autism, learning & physical disabilities, various communication methods e.g. Talking Mats, Makaton, Social Stories, Intensive Interaction. The members of the PIT also worked in collaboration with local specialist Community LD team i.e. psychiatrist, OT, Speech Therapist, Psychologist to design, deliver, monitor, review and feedback to ensure support strategies are embedded in practice and to achieve optimum outcomes for the people. The registered manager told us." The PIT support staff on a very practical level (on the ground training) to ensure they are providing a 'quality' service to the individuals they are supporting." We saw that each new person was assigned a designated PIT member whose role was to ensure that all staff had an understanding of the needs and risks of the individual, and ensure that frontline staff know how to use the various Visual Supports and Communication tools available. The registered manager told us "the PIT members are assigned free reign to train as much as is necessary for the support staff team to feel confident to take on a new Service User "

The service employed a dedicated compliance co-ordinator and had a quality assurance policy which detailed the robust systems they had in place to monitor and improve the quality of the service. The service undertook a comprehensive range of checks and audits of the quality of the service. This included an internal mock inspection where a member of the management team would attend supported living schemes and check various aspects of care which included the environment, activities available, record keeping and staff support. The service carried out regular audits in respect of safeguarding, policies; person centred planning, staff supervision sessions, staff training, recruitment and medicines. We saw that actions arising from these had been put in place. For example recruitment procedures had been improved in order to speed up the process and improvements in staff Induction where the service has set up set up a steering group to review and re-write the staff Induction programme.

The service also organised regular stakeholder events where a range of professional speakers were invited to give talks on subjects of interests. This free event is held at a conference centre with an average attendance of 100 people made up of staff, parents, professionals and members of the public. The latest event was run in June 2017 we saw that a specialist in supporting individuals through the use of technology based communication tools had given a talk.

The registered manager explained that they also retained and motivated staff through having a sound career structure." if a member of staff shows potential, then for sure they will be encouraged to grow and develop."

Events such as family sports days, staff parties and a Team Award also took place. The service launched a Team Award in order to recognise and reward a team within the organisation that had made a significant contribution to improving the quality of life for individuals they supported. Staff we spoke with were all positive about the morale within the organisation.

The service carried out annual surveys to gain feedback from people their relatives and health care professions. The Survey was based on the 5 key Questions used by the Care Quality Commission. We saw the results of the last survey that had taken place in the spring of 2017. The results were positive in all the key

questions. Scores were particularly high in areas of staff motivation and maintaining independence. All respondents agreed that Service Users were treated with kindness and compassion in their day-to-day care.

People experienced a high quality service because staff were inspired by the registered manager and senior management team to do so. Staff frequently mentioned how everyone worked as a team to achieve positive outcomes for people, and that levels of motivation were very high.

Is the service responsive?

Our findings

The care and support people received was extremely responsive to people's needs. All healthcare professionals spoke very highly of the service and described the service as very proactive and extremely responsive. They told us that when they provided guidance it was always followed up with great precision. They also told us that when people required additional support following a hospital admission or deterioration of health they would respond 'immediately'. One told us, "their service is vital to my work, in very many ways, and without it some of the most vulnerable and risky people I deal with could by now be dead, seriously injured, or in some form of despair." And another told us, "Whenever we have parents approach us regarding supported living, then Marcus and Marcus would be at the forefront of any recommendations, especially when dealing with young people who have extremely challenging behaviours and autism."

People were exceptionally well supported when transitioning between services. This included support provided before a person moved into the service and throughout their transition. A health care professional told us "They have the young person at the heart of the transition process in order for that to be as smooth as possible." Records demonstrated a multi-disciplinary approach was taken and that people's needs were comprehensively assessed before they received the service. A relative told us, "The transition was actually done over 3 months, every aspect was considered even the effect that it was having on us for him to be moving out. We felt utterly safe and that we could trust the agency."

The service had set up a positive behaviour support team that was responsible for overseeing the transition process and supporting people and staff in setting up a new support package. The aim of this team was to enable support staff to get to know the person who used the service and 'translate training into practice'.

Relatives were very confident that the service understood autism and that they were able to meet the needs of people. One relative said, "They always find a solution, never giving up. My son has always had holidays abroad and then the travel insurance said no because his condition is too challenging medically. The Agency have provided trained staff, done all the organising and have taken him abroad. I am so chuffed that my son is able to experience the life he had been enjoying and the life that I wanted for him." Another relative told us, "As my son's sight has become worse they have enlarged the 'choice boards' for him. He also has a daily planner that he has to remove a velcroed item as the day progresses and this has also been adapted. They think ahead, they don't wait for him to fail at something."

Care plans were very detailed; person centred and provided good information for staff to follow. They contained a detailed plan outlining the support the person needed with various aspects of their daily life such as health, personal hygiene, medicines and behaviour as well as a communication profile. Care support plans included comprehensive details about people's support needs and what was important to them now and for the future. The care plans focused on ways to promote people's independence and achieve agreed outcomes. Care plans provided prompts for staff to enable people to do tasks that they were able to do by themselves. For example, care support plans each contained a decision making profile which detailed how to present choices to people and how to help people make specific decisions.

The service was very focused on delivering care in line with people's equality and diversity needs. For example we saw how one person had been successfully supported through gender reassignment and a number of people who were Muslim were supported to attend Friday mosque and prayers. A person of Catholic faith was accompanied to Lourdes in France. The registered manager told us, "It was his lifetime ambition". The service also ensured they provided culturally appropriate care by employing a number of staff that spoke a variety of languages in order to support people for whom English was not their first language

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Each individual had their own activities timetable which was based on their interests. Activities included going to arts and crafts shops, trampolining, cycling, music sessions, and choir and recently a number of people had gone on holiday to Malaysia with staff support. Other goals people had wished to achieve were fulfilled through them being supported to follow their interests and enjoy an active social life. People's goals and aspirations in relation to their social life had been recorded and records showed they had been supported to achieve these. We saw numerous examples of this including, one person who had done voluntary work at the service's office, and was now employed by them. We saw that another had been driven long distances by the staff team in order for him to fulfil his dream of swim in the channel. A family member told us how their relative was supported to lose weight. They said, "They go running in the park with the manager and a personal trainer twice a week, I would never have dreamed that this was possible."

We saw a storeroom which was specially built to keep a person's clothes safe. They had a fear that their clothes would be damaged by others and the registered manager told us it was "a simple way to solve what was a major problem for the service user." We also saw that access to the Jacuzzi was changed to meet the particular needs of another person who used the service

we observed staff interacting with all people very effectively and this ensured people were not discriminated against as a result of their learning disabilities. This contributed to people being able to feel consulted, empowered, listened to and valued in their day to day lives. We saw that a number of people had shown significant and consistent reductions in behaviours that may challenge since they joined the service.

There was a 'hospital passport' document included in the care planning documentation which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. We were told that the information was used extensively by staff, as well as when people were taken to hospital. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at the home or in hospital. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was recorded how a person contributed to their support plan. There was also a record of how people indicated they were in pain. Behaviours which might indicate pain or anxiety were clearly documented, a very important feature where people were unable to verbally communicate. We saw that care plans were recently reviewed, in line with the provider's review policy.

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery were fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People had developed independent living skills plans and their daily living skills were utilised and developed. The registered manager told us that they did not accept 'emergency admissions'. She told us "we believe a large part of our success is rooted in building support packages based on planned, structured and individualised transitions. Thinking about the individual being supported, we

match the staff to the individual often based on feedback from families, professionals, previous placements and on the type of person who is best suited to support the person."

People who used the service had a detailed annual review of all of their care needs and care plans were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted to be. Family members and healthcare professionals also contributed to assessment and plans where appropriate. People's care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were always made when they were needed.

Staff demonstrated their skills in providing person centred care for each individual. A support worker told us, "the support we provide is on the service user's own terms and we have to be flexible." They had an excellent understanding of people's values and beliefs, and understood how this may affect the decisions people made about their care, the activities they wanted to take part in, and the social relationships they wanted to maintain.

People were provided with a complaints policy in an 'easy read' format enabling them to understand the process for making a complaint. People and their relatives felt complaints were handled effectively and they felt their views were respected and acted on. A relative told us, "I did make a complaint about a member of staff who was not proactive enough with him – they were not engaging him sufficiently and that staff member no longer works with him. It was accepted, I was listened to and it was acted on very quickly."

Is the service well-led?

Our findings

Without exception, relatives and people we spoke with told us they considered 142 St Marks Road to have strong leadership. One relative said, "The manager is the most positive person who actively facilitates the links between all his staff, other agencies and the service users to give them the best possible care that he can." Another commented, "Great open communications and you are part of the team. I'm involved and appreciate that they know him so well and if I have ever phoned the office they know immediately who I'm talking about – so friendly and supportive." A third relative told us, "I strongly value the great personal interest shown by the owner; He cultivates a good team who are very loyal. Great line management."

Comments from health and social care professionals included, "There is a fantastic service. They are very sensible, humane, respectful, innovative, person centred and creative with all their service users, and families of service users. They make very good use of support or advice, whenever sought or given. The outcome of all this excellence in my view is that people's mental health tends to be as good as it possibly can be, and least restrictive/positively empowering approaches are always tried." And "They are bespoke and nuanced and skilled, and are thus directed at individual issues in a sensible and pragmatic way. This is a very well led and resilient service as a result. In an era where I constantly see and hear of low morale and despair generally amongst NHS workforce, the Marcus & Marcus approach is a culture and model of caregiving that the NHS should learn from, in my personal view."

During our visit all the management team spoke with great passion and enthusiasm and demonstrated a high level of subject knowledge with regards to supporting people living with autism and learning disabilities. The registered manager and the management team were able to concentrate on improving the lives for all because they were supported by a provider who ensured they had the resources to do so. Staff spoke highly of the registered manager and members of the wider leadership team. Comments from staff included, "There is a very good culture of support and development in this organisation," "This is an organisation where you can grow and thrive" and "I can't see myself working anywhere else – this organisation and my job give me everything I need in job satisfaction and career development."

People experienced a high quality service because staff were inspired by the registered manager and senior management team to do so. Staff frequently mentioned how everyone worked as a team to achieve positive outcomes for people, and that levels of motivation were very high. Several staff said they had worked in other care settings and this was the best one they had ever worked in. All of the staff we spoke with were very enthusiastic about the role in supporting people to lead an active and fulfilling life.

The registered manager and management team recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. The service sustained outstanding practice and improvements over time and worked towards, and achieved, recognised quality accreditation schemes. The service demonstrated industry leading best practice through continued professional accreditation with The National Autistic Society (NAS). During their last accreditation visit in 2015 the service was commended for the high quality support offered to people with autism. Two senior members of staff were also review officers for the NAS; one of these individuals was also a member of the NAS Accreditation Panel. The

registered manager told us "One of the benefits of our links with the NAS is that it enables us to update ourselves with current practice and latest thinking."

There was a clear emphasis on people being encouraged and supported to lead as fulfilling a life as possible. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life. A dedicated and enthusiastic staff team was in place, led by an excellent management team. The service had its own Positive Intervention Team (PIT) which consisted of eight dedicated full time members. Each of the PIT members had a sound working operational knowledge in areas such as autism, learning & physical disabilities, various communication methods e.g. Talking Mats, Makaton, Social Stories, Intensive Interaction. The members of the PIT also worked in collaboration with local specialist Community LD team i.e. psychiatrist, OT, Speech Therapist, Psychologist to design, deliver, monitor, review and feedback to ensure support strategies are embedded in practice and to achieve optimum outcomes for the people. The registered manager told us." The PIT support staff on a very practical level (on the ground training) to ensure they are providing a 'quality' service to the individuals they are supporting." We saw that each new person was assigned a designated PIT member whose role was to ensure that all staff had an understanding of the needs and risks of the individual, and ensure that frontline staff know how to use the various Visual Supports and Communication tools available. The registered manager told us "the PIT members are assigned free reign to train as much as is necessary for the support staff team to feel confident to take on a new Service User "

The service employed a dedicated compliance co-ordinator and had a quality assurance policy which detailed the robust systems they had in place to monitor and improve the quality of the service. The service undertook a comprehensive range of checks and audits of the quality of the service. This included an internal mock inspection where a member of the management team would attend supported living schemes and check various aspects of care which included the environment, activities available, record keeping and staff support. The service carried out regular audits in respect of safeguarding, policies; person centred planning, staff supervision sessions, staff training, recruitment and medicines. We saw that actions arising from these had been put in place. For example recruitment procedures had been improved in order to speed up the process and improvements in staff Induction where the service has set up set up a steering group to review and re-write the staff Induction programme.

The service also organised regular stakeholder events where a range of professional speakers were invited to give talks on subjects of interests. This free event is held at a conference centre with an average attendance of 100 people made up of staff, parents, professionals and members of the public. The latest event was run in June 2017 we saw that a specialist in supporting individuals through the use of technology based communication tools had given a talk.

The registered manager explained that they also retained and motivated staff through having a sound career structure." if a member of staff shows potential, then for sure they will be encouraged to grow and develop."

Events such as family sports days, staff parties and a Team Award also took place. The service launched a Team Award in order to recognise and reward a team within the organisation that had made a significant contribution to improving the quality of life for individuals they supported. Staff we spoke with were all positive about the morale within the organisation.

The service carried out annual surveys to gain feedback from people their relatives and health care professions. The Survey was based on the 5 key Questions used by the Care Quality Commission. We saw the results of the last survey that had taken place in the spring of 2017. The results were positive in all the key

questions. Scores were particularly high in areas of staff motivation and maintaining independence. All respondents agreed that Service Users were treated with kindness and compassion in their day-to-day care.

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