

# Marcus & Marcus Limited

## 142 St Marks Road

### Inspection report

142 St Marks Road, Bush Hill Park, London, EN1 1BJ  
Tel: 020 8366 8131

Date of inspection visit: 10 August 2015  
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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This inspection took place on 10 August 2015. 142 St Marks Road provides care to people in a number of supported living projects in North London. Currently the service supports approximately 65 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. A single inspector undertook the inspection on the day of the visit and two inspectors carried out telephone interviews following the inspection.

At our last inspection on 6 January 2014 the service met the regulations inspected.

There was a registered manager in post. 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.

People who used the service told us they felt safe around care staff. Relatives of people who used the service told us that they were confident that people were safe. Systems and processes were in place to help protect people from the risk of harm. These included careful staff recruitment, staff training and systems for protecting people against risks of abuse.

# Summary of findings

We saw evidence that positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity and staff provided prompt assistance and also encouraged people to build and retain their independent living skills.

There were arrangements for the storage, administration and disposal of medicines. However, some medicines, including controlled drugs, were not stored appropriately. We also found that medicine audits were not documented and the provider was unable to demonstrate that these took place.

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences working at the service and the support they received from the management.

There were enough suitably trained staff to meet people's individual care needs and this was confirmed by staff we spoke with. Staff spoke positively about the training that they had received.

Care plans were comprehensive and person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were also detailed. People's health and social care needs had been appropriately assessed. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Staff received training in the Mental Capacity Act 2005 and were able to demonstrate a good understanding of how to obtain consent from people. Staff we spoke with understood they needed to respect people's choice and decisions if they had the capacity to do so.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS ensure that an individual being deprived of their liberty is

monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. However, due to the nature of this particular service, DoLS were not applicable.

The service had an open and transparent culture where people were encouraged to have their say and staff were supported to improve their practice. We found the service had a clear management structure in place with a team of care staff and management. There was a system in place to monitor and improve the quality of the service which included feedback from people who used the service, staff meetings and a programme of audits and checks.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. Arrangements were in place in relation to the recording and administration of some medicines. However, the arrangements for storing controlled drugs were not in line with controlled drugs legislation. Other medicines were not always stored as required. Medicine audits were not carried out.

People who used the service told us they were treated well by staff and felt safe in the home.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

Requires improvement



### Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by management and their peers.

People were supported to get involved in decisions about what they wanted to eat and drink.

People were able to make their own choices and decisions. Management and staff were aware of the requirements of the Mental Capacity Act 2005 and its importance.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



### Is the service caring?

The service was caring. People were treated with kindness and compassion when we observed staff interacting with people using the service.

It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People were consulted and their care preferences were reflected in the care plans.

People were encouraged to provide feedback about the quality of the service they received. We saw evidence that care plans were reviewed by staff and people.

Activities were available and people had opportunities to take part in activities they liked.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Good



## Is the service well-led?

The service was well led. Staff were supported by management within the service and felt able to have open and transparent discussions through supervision meetings and staff meetings.

The service had a clear management structure in place with a team of care staff and management. Staff told us that morale within the organisation was positive and that management were approachable and helpful.

The service carried out an annual satisfaction survey. We saw that the feedback was generally positive.

Systems were in place to monitor and improve the quality of the service.

Good



# 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, and to provide a rating for the service under the Care Act 2014.

A single inspector undertook the inspection on the day of the visit and two inspectors carried out telephone interviews.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

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 three of the service's supported living accommodation. The majority of people who used the service were unable to communicate with us verbally and we therefore observed interaction between people who used the service and staff. We reviewed eight 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 eight relatives. We also spoke with the management team and seven care staff. We spoke with two care professionals.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe around staff. One person said, “I feel safe around staff.” Relatives of people using the service told us that they were confident that people were safe. One relative said, “Yes they are absolutely safe” and another said, “I feel confident that [my relative] is safe. I trust staff completely.” Care professionals we spoke with told us that they were confident that people were safe around care staff.

Staff we spoke with were able to identify the different kinds of abuse that could occur and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding authority and the CQC. We saw evidence that staff had received training in how to safeguard adults. Comprehensive safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

The service had identified individual risks to people and put actions in place to reduce the risks. These were documented in care records. Risk assessments included details of preventative actions that needed to be taken to minimise risks and measures for staff on how to support people safely. Risk assessments were in place for various areas such as financial abuse, self-neglect, challenging behaviour and taking medication. The assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our discussions with staff and management, we found there were enough staff to meet the needs of the people. The provider told us there was consistency in terms of staff so that people who used the service were familiar with staff and this was confirmed by relatives we spoke with.

We looked at the home’s recruitment process to see if the required checks had been carried out before staff started

working at home. There were comprehensive recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for six staff and found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

We checked the arrangements in place in respect of medicines and looked at how medicines were stored in two of the supported living accommodation. We viewed a sample of medicines administration records (MARs) for people who used the service. These were accurate and were up to date. Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines. However, we noted that in one accommodation, medication was not stored in people’s flats but in the staff office. As the service was supported living accommodation, people’s medicines should be kept in their rooms as the medicines were people’s own property. In accordance with guidance, the service should be providing medicine storage on an individual resident basis. Therefore the service was not storing medicines appropriately. We discussed this with the service and they confirmed that they would ensure that medicines were stored in people’s own rooms.

During this inspection we observed that in one supported living scheme controlled drugs were stored with other medicines in the staff office. As this service was a supported living accommodation, it is expected that controlled drugs are stored in a locked cupboard in each person’s room and is not stored in the staff office. Further, we noted that whilst administration of controlled drugs was being recorded, this information was not being recorded in a special register. This is not in line with controlled drugs legislation.

During the inspection we saw no documented evidence that medicine audits were carried out to check that medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed. We reported our findings to management at the service who said immediate action would be taken to improve the safe and proper management of medicines.

**The information above is a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

# Is the service effective?

## Our findings

People told us that they were satisfied with the care and support they received. One person told us, “Staff are professional. Staff listen to me.” Relatives spoke positively about the service and said that staff were competent. One relative we spoke with told us, “I am confident that staff know what they are doing.” Another relative said, “I am extremely happy with the care. I have never had concerns.”

Training records showed that staff had completed training in areas that helped them when supporting people living at the service. Topics included safeguarding, medication, the Mental Capacity Act 2005, infection control and food safety. The provider explained that they had an electronic system for monitoring what training had been completed and what still needed to be completed by staff and we saw evidence of this. Staff were up to date in respect of their training. Staff spoke positively about the training they had received. One member of staff said, “The training is very good. It is helpful. It has really helped me in my role.” One care professional we spoke with told us, “Staff are very well trained. It is key to the organisation’s success.” We saw evidence that the service had implemented the Care Certificate training for staff and the service was currently working to ensure that newly recruited staff completed this.

We spoke with staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Staff told us that they received regular supervisions and records confirmed this. There was also evidence that staff had received an annual appraisal in order to review their personal development and progress. We saw evidence that management were currently carrying out an audit to check that all staff had received supervision sessions and appraisals.

Staff spoke positively about working at the service. They told us that they felt supported by their colleagues and management. One member of staff told us, “I am lucky to work for a company like this. They really care and are generous with their time.” Another member of staff said, “I feel supported. No problems at all here. I feel able to ask questions if I need to.”

Care plans contained information about people’s mental state and cognition. We saw evidence that people who

used the service were able to make their own choices and decisions about care. People had regular meetings with staff to discuss their care and progress and this was confirmed by relatives we spoke with. People’s care plans were updated accordingly.

When speaking with management at the service, they demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that staff received training in this area. Staff we spoke with had knowledge of the MCA and were aware that they should inform the registered manager of any concerns regarding people’s capacity to make their own decisions. They were also aware of the importance of ensuring people were involved in decision making. Where people were unable to make decisions, they were aware of the importance of involving their representatives.

People were not restricted from leaving the supported living accommodation and were encouraged to go out into the community. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place.

People were supported to get involved in decisions about what they wanted to eat and drink. One relative told us, “There is a variety of food. The food is good. There is a proper menu.” Another relative said, “My [relative] helps prepare food and has developed her cooking skills. There is a lot of choice. Food pictures are used to help her decide what to eat.” We spoke with the provider about how staff monitored people’s nutrition and he explained that as the service was supported living, they encouraged people to cook their meals where possible and be independent in respect of this. He explained that staff helped individuals prepare their meals. The provider explained that if they had concerns about people’s food intake, they would contact their GP and monitor their food intake and we saw evidence that they had done this in respect of one person that they had concerns about. People’s weights were recorded monthly. This enabled the service to monitor people’s health and nutritional intake.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals.



# Is the service caring?

## Our findings

When asked about the service, one person told us, “It is good.” One relative said, “The carers are wonderful, loving, unbelievably patient and I am delighted with the care.” Another relative told us, “Staff are professional. They are friendly and approachable.” A further relative we spoke with said, “Staff are lovely and approachable. They listen.” People and relatives spoke positively about the care and support they received at the home and no concerns were raised.

Management and care staff had a good understanding of the needs of people and their preferences. They were able to tell us about people’s interests and their backgrounds. This ensured that people received care that was personalised and met their needs. When we visited the service’s supported living schemes we observed interaction between people and staff and noted that staff were patient when supporting people and communicated well with people.

We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills. Care plans set out how people should be supported to promote their independence. People were supported to express their

views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans were individualised and reflected people’s wishes.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I treat each person as an individual and respect that each day is different. Empathy is important and looking at things in terms of people’s view.” Another member of staff told us, “We give them the choice to do what they want, not what we want to do.”

The provider confirmed that they did not use agency staff and ensured that people were supported by the same group of staff. Consistency of staff meant people were familiar with staff and appeared comfortable around them. This also helped ensure that staff were fully aware of people’s individual needs and what support they required.

The provider explained that they thought very carefully about the compatibility of people who shared accommodation so that people live with others they get along with. They said that they involved families, carers and advocates in this process in such decisions and relatives we spoke with confirmed this.



# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. When people were referred to the service, a needs assessment was carried out which looked at people's individual needs such as challenging behaviour, medication and medical history. The provider explained that the aim of this was to help the service understand whether they were able to meet the person's needs.

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 a new support package. The aim of this team was to get to know the person who used the service and their needs so that information related to their care was disseminated to all frontline support staff.

Relatives were confident that the service understood autism and that they were able to meet the needs of people. One relative said, "I am relieved that we found the service. They really know and specialise in autism." Another relative told us, "The company really understands my son's needs."

We looked at the care support plans for eight people. These contained a detailed plan outlining the support the person needed with various aspects of their daily life such as health, personal hygiene, communication, medication and behaviour. Care support plans included comprehensive details about people's support needs and what was important to them now and for the future. Care support plans were person centred and included details of people's personal preferences and routines and focused on individual needs. We noted that the care plans were written in the first person and were personalised and detailed what the individual wanted and expected in respect of their care. Care plans focused on ways to promote people's independence. We noted that care support plans had not been signed by people or their representatives and therefore it was not evident that people had agreed to the care they received. We spoke with people's relatives about this and they confirmed that they had been involved in completing people's care support plans. One relative said, "I was very much involved when the care plan was put together. I am kept up to date with developments." Another relative said, "I am always consulted and thoroughly involved."

Care support plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. They provided detailed and appropriate information for care staff supporting them. 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.

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 a youth club, dinner out, swimming and Zumba classes. One relative told us, "There are activities available and the manager is very good at getting people motivated." Another said, "Plenty of activities."

The provider encouraged people to take part in activities to help further their personal development and gain independence. For example, one person was carrying out voluntary work at the service's office to gain some work experience.

Staff responded promptly when people's needs had changed. Staff told us that they were made aware of changes by communicating with one another. When changes occurred, care plans were reviewed and changed accordingly and we saw evidence of this. Relatives told us that they had regular reviews with people who used the service and care professionals to discuss and monitor people's progress.

We saw evidence that a satisfaction questionnaire had been carried out in June 2015. We noted that the service was still waiting to receive further feedback but we reviewed some of the feedback received and saw that people were generally satisfied with the service. The provider confirmed that once they had received all the necessary questionnaires, they would be analysing the results. The provider told us, "We owe it to people to analyse the questionnaires especially as they have taken the time to complete them."

Information on how to make a complaint was available to people who used the service. We saw evidence that the service had dealt with complaints received appropriately. People told us they felt free to raise issues with the staff or management and were confident they would be

## Is the service responsive?

addressed. One person said, "I cannot fault them. They are very open. I can raise issues if I need to." Another person told us, "I feel able to raise complaints. They are willing to listen to suggestions and take things on."

There was a complaints policy in place and there were procedures for receiving, handling and responding to

comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the service.

# Is the service well-led?

## Our findings

Relatives we spoke with told us that they were confident that the service was well led. They spoke positively about the way in which the service was organised and run. One relative said, “The management are very good. They work very well together.” Another relative told us, “They listen and act on suggestions which is important.” Another relative said, “The management are extraordinary. They are on top of everything.” Care professionals we spoke with told us that they were satisfied with how the service was run. One care professional told us that the service had an “incredibly positive relationship” with them.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service. One member of staff said, “The team is very good. Everyone works well together.” Another member of staff told us, “I am proud to work with Marcus & Marcus. I’ve worked with two other companies in the same industry but what I’ve liked here is the informal style of working and that they don’t work strictly with the bureaucratic system.” From our discussions with management it was clear that they were familiar with the people who used the service and staff.

There was evidence that the service held management meetings every six weeks to discuss internal systems and how well these were working. There were also regular team meetings so that care staff were informed of any changes occurring within the service, which meant they received up to date information and were kept well informed. Staff we spoke with confirmed this. Staff understood their responsibility to share any concerns and feedback.

The service had an effective system to monitor incidents and implement learning from them. The provider explained that they identified learning outcomes following an incident and then shared these with staff and implemented learning outcomes. The aim of this was to look at ways of learning from incidents.

The service had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. The service undertook a range of checks and audits of the quality of the service in an attempt to improve the service as a result. The provider explained that they had recently introduced 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. We saw evidence that this had recently been carried out. The service carried out audits in respect of safeguarding, policies, staff supervision sessions and staff training. However we saw no documented evidence that medicine audits were being carried out. We spoke with management about this and they confirmed that these were not formally recorded as part of an audit. They confirmed that in future, medicine audits would be recorded.

The service explained that they motivated staff through events such as family sports days, staff parties and a Team Award. In 2014 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 positive about the morale within the organisation.

The service introduced a Parents/Carers support Group in February 2015. The aim of this group was to enable parents and carers to meet on a regular basis and discuss any areas in respect of care. Relatives spoke positively about this group. One relative said, “The parent support group is helpful and I can communicate with other parents.” And another told us, “The parent support group has been really, really good.”

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>We found a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines, including controlled drugs were not stored appropriately.</b></p>