

Mr Edward William Marcus

Mr Edward William Marcus - 83 Kitchener Road

Inspection report

83 Kitchener Road
London
N17 6DU
Tel:020 8366 8131

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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 

Overall summary

The inspection was unannounced and took place on 8 October 2015. There were no breaches of regulations at the last inspection that took place on the 22 November 2013. Edward William Marcus - 83 Kitchener Road is a care home registered to provide accommodation and personal care. The service is registered for up to three people who have learning disabilities and autistic spectrum disorder. There is a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements

of the law; as does the provider. People using the service told us they felt safe. We found the provider had systems in place to manage risks, safeguarding matters, and medicines, and this ensured peoples' safety. Training records showed staff had received recent safeguarding adults training. There was a safeguarding policy available to staff, this had been updated recently. Staff we interviewed were able to demonstrate they understood the safeguarding procedure. We found there was evidence within care planning of the identification of risks

Summary of findings

to people using the service. The stable staff team could demonstrate they were knowledgeable about the people living in the service and knew what steps to take to keep people safe.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS). We found the management had a good understanding of MCA and DoLS legislation. There was evidence of DoLS being applied for appropriately. Capacity was being assessed in people's care plans and best interest decisions were being made when people were assessed as not having capacity. Throughout our inspection we saw people being asked their consent before care actions were taken. People said staff were kind. Staff we met had worked with people for a number of years and approached people in a confident friendly manner. We noted that people shared a joke with staff and were at ease with them. We saw staff were respectful knocking at bedroom doors before they entered. We saw that each person had a person centred plan. There was

evidence of review and updating. We thought the care planning responded to the diverse needs of the people using the service. Plans were detailed and personalised. The service encouraged people to undertake activities they enjoyed both individually and in a group. There was evidence of good leadership. There was regular auditing by management of staff activities such as finances and medicines to ensure the correct procedures were being adhered to. Policies from the provider were implemented by management, and policies were up to date and accessible to staff. Staff had received regular supervision, appraisal and had regular team meetings. There was evidence that staff were encouraged to voice their opinion in team meetings and supervision, this was confirmed by staff. There was evidence of staff being actively trained to take greater responsibility in their role. We felt this showed a commitment to staff development that would have a good outcome for people in terms of the standard of care provided in the service.

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?

- The service was safe.
- People were being empowered to recognise abuse.
- Staff had a good understanding of what constituted abuse and knew how to respond.
- People had detailed care plans to manage complex situations.
- There were systems in place for administering medicines.

Good



Is the service effective?

- The service was effective.
- Staff had a good understanding of choice and capacity.
- Deprivation of Liberty Safeguards had been considered.
- There was evidence of effective health care and nutritional needs being met.

Good



Is the service caring?

- The service caring.
- Staff addressed people in a respectful manner.
- We observed staff approaching people in a sensitive manner giving encouragement and working at the person's pace without hurrying them or becoming impatient.
- We saw staff knocking on doors before entering bedrooms.

Good



Is the service responsive?

- The service was responsive.
- Care plans were detailed and personalised.
- Care planning responded to the diverse needs of the people using the service.
- Individual and group activities were taking place.
- There was evidence of a complaints procedure and people had signed to say they understood the complaints policy.

Good



Is the service well-led?

- The service was well led.
- Staff said they were listened to by management.
- There was evidence of staff being actively trained to take greater responsibility in their role.
- There was evidence of management monitoring the quality of the service given.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection took place on 8 October 2015. This was an unannounced inspection. The inspection team consisted of one inspector. We looked at the notifications we had received about the service since it was inspected on 22 November 2013. Edward William Marcus -83 Kitchener Road is registered to provide care for up to three people. At

the time of inspection there were three people using the service. During the inspection we spoke with all three people using the service. Some people using the service communicated verbally others used signing. We met with three members of staff and interviewed two of them. We spoke with the deputy manager throughout the visit. We also spoke with the registered manager. We also spoke with two relatives who used the service. We spoke with a professional stakeholder who had recently worked in partnership with the service. We observed interactions between staff and people using the service. We reviewed two care records. We reviewed records relating to the management of the service including medicines management, staff training, quality assurance and health and safety.

Is the service safe?

Our findings

People using the service told us that they felt safe, they said it is “lovely here”. The service had created a visual prompt for safeguarding people, which they put in people's bedrooms. This described abuse in pictures and symbols and explained how people could report abuse if they were harmed or abused. This demonstrated the service were empowering people to remain safe from harm and abuse. Training records showed staff had received recent safeguarding adults training. There was a training programme that ensured refresher training took place on a regular basis. There was a safeguarding policy available to staff, this had been updated recently. Staff interviewed were able to demonstrate they understood the safeguarding procedure by naming types of abuse and could describe what action they would take if they suspected abuse was occurring. Staff said, “I would inform my manager”. Staff were able to explain what they would do if they felt a safeguarding concern was not being addressed. One staff member said “I would go to the head office directors or Social Services and report it”. This demonstrated staff understood their responsibility to report abuse and knew how to whistle blow if they suspected abuse was not being addressed appropriately.

Care plans that we looked at identified risks to people and provided guidance on how to manage the risk. Examples of recent risk assessments included encouraging people to hand wash to avoid food contamination and assessment of the risk of people using the kitchen when unsupported by staff at night. The service addressed risks to people with complex behavioural needs. When a person was distressed and displaying behaviour that would be harmful to themselves clear guidelines were available for staff to follow to keep the person safe from harm. Staff informed us of the steps they should take when interviewed.

The environment of the service was risk assessed. For example there was a risk assessment for the hazard of a wet floor outside the bathroom. This identified what staff should do to prevent an accident occurring. Staff had signed to say they had read this. There was a fire risk assessment and fire prevention policy. A person using the service was able to confirm there were fire drills and was able to tell us what they should do in the event of a fire. Fire alarm weekly testing in rotation ensured all call points were functional. Certified fire protection equipment was

available for use on both floors of the service. Staff had attended fire prevention training recently. Portable electrical appliances had been safety tested and the annual gas boiler was serviced. The provider had risk assessed the environment appropriately and taken good measures to ensure the service was safe.

Support staff had recently received health and safety and were able to tell us what measures were in place to manage the risk of infection control. There were hand washing facilities available in a room adjacent to the kitchen. There was a reminder to wash hands to prevent the spread of infection displayed. There was disposable protective equipment such as gloves available for staff when supporting people with personal care. We observed a staff member using and changing gloves appropriately. A person we spoke with as part of the inspection process said they thought clean water 'was not always used' when floors were mopped. During the inspection we saw the use of clean water to wash a floor and mops were colour coded to avoid cross contamination. Staff were able to explain the need for the mops to be colour coded and used correctly. The deputy manager explained they monitored staff to ensure they adhered to the correct procedures for hygiene control this would include the correct moping of floors and the use of clean water. There was a separate room for the washing of laundry. Laundry was washed at an appropriate high temperature during the visit.

We found the kitchen clean and food was stored appropriately with opened items labelled and in date. Staff had attended food hygiene training. We noted there were colour coded chopping boards to prevent food contamination with a poster placed near them as a visual reminder for both staff and people using the service. The service was clean and there was no mal odour on the day of our visit. We thought the staff demonstrated knowledge of hygiene control and the steps to take to avoid cross contamination.

We saw that medicines were stored securely in a locked cabinet. The medicines administration records (MAR) were completed by staff who signed when medicines were administered. There were no omissions or errors noted. Medicine stocks corresponded with the information on the MAR sheet. Staff who administered medicines had received recent training. Staff were able to explain the procedure for medicines administration. They requested repeat

Is the service safe?

prescriptions and checked the orders delivered were correct. Management audited medicine administration on a regular basis. This meant the provider could be sure that medicines were being managed safely.

On the day of inspection there were staff working as described on the rota. Records showed there was a settled staff group who were familiar with the people using the service. The deputy manager explained they did not use unknown agency staff as they thought this approach provided continuity of care for people using the service.

There was a recruitment policy and recruitment records showed staff were police checked and references received before employment. New staff had received a lengthy induction so they could learn about the people at the service. This ensured staff suitability and allowed time for people to become familiar with new staff. This demonstrated that the service had systems in place to safely recruit staff.

Is the service effective?

Our findings

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interest and there are no other ways to look after them. The management showed an understanding of DoLS and an appropriate DoLS application had been made to the statutory body. We saw other people went out into the community by themselves as part of their care plan and others benefitted from the presence of staff with them when they were out but were able to consent to this and this was documented in their care plan. We saw people using the service could have changing mental health states. The service understood they needed to be vigilant for people's possible fluctuating capacity and that they would need to apply for a DoLS should peoples' capacity change whilst they were unwell.

Staff we spoke with were clear about people's rights. They told us "Having choice is a big thing" stating "It is bad to put pressure on people". Staff were able to demonstrate an understanding of mental capacity and the need for mental capacity assessments. When capacity was in question a mental capacity assessment had been undertaken. Examples of mental capacity assessments and best interest meetings were for finances, medicines and correspondence management. Throughout our inspection we saw evidence of people giving consent to care and going out.

There was evidence of effective health care. We spoke with a relative carer who said "There had been a big improvement in health." A health and social care professional told us they found the service was well informed about the people's health support needs. Recordings showed regular health checks such as sight, hearing, oral health and foot care. There was evidence of health reviews for conditions such as asthma. Conditions such as epilepsy were risk assessed and there was a sensor alarm in place to alert staff to seizures that occurred at night. Daily checks were completed to ensure that it was working. There were clear instructions for staff in the event of a seizure occurring. Staff were able to describe to us what they should do if a seizure occurred in accordance

with the procedure. Staff were aware of people's changing emotional and mental health needs and recorded changes appropriately. Staff could explain what needed to be in place for people for them to remain in good mental health.

We observed the staff handover meeting between shifts. Staff completed a thorough checklist, at each handover information was shared. We noted in one care plan a person needed to have fluids on a regular basis. The checklist daily prompt ensured this had taken place. This ensured effective staff communication. Management and staff communicated well. There was evidence of regular individual supervision where staff had time to discuss support planning people, training needs and issues of performance were be addressed. There were regular staff meetings where the team met as a group. Information from the provider was cascaded to the team and staff were encouraged to share their views.

To ensure effective communication with other agencies in emergencies there was an emergency 'grab sheet' in each person's file should someone need to go to hospital for emergency admission. This detailed all important information including contact numbers, support needs and allergies. We noted staff had received first aid training and there were first aid boxes with equipment available both in the kitchen and in the office. This demonstrated the service had taken steps to prepare for medical emergencies.

We saw a menu displayed that showed a variety of meals provided throughout the week. People described asking for their choice of food and were able to name a variety of foods they liked to eat at the service. One person said with a smile, "Of course we eat together". Staff also supported people's choice to eat at cafes. Staff explained they showed pictures to one person who had limited verbal communication to aid choice. Other people said they had food they liked at the service that was culturally specific to them. We asked staff how they promoted healthy eating. Staff explained that they cut up vegetable and salad items and gave these as finger foods to people whilst they watched the TV, as they had found some people find fresh vegetables more acceptable this way. Staff explained they bought fresh vegetables and bread on a daily basis rather than buying it weekly, and storing it. Receipts seen for the week of inspection showed purchases of bread, eggs, and fish and salad items that tallied with the menu displayed.

Is the service effective?

One person's care plan stated they required support to drink fluids throughout the day. We noted the person was encouraged to drink fluids during our visit. Other people were also supported to have regular drinks by staff.

Is the service caring?

Our findings

People using the service said, “Of course staff are nice,” and that “Staff are kind”. A relative described that staff “Really care”. We observed staff working with people and addressing them in a respectful manner. Staff we met had worked with the people using the service for a number of years and approached people in a confident friendly manner. We noted that people shared a joke with staff and were at ease with them.

Staff demonstrated an understanding and respect for people’s likes and dislikes. Staff described how they knew when to leave one person alone in their room as they like a quiet time alone to think. Staff felt this had a positive result for people’s emotional and mental health. The registered manager explained staff ability to speak to people in their own language allowed them to advocate for the person effectively. The manager described as a result of this the service was alerted to people’s aspirations such as travelling to holiday destinations. The registered manager told us that “It is important people are free to speak” describing that rather than just ask if people are happy, they go to a café or quiet place with a person to talk about how they are feeling and to explore if they need anything to be put in place. This demonstrated a genuine caring approach to people’s wellbeing.

We noted the service respected faith preferences supporting people to observe their religious practices. Within people’s plans there was a record of their end of life wishes that expressed the person’s views about their faith preferences.

Staff described how they cared for people using the service “If you think he is like my brother, there is no pressure to work”. Staff described they saw the service as one family describing the atmosphere as “happy”. Staff were able to demonstrate their understanding of professional boundaries.

We noted staff knocked on bedroom doors and asked if they could come in. Staff checked with people what they wanted to do during the day and when. Staff reassured people when there was a delay in going out and explained why there was a delay. We observed staff approaching people in a sensitive manner giving encouragement and working at the person’s pace without hurrying them or becoming impatient.

We noted people using the service were dressed appropriately for the weather and occasion. Staff were observed prompting people to adjust their clothing for their comfort and dignity. This demonstrated staff cared about the people in the service and respected their dignity.

Is the service responsive?

Our findings

We saw that each person had a person centred plan. This is a plan specifically designed for the person that outlines their care and support needs. Plans were presented so that people could understand their plans with support from staff. To aid discussion one person's plan used photos to describe each topic in a relevant way. For example there was a photo of the person in the church they attended and another of them outside a favourite café. Care plans were reviewed at monthly meetings and updated on a regular basis by staff. A person was able to tell us where their plan was kept in the office. This showed that people were being involved in their care planning.

Detailed and personalised plans described for example that one person liked to visit their parent's grave on a regular basis. There was a photograph of the grave. The person told us they did visit the grave on a regular basis with staff and was able to say what they took to the grave. Another person's plan said that they enjoyed walks in the park or to a local nature reserve. There was a photo of a favourite location. We checked with this person and they told us they did like to go there and went to these places with staff.

We looked to see how people's person centred plans met their diverse support needs. The manager described that when one person made a plane sign with their hands they understood that this meant that it was important to them to travel to see their family. Staff from their country of origin supported the person both at the service and to be with their family at Easter abroad. The support also met their faith support needs. Another person was supported to watch culturally specific movies they enjoyed by the purchase of specific movie channels. They were encouraged in their support their favourite football by watching matches and buying team merchandise. Staff demonstrated they were able to respond to what was important to the person this showed care planning that responded to the diverse needs of the people using the service.

A relative told us there had been a "big improvement in the environment". We viewed people's bedrooms with their permission and found that they were well decorated and personalised. For example in one person's bedroom there were large framed photographs relevant to the person. The person told us, "I told you it was lovely". The service

encouraged people to undertake activities they enjoyed. It was stated in one person's care plan they liked musical instruments. We saw they had musical instruments available in their room, and we heard staff with this person playing a guitar. Staff explained the person liked the staff's guitar so they purchased a guitar for the person to play. This demonstrated the service was responsive to people's individual activity needs. A trip out for lunch was planned on the day of the inspection. We saw three people being supported out in a car to a local venue for lunch. People said they were looking forward to this and told us verbally and by signing that they had enjoyed the trip out when they returned.

We asked staff to tell us examples of positive changes to people's lives in the service as a result of the person centred planning. Staff described that the consistent approach by staff using the care planning had resulted in people asking for different types of beverages when they could not before. Staff had encouraged people to manage aspects of their personal care with increased independence. The service demonstrated that they offered personalised care that was responsive to people's needs. People using the service who were able to, had signed to say they understood the complaints procedure. Management said that people using the service were encouraged to voice any complaints. We saw there was a complaints policy and complaint log where the complaint action taken and outcome were recorded. There were historical complaints recorded that had been answered appropriately but there were no complaints recorded in recent years. We discussed the lack of current complaints with the deputy and the registered manager; they explained there had not been any complaints made recently. We discussed the service might consider further how to encourage views from people who find raising complaints difficult.

We asked the registered manager to tell us how they got feedback from people using the service, such as relatives and professional stakeholders. They showed us a stakeholders' questionnaire sent out yearly that asks the views of people using the service, families, professionals and other representatives. The provider then analysed the information gathered and produced a comprehensive report. The manager explained that this system is used across the providers' services and they use the information gathered to improve the services.

Is the service well-led?

Our findings

Staff described that they thought there was “a really good staff team and manager” stating that “we are all well trained.” Records confirmed the registered management had systems to manage staff training for all staff. Training topics were varied and relevant to the care and support given at the service. “Staff described the provider support “It is a pleasure to work for them” and “I consider myself lucky to have such good colleagues and management”.

The deputy manager also said they had good support from the registered manager and provider describing monthly meetings with the provider and a good response when they required support. The deputy manager was responsible for the day to day running of the service. The registered manager said he was available for support. Explaining he frequently attended the service and was confident in his deputy’s abilities as he was very familiar with the service. He explained the whole team including him had a good knowledge of the people who used the service. He

expressed a strength of the service was their 'consistent' approach' by a knowledgeable staff team. The team was able to demonstrate their knowledge of peoples’ needs during the inspection.

There was evidence of regular auditing by management of staff activities such as a thorough staff handover, the finances and medicines. This meant there were appropriate procedures to monitor the service provided by staff. Policies from the provider were implemented by management, policies were up to date and accessible to staff.

There was evidence that staff were encouraged to voice their opinion in team meetings and supervision. Staff spoken with who said “You are asked if you have any ideas” confirmed this. Management in the team meetings addressed staff performance such as time keeping. There was evidence of staff being trained to take greater responsibility in their role. We felt this showed a commitment to staff development that would have a good outcome for people in terms of the standard of care provided in the service.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.