

# Progress Housing Limited

# Marlow

# **Inspection report**

8 Nursery Lane Worthing West Sussex BN11 3HS

Tel: 01903212405

Website: www.progresshousing.com

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# Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

# Summary of findings

# Overall summary

#### About the service

Marlow is a care home providing accommodation and personal care for up to 15 adults with learning disabilities and/or a variety of associated health and support needs.

People lived in separate parts of the building comprising the ground and first floor. Upstairs there were two self-contained flats for people who were supported to live more independently. At the time of the inspection there were 11 people living on the ground floor and three people in the first floor flats.

## People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff were knowledgeable about people's individual needs and preferences. They described how they offered choice to people that reflected their different communication needs. The service was welcoming and accessible in its layout and décor. Staff talked with pride and affection about the people they supported. Relatives told us that staff offered choice and promoted people's independence.

We saw that there were enough staff to support people safely and consideration had been given to the arrangements for staff to take breaks during the rise in covid-19 cases in the service. We were assured that the service was following guidelines for preventing and controlling infection.

### Right support:

• Model of care and setting maximises people's choice, control and Independence

## Right care:

• Care is person-centred and promotes people's dignity, privacy and human rights

#### Right culture:

• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

## Rating at last inspection

The last rating for this service Good (published 13 September 2018).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about staffing levels and safe working practices. We found there were enough staff to support people and people were safe. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to check specific concerns. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. Please see the safe section of this report.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Marlow on our website at www.cqc.org.uk.

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

## Is the service safe?

We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

# **Inspected but not rated**



# Marlow

# **Detailed findings**

# Background to this inspection

### The inspection

This was a targeted inspection to check on a specific concern we had received about staffing levels and infection prevention and control practice.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

## Inspection team

The inspection was carried out by one inspector.

## Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two relatives and five members of staff, including a senior manager and four support workers. People were isolating with Covid-19 in their rooms so we didn't talk directly with them, we did observe conversations they had when staff were in their rooms providing support. Relatives spoke about people's experiences and gave examples.

We reviewed a range of records. This included two people's care records, staff rotas, COVID-19 contingency plans and risk assessments. A variety of records relating to the management of the service including policies and procedures were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found.

# **Inspected but not rated**

# Is the service safe?

# Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern we had received about staffing levels and infection prevention and control practice.

## Staffing and recruitment

- Some staff were not at work, but we saw there were enough staff available on the premises to meet people's needs. This was confirmed by the staff rota and by talking to the staff. The provider had implemented their contingency plan and staff were deployed from other locations to provide care. The provider's COVID-19 contingency plan allowed for lower, safe staffing levels if needed during an outbreak of the virus. We were told this plan was only used when all other options for obtaining staff had been exhausted. Arrangements had been made for some staff to stay at the service for several continuous days to ensure there were enough staff in the building to provide support to people.
- •We reviewed people's care records which identified that people received regular personal care as required. We spoke with staff who told us that people were supported by enough staff. One staff told us, "We arrange our breaks to make sure everyone is still supported". Another staff said, "If we are on a break and someone needs support, we give the support". One relative told us they were very confidant with the staff. They said, "When we talk to (name) they say, "I am so happy"". Another relative told us, "They are caring and thoughtful, keeping us informed of everything, it's a very happy home".

## Preventing and controlling infection

- Due to rising cases of Covid-19, people were isolating in their rooms.
- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were currently not coming to the service due to the outbreak of Covid-19 in the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. There have been no new people admitted since the start of the pandemic.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff. The provider was following the testing guidance and during the outbreak staff were additionally tested on arrival at the service at the start of their shift.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Risks had been assessed and these included risks that could arise from the recently started changes to staff breaks. Covid-19 contingency plan risk assessments stated that if staffing was reduced to

safe staffing levels, staff would not be taking breaks away from the service. Breaks taken by staff who were on duty were subject to operational need and could be interrupted if staff needed to provide support to people.

• We were assured that the provider's infection prevention and control policy was up to date.