

Progress Housing Limited

Marlow

Inspection report

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Date of inspection visit:
06 August 2021

Date of publication:
10 September 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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 15 people living at the service.

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

People's care and support was provided in a safe environment which met their individual needs. People were protected from abuse and poor care. People and relatives told us they had confidence in how staff kept people safe. Systems were in place and safeguarded people from the risk of abuse. Staff could recognise signs of abuse and knew actions to take. The provider ensured staff received safeguarding training and received opportunities for continual learning.

People were supported to be independent and had control over their own lives. Staff demonstrated person-centred support which included supporting people to manage risks. The service worked closely with medical professionals to review and manage specific health risks. People received medicine safely and staff proactively worked with health professionals which ensured medicines were reviewed appropriately. The service had enough skilled staff to meet people's needs and keep them safe.

People were supported by staff who understood best practice in relation to learning disability and/or autism. Caring values were embedded in the service. A relative told us, "They are proactive, really good couldn't fault them, [person] has a completely different life now." Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. The interim manager was visible, approachable, knowledgeable and had ensured team morale remained positive. The provider had maintained effective oversight of the service which ensured the service continued to be well-led.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

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

Independence.

People were supported to make choices. We observed staff supporting people to arrange equipment repairs and contact relatives at times of their choosing.

Right care:

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

Care and risk plans were person centred. Staff demonstrated an awareness of people's individual needs.

Right culture:

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

The needs and quality of life of people formed the basis of the culture at the service. Feedback from people, relatives, health professionals and staff confirmed people received genuine person-centred care supporting 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 was Good (published 18 September 2018).

Why we inspected

The inspection was prompted in part to follow up on the management of safeguarding processes, incidents and how lessons had been learnt. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection

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 COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. The service was able to demonstrate how incidents were managed safely; this included clear safeguarding processes, actions taken as a result and evidence of learning from incidents.

Please see the safe sections of this full 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 re-inspection 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?

Good ●

The service was safe

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Marlow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was completed 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. As we were unable to communicate with other people, we observed staff interactions with people whilst ensuring we were working within social distancing guidelines. We spoke with six members of staff including the area manager, manager, team leaders and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. After the inspection, we checked that this was a suitable communication method and the person was happy to use it with us. We did this by speaking to staff and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We contacted four relatives and three staff to gather feedback about the service and received feedback from one healthcare professional who regularly work with the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.. Staff had completed training in safeguarding adults from abuse and their knowledge was monitored through discussion in supervision and spot checks of their practice. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.
- People were supported by staff who understood their individual needs and records relating to the persons safety identified specific risks for the person. This ensured the person was safeguarded from the risk of abuse.
- Relatives consistently told us they were confident with the team at Marlow and how they kept loved ones safe. For example, one relative said, "[person] hasn't lived there very long, however, they are really good at reporting, really put my mind at ease...its amazing."
- Staff were aware of how to report safeguarding concerns. One staff member said, "People and their safety and happiness is a big priority."
- The provider and manager were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required. Where investigations were required, these were thorough and ensured concerns were managed in an open, transparent and objective manner.
- The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Learning lessons when things go wrong

- The provider and manager maintained records of incidents, actions taken and subsequent reports were used to learn lessons when things had done wrong.
- The manager told us how the organisation had learnt from a specific concern. "Managers meet regularly to discuss incidents and learning is shared." As a result, staff supervisions now included discussion on safeguarding and managers "walk-rounds" took place twice a week, these included monitoring staff understanding of safeguarding and the importance of reporting concerns.
- Staff confirmed safeguarding was discussed on a regular basis, this ensured staff knowledge was current and the provider could be assured the service learnt from incidents when they occurred. One staff member told us, "We have a messaging system" another said, "We discuss incidents in staff meetings." Records showed that incidents were shared with staff and used to support their learning.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.

- The service continued to provide safe care. Some people were unable to communicate verbally. We observed people's body language and interactions, and these indicated people felt safe and comfortable with the staff supporting them.
- Risks to people were managed to maintain their health and well-being and to keep them safe. The service conducted assessments to identify risks to people's physical and mental health, including behaviours and activities that may cause harm to people. The provider worked closely with learning disability health professionals who were involved in assessing and drawing up risk management plans for people.
- Some people were at risk with conditions like epilepsy. Staff had received training on epilepsy were knowledgeable on this condition. Care plans, monitoring charts and information in people's rooms was accurate and reflected the care we observed them receiving. For example, we observed staff demonstrating the importance of being prepared to manage the risk of a person experiencing a seizure whilst spending time in the community.
- A relative spoke about how staff supported their loved one's health needs, "The staff recognise [the persons] specific needs, they do a fantastic job and grasp what the person needs very, very quickly." The manager spoke of how the team communicated with relatives this ensured information was shared effectively and key health risks were managed safely.
- People who could not manage to eat and drink orally had feeding tubes (percutaneous endoscopic gastrostomy - PEG) in place and received safe care. These involve the placement of a tube through the abdominal wall into the stomach or direct to the intestine through which nutritional liquids and medicines can be infused, when taking in food, drink and medication orally was limited or no longer possible. Staff were knowledgeable about the management of these and had been trained in this area.
- Moving and handling assessments contained clear guidance on how to support people when moving them. Suitable equipment such as hoists and wheelchairs were available for staff to use and each sling was for one person's use only. The provider ensured equipment used to support people to stay safe was maintained and checked regularly.

Staffing and recruitment

- People continued to be protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.
- There were sufficient staff to safely meet people's needs. The provider assessed the staffing levels based on the needs of the people. Some people required one to one support and we observed this being provided during the inspection.
- Some staff told us they felt they needed more permanent staff. The provider was actively recruiting, the manager told us about some of the current challenges with regards to the impact the COVID-19 pandemic was having on recruitment and the action taken to ensure there were enough staff available who knew people's needs well. One staff member said, "They are really struggling to recruit; however, I am really impressed by the dedication of the team who go out of their way to support people."
- People we were able to communicate with told us how they felt about the staff, "Press the bell if I need help, staff come quickly, staff speak to you nicely."
- A relative told us, "Staff are always there for people, nothing is too much, they are skilled" they went on to say, "They are doing really well."

Using medicines safely

- People's medicines were managed safely. Medicines were stored securely. Staff had received training to enable them to administer medicines safely. Some people had prescribed medicines to use 'as required'.

There were detailed protocols for staff to follow when administering these medicines which were regularly reviewed. These were in accordance with the prescriber's instructions. This helped ensure people received medicines in line with their individual needs safely.

- We observed staff supporting people to take medicines. This was offered in accordance with the persons medication care plan in a respectful manner.
- Medicine Administration Records (MAR) were well organised, clear and completed accurately.
- Records showed, and staff confirmed, they received training to administer medicines safely. Staff had been assessed as competent to safely administer medicines. This is an observation of how staff safely handle and administer medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives consistently told us how the service had supported them to maintain contact with their loved ones. One relative said, "They always make me feel welcome, I have a test, wear a mask and when the test is clear I am able to spend time with [person] in their home."
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was meeting shielding and social distancing rules and was admitting people safely to the service.
- We observed staff using PPE effectively and safely. Staff had received training in infection prevention and control (IPC) and the provider's infection prevention and control policy was up to date.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed and accessing testing for people using the service and staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. A staff member said, "The service is focussed on the people who live here," another told us, "It's a great person-centred home, we love our service users."
- Relatives we spoke with shared these views, "The home couldn't be better in my opinion, they are open, supportive and always welcoming," another said, "they are very helpful, friendly and always willing to help."
- Leaders had the skills, knowledge and experience to perform their roles and understood the service they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. During the inspection, the manager demonstrated an awareness of what was important to people, one example being knowing the staff member they had chosen as their keyworker and the interests they shared.
- The provider acted quickly to ensure a manager was in place and they had begun the process of becoming registered with CQC. They had ensured the service was supported by an experienced manager from one of their services on an interim basis. People, staff and relatives spoke highly of the manager and the area manager who had ensured the service continued to be well-led.
- Team morale throughout the work force was good and staff were committed to their work with their colleagues. One staff member described this as, "We work together its real teamwork." Another spoke of the interim manager, "They are really good, they have brought a lighter feel to the home."
- Following the inspection, the manager has informed us they had applied to become the registered manager for this service.
- The provider had effective oversight systems which monitored the quality of the service, mitigated risks, and developed a plan which addressed actions. This included a "You said, we did" survey for people and relatives, which informed improvements.
- The management team carried out spot checks to observe the care practice delivered by staff. These were carried out to ensure staff were effective in carrying out their role, this included assessing if staff followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this.
- The management team was aware of their responsibilities to notify CQC about safeguarding concerns, Deprivation of Liberty Safeguards (DoLS) and accidents resulting in injuries

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Continuous learning and improving care

- The provider promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong. This reflected the requirements of the duty of candour. The manager spoke about how the provider had shared learning about a safeguarding incident with its services and as a result there was an increased focus on safeguarding awareness and monitoring of staff understanding in practice. Records and staff confirmed this. This demonstrated ongoing continuous learning and improvements to care.
- The provider's governance framework helped monitor the management and leadership as well as the ongoing quality and safety of the care people were receiving. For example, systems and processes provided checks on accidents and incidents, the environment, IPC, care planning and nutrition audits. These helped to promptly highlight when improvements were required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives and staff were involved in day-to-day decisions about the running of the home and shared ideas to support people through staff meetings and regular contact with relatives.
- People living at Marlow had complex support needs and staff knew them well. Staff shared skills and experiences with each other and reviewed practice and this ensured that people received personalised support.
- A health professional provided an example of how Marlow was supporting people to be involved in how their room would be decorated, "Amazed to see how much person has come along since moving in... the person's participating in a plan to make their own choices and decisions about their home by planning a trip to have a look at furniture for their room."
- The service had worked closely with health professionals to support people to move into Marlow. A health professional said of a recent review, "Very satisfied with the service, very person centred, nice to see the person relaxed and give eye contact, it's so nice to see the person in control and their needs being acknowledged and supported."