

# Community Integrated Care Primrose Gardens

## Inspection report

Fleet Street  
Chorley  
PR7 2EE

Tel: 01514203637

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22 April 2021

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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 ●

# Summary of findings

## Overall summary

### About the service

Primrose Gardens is an extra care service providing personal care to people living in their own flats. People had access to a range of communal areas inside the property and gardens outside. The service is based close to the centre of Chorley. There are 65 accessible flats. At the time of this inspection there were 17 people who received a regulated activity.

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

People were supported to be safe by staff who understood how to recognise and respond to risks including safeguarding concerns. People told us they felt safe and well cared for.

People had been involved in their care plans and were encouraged to maintain their independence. People were supported by staff who were trained and supervised.

People told us they felt staff treated them with kindness and respected their homes. One person felt some staff did not always communicate with them how they preferred, we have fed this back for the registered manager to address.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Specific assessments and care plans had been developed which maximised people's involvement and promoted inclusion.

The service was well managed, the provider had policies and procedures in place which helped ensure the registered manager had good oversight of quality issues. People found the staff and registered manager approachable, however, one person felt they did not always get a response. We have fed this back to the registered manager to address.

### Rating at last inspection

This service was registered with us on 11 October 2019 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and skills. A decision was made for us to inspect and examine those risks.

### 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 effective?

Good ●

The service was Effective.

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was Caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was Responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below

# Primrose Gardens

## 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.

#### Inspection team

The inspection was completed by one inspector on site and two Experts by Experience (ExE) made telephone calls to people supported and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Telephone calls to staff were made by three inspectors.

#### Service and service type

Primrose Gardens provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented] and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] provided by service.

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

We gave 24 hours notice of the inspection because we wanted to be assured it was safe to visit during the current Covid-19 pandemic.

Inspection activity started on 21 April 2021 and ended on 27 April 2021. We visited the office location on 21 and 22 April 2021.

#### What we did before the 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 reviewed information we had received about the service since their initial registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who received support and six of their relatives. We interviewed five members of support staff, the registered manager and an area manager. We looked at a range of records including the care records of three people and the recruitment records of three staff. We looked at a range of records relating to the management of the service including; policies and procedures, governance and management oversight.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding procedures in place which helped ensure people were protected from the risk of abuse. The safeguarding log showed the registered manager had raised safeguarding concerns when needed.
- Staff were trained to recognise safeguarding concerns and knew how to raise them. Safeguarding was on the agenda of each team meeting which helped ensure staff remained aware.
- People receiving care told us they felt safe. Comments included; "I feel safe because the carers are just so good." and "I feel more safe here than where I lived before." and "Yes I am safe, I would ring the bell if I thought I was not."

### Assessing risk, safety monitoring and management

- The provider had comprehensive risk management procedures in place. Care records we looked at included risk assessments and management plans. These had been reviewed and updated regularly.
- Staff told us they found the risk assessments informative and were able to follow the guidance which helped minimise the risk of harm people may be exposed to.
- People who lived at the service told us the staff supported them safely with personal care including showering. Comments included; "They are very good, they help me to shower and to dress." and "I use a stand with wheels, they know what my needs are."

### Staffing and recruitment

- Recruitment procedures were robust, which helped ensure staff were recruited safely. Recruitment records included all the necessary documentation including checks prior to starting work to ensure staff were able to work with vulnerable people.'
- The registered manager assessed how many staff were needed on duty based on people's needs. Staff felt this worked well but sometimes they could be very busy. People who lived at the service told us "They come on time, I am never rushed." and "They come on time and stay for the agreed time." and "If I need them quickly, I have a line to pull. They are here quickly, in two minutes."

### Using medicines safely

- The provider had medicine management policies which helped ensure people's medicines were managed safely. Risk assessments had been completed which identified how much supported people needed, if any, to manage their medicines.
- Medicine records we looked at had been completed. However we found not everyone who needed a medicine 'when required' such as an inhaler or pain relief had a protocol in place to guide staff when to administer it. We raised this with the registered manager who addressed this during the inspection. We were

assured the person supported was able to reliably communicate their needs and had not been at risk of harm.

- Staff had received training in medicines which helped ensure they supported people safely.

#### Learning lessons when things go wrong

- The provider had a system in place to learn from incidents and accidents.
- Staff meeting minutes we looked at showed incidents and lessons learned were shared with the staff team.

#### Preventing and controlling infection

- We looked at how the service was managing the risk of infection from Covid-19. Because this is an extra care service, which supports people in their own homes, we do not check inside people's homes.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had effective assessment procedures in place which helped ensure they understood people's needs and preferences and were confident they could support them.
- Care plans we looked at were detailed and up to date. People had been involved in developing their care plans and setting goals.
- Staff we spoke with told us they found care plans informative and up to date.

Staff support: induction, training, skills and experience

- Staff had received training which helped ensure they had the correct skills and knowledge to provide effective support. The training matrix showed staff training was up to date.
- New staff received induction training. All staff received additional training when required in relation to specific conditions and needs.
- People supported and their relatives felt confident staff understood how to support them.
- The registered manager provided regular supervision for staff. Supervision is a one to one meeting with a senior to discuss staff role and to identify any development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of this inspection there was no one assessed as needing a modified diet or identified as nutritionally at risk.
- Staff supported people with meal preparation when required. People supported said, "They make a sandwich for me, it is very tempting." and "They help with food and they encourage me to drink."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Not everyone had access to dental care. We found one person who could have benefitted from access to specialist community dental services had not been referred. We raised this with registered manager who addressed this during the inspection.
- The provider ensured people's health needs had been assessed and recorded the contact details of involved health professionals in care records.
- People supported had their own doctors. Staff supported people to maintain their health and follow medical advice

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- At the time of this inspection no one was subject to DoLS.
- The provider assessed people's capacity to make specific decisions for themselves. Care records showed where decisions had been made on behalf of people, these had been done following Best Interest decision making processes.
- Staff had received training and understood the importance of asking people's consent before providing support. People told us; "They always get permission before starting personal care." and "Staff ask me if it's okay to carry on."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The provider had clear policies in place which helped ensure people supported were treated with dignity and their privacy was respected. Care records we looked at included independence goals for each person in relation to all assessed needs.
- Staff had received training in relation to dignity and promoting independence. One staff we spoke with said, "Privacy and independence is very important. We always give people the option and ask their opinion. We listen to what people want."
- People supported told us; "Staff treat me with kindness and respect. They're very good and they keep my dignity." and "They are kind and respectful, they always leave my home tidy." and 'They're all lovely and they respect my home.'

Ensuring people are well treated and supported; respecting equality and diversity

- The provider included information about people's equality and diversity in their assessments and plans of care.
- Staff had received training in equality, diversity and respect.

Supporting people to express their views and be involved in making decisions about their care

- The provider asked people about their views in relation to their care. This included day to day decision making profiles which identified the support the person may need to make a decision and who might be involved to support them. This helped ensure people were involved in decision making.
- Care records showed staff consulted with people regularly about their views and involved them in decisions about their care.
- People supported had mixed views about whether they felt involved in their own care. Whilst most people told us they had been actively involved, one person felt some staff did not interact with them during their visit. We have fed this back to the registered manager who will address this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records included information about what was important to the person in relation to their needs and preferences.
- Staff told us they regularly sought people's views to understand what was important to them and acknowledged this may change. One staff said, "We talk to people to find out what is important to them."
- People's care plans had been reviewed and updated regularly in response to any changes in their needs and wishes. Care records we looked at showed people had been referred on to other professionals when required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had met this standard. Information was provided in a variety of formats including large print, easy read and different languages if required.
- Staff had assessed people's communication needs which helped ensure they were able to communicate in ways people found most helpful.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had included information about people's interests and important relationships in their care records.
- People supported were able to decide how they spent their time. People were able to decide who visited them during the Covid-19 pandemic in line with Government guidance.
- Some activities had been arranged which reflected people's interests, however, there had been an impact on what was available due to the Covid-19 pandemic as communal areas could not be used.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of inspection there had not been any formal complaints so we could not review how the provider had responded.
- People supported were aware of the complaints policy and how to raise their concerns.

End of life care

- The provider did not normally provide end of life care.
- People had been supported to consider their wishes and these had been recorded in care records.

# 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. This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider had policies and procedures which helped ensure people received person-centred care and achieved good outcomes. Care records included goal setting and outcome planning throughout. The registered manager and staff were committed to supporting people in person-centred ways.
- People we spoke with praised the quality of the service and the staff.
- Both people supported and staff said the registered manager was approachable and felt comfortable raising anything with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a quality and auditing system which helped ensure the registered manager could maintain oversight of the quality of care provided and care records.
- We found there had not been a systematic approach to completing audits of care records. We discussed this with the registered manager who developed a timetable to ensure all care records could be audited and reviewed.
- Staff working for the service felt clear about their roles and what was expected of them. Comments included; "I think it is very well run, we have a good team, everyone is happy." and "The registered manager is fair, staff morale is good and we get on well together."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people for their views. Though people supported told us they felt able to express their views they said they had not filled in a questionnaire for some time. The registered manager will address this.
- Staff meetings were held regularly. Meeting records demonstrated a range of regular agenda items, including health and safety and safeguarding which helped to ensure staff were up to date.
- Staff were able to contribute to meetings and told us staff meetings were useful.

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

- The provider and registered manager understood their responsibilities in relation to the duty of candour.
- The registered manager had notified CQC of all reportable incidents.

Continuous learning and improving care; Working in partnership with others

- The provider supported continuous learning for the staff team. Opportunities had been affected by the Covid-19 pandemic.
- The organisation worked in partnership with a variety of other agencies. This included, the local authority commissioners, community-based health services and local community resources.