

Community Integrated Care

Bentinck Crescent

Inspection report

39-40 Bentinck Crescent
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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

Bentinck Crescent is registered to provide accommodation and personal care to a maximum of seven people. Nursing care is not provided. Care is provided to younger people who have learning disabilities including some people who have a physical disability.

At the last inspection in February 2015 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

Due to their health conditions and complex needs not all of the people who used the service were able to share their views about the support they received.

People appeared safe and comfortable with the staff who supported them. There was a relaxed and friendly atmosphere around the home. There were sufficient staff to provide safe and individual care to people. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

The staff team knew people well and provided support discreetly and with compassion. People's privacy was respected and people were supported to maintain contact with relatives. Staff had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service support this practice. Care plans were in place detailing how people wished to be supported. Information was made available in a format that helped people to understand if they did not read. This included a complaints procedure. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction or concern.

People had access to health care professionals to make sure they received appropriate care and treatment. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way. People received a varied and balanced diet to meet their nutritional needs.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community. They had the opportunity to give their views about the service. There was regular consultation with people and/ or family members and their views were used to improve the service. People had access to an advocate if required. Staff said the management team were approachable. Appropriate training was provided and staff were

supervised and supported.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Bentinck Crescent

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 checked 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.

This inspection took place on 3 July 2017 and was unannounced.

It was carried out by an inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with four people who lived at Bentinck Crescent, the registered manager, the area manager and three support workers including the senior support worker. We looked around the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for four staff, three people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

Some people who lived at the home had complex needs which meant they did not express their views about the service. During the time we spent with people we saw they appeared comfortable with staff. Other people who used the service said they felt safe. One person told us, "I'm safe here. Staff keep themselves busy looking after us."

We considered there were sufficient numbers of staff available to keep people safe and with the appropriate skills and knowledge to meet people's needs. There were three staff on duty during the day. These numbers included two support workers and a senior support worker who deputised for the registered manager. The registered manager was not available on the premises full time as they also managed another service. Overnight staffing levels included one person who slept on the premises and one waking night staff member.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. One support worker told us, "I'd inform the person in charge."

Risk assessments were in place that were reviewed monthly and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for pressure area care, choking and moving and assisting. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. A weekly risk monitoring report was completed by staff at the home to highlight any areas of risk. It included areas of care such as pressure areas, serious change in health status, weight loss and infection control.

Support plans were in place for distressed behaviour that provided instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support a person to keep them safe. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as the behavioural team. This provided staff with specialist support to help some people manage their behaviour.

A system was in place for people to receive their medicines in a safe way. Medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were

sufficiently skilled to help people safely with their medicines.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. A person who used the service told us, "We test the fire alarms every week." An up to date fire risk assessment was in place for the building. All lifting equipment within the home was in good condition and had been regularly tested and serviced. All electrical equipment had been tested to ensure its effective operation. Arrangements were in place for the on-going maintenance of the building.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Recruitment processes included completed application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people.

Is the service effective?

Our findings

People were assisted by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for other training to understand people's care and support needs. One staff member told us, "There's lots of training." Another member of staff commented, "We complete National Vocational Qualifications (NVQ) at levels two and three, I'm doing level three." (NVQ is now known as diploma in health and social care.)

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff we spoke with told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that seven people were currently subject to such restrictions.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Staff had received training in the MCA and the related Deprivation of Liberty safeguards (DoLS). People's care records showed when 'best interest' decisions may need to be made. For example, a meeting had recently taken place with regard to the use of covert medicine for one person. Records contained information about the 'best interest' decision making process, that had taken place as required by the MCA. All of the relevant people had been involved in the decision making apart from the pharmacist, who was required to be involved in such meetings. The registered manager told us that this would be addressed.

Staff were aware of people's different nutritional needs and any special diets that were required. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. We noted that the appropriate action was taken if any concerns were highlighted. For example, a speech and language therapist had become involved when required. Staff kept people's nutritional well-being under review and recorded their weight each month. People were involved in menu planning and we observed one person was involved in the evening meal preparation.

People were supported to access community health services to have their healthcare needs met. Their care records showed that people had access to GPs, dieticians, opticians, dentists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance. Care plans reflected the advice and guidance provided by external professionals.

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and pleasant atmosphere in the home. Staff interacted well with people, sitting with them and spending time with them. Camaraderie was observed amongst the people who used the service and they were supportive and caring of each other. The provider's survey for 2017 showed comments from relatives included, "Staff are very caring, they do a great job", "Very happy with all the care that is given", "Staff are superb with [Name]", "The staff are first class", "You can feel the love and care to the highest detail" and "The way [name] has settled at the home is fundamentally due to the care and attention they receive, faultless."

Staff knew the people they supported very well. We observed staff providing support with compassion and kindness. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. Not all people were able to fully express their views verbally. Care plans provided information to inform staff how a person communicated.

Staff used pictures and signs to help people make choices and express their views. Care plans included details about peoples' choices. This encouraged the person to maintain some involvement and control in their care. Care plans contained details with regard to how people liked and needed their support from staff.

People told us they were involved and they said they were listened to. One person told us they were involved in carrying out weekly health and safety checks around the building. We were told by the senior support worker people were involved in the selection of staff.

People's privacy and dignity were respected. People looked clean and well presented. They were offered protective clothing if required at mealtimes to keep their clothing clean. We saw staff members asked people's permission and knocked before entering their bedrooms. Care plans also provided information for staff to promote people's privacy and dignity. Records were held securely and policies were available for staff to make them aware of the need to handle information confidentially.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us a more formal advocacy arrangement could be put in place with a local advocacy group to assist people with some of their decisions and to promote their views. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?

Our findings

People were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They all went out and spent time in the community. One person told us, "I like swimming." They also said, "I go shopping in Morpeth." People had opportunities to go out in the evening to a club for karaoke and disco music. They also took part in activities such as bowling, pub visits, picnics, swimming, shopping, music therapy, pamper sessions, aromatherapy and massage, cinema or meals out. People's choices about whether to engage in these activities were respected. Staff told us people were supported to go on individual holidays. Forthcoming holidays for 2017 included one person going to London, another person to a caravan break in Berwick and another person going to Calvert Trust, a holiday centre that provided physical and outward bound activities for people with physical needs. One person told us they were looking forward to days out with staff as they did not want to stay away from home overnight.

People's care records were kept under review. Monthly evaluations were undertaken by staff and care plans were updated following any change in a person's needs. A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Some people had been supported by staff from the service for several years. Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends.

Records showed regular meetings took place with people. Recent minutes showed topics discussed included, menus, activities, holidays and the refurbishment of the home.

The provider had a complaints procedure which was available to people, relatives and stakeholders. A copy of the complaints procedure was available for each person which was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in 2016. 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.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

The registered manager, area manager and senior support worker assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and area manager were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. When new staff started work with the organisation they were made aware of the rights of people with learning disabilities and their right to live an "ordinary life." The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available in alternative forms other than the written word if people who used the service did not read. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the home was relaxed and friendly. Staff and people we spoke with were positive about the management. Staff said they felt well-supported.

Staff told us staff meetings took place regularly and minutes of meetings were available for staff who were unable to attend. Staff meeting minutes for May 2017 showed topics discussed included safeguarding, health and safety, resident well-being, medicines management, lead responsibilities for staff, staff performance and communication. Staff meetings kept staff updated with any changes in the service and to discuss any issues. Staff meetings also discussed any incidents that may have taken place.

Regular audits were completed internally to monitor service provision and to ensure the safety of people

who used the service. The audits consisted of a wide range of weekly, monthly and quarterly checks. They included the environment, health and safety, medicines, infection control, finances, safeguarding, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

Visits were carried out by a representative from head office every month. They checked the environment, spoke to people and the staff and checked a sample of records regarding the standards in the service. They also audited and monitored the results of the audits carried out by the registered manager to ensure they had acted upon the results of their audits.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and their relatives. The provider's survey for 2017 showed comments were overwhelmingly positive about the care and support provided by staff and the quality of the service. For example, one relative had commented, "A lovely caring environment. Could not wish for more."