

Community Integrated Care

Bentinck Crescent

Inspection report

39-40 Bentinck Crescent
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22 August 2022

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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

Bentinck Crescent is a residential care home providing personal care for up to seven people. At the time of the inspection seven people were accommodated at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independent 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

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.

Incidents and concerns were investigated, and lessons learned. Medicines were administered by trained staff however we found some gaps in recording which had not been addressed by the governance and audit system. We have made recommendations about medicines recording and medicines audits.

Right Care:

There were enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

People were supported by staff who understood the range of strengths, needs and sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff said the registered manager was approachable, supportive and managed the home well.

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 30 April 2020).

At our last inspection we recommended the provider reviewed records relating to health and safety to ensure they were fully available and monitored. At this inspection we found the provider had acted on the

recommendation and health and safety records were readily available and monitored.

Why we inspected

We received concerns in relation to the culture and management of the service including the provision of appropriate care and support related to safeguarding, medicines, PPE, the availability of on call support and low staff morale. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. The provider had taken action to mitigate risks however, we have made recommendations in relation to the safe management of medicines and governance procedures.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

Please see the safe and well-led sections of this full report.

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

Recommendations

We have made recommendations in the safe and well-led key questions. Please see these sections for further details.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Bentinck Crescent

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 Health and Social Care Act 2008.

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 completed by two inspectors.

Service and service type

Bentinck Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bentinck Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 August 2022 and ended on 22 August 2022. We visited the service on 17

August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people who lived at the home. Due to the nature of their condition, some people were unable to communicate with us verbally. We spoke with one relative, the registered manager, two regional managers and three support workers. Following the service visit we also received feedback from seven support workers and four relatives. We reviewed a range of records, including four people's care records and medicine records and quality assurance records and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had attended training on how to recognise and report abuse and they knew how to apply it.
- Relatives told us they felt their loved ones were safe at Bentinck Crescent and that any concerns would be responded to appropriately.
- Safeguarding concerns were appropriately reported, recorded and investigated.

Assessing risk, safety monitoring and management ☐

- Staff assessed and managed risks in a way which minimised restrictions and promoted positive risk taking.
- Staff checked the safety of the environment and equipment through completing regular checks and taking action to minimise risks.

Using medicines safely

- There was a system in place to manage medicines safely however Medicine Administration Records (MAR) charts were not always completed in full. Staff initials were missing from some administration records, so it was not clear if the medicine had been administered. Handwritten entries on MAR charts were not always counter signed. There was no evidence that this had had a negative impact on people.
- The maximum and minimum temperatures of a medicine refrigerator were being monitored on a daily basis. However, on two occasions the minimum temperature of the refrigerator was below the recommended temperature of two degrees Celsius. The was shared with the regional managers due to the effect it may have on the medicines being stored. They confirmed action would be taken in response to the feedback.

We recommend the provider follows best practice guidance in relation to the recording and storage of medicines.

- The regional manager confirmed action would be taken with regards to the fridge temperatures. Medicines stored in the fridge were replaced, the GP was contacted, and an investigation was underway.
- Staff had been trained in the administration of medicines. Including additional training in relation to specific medicines for the management of diabetes and epilepsy.
- Errors in the administration of medicines were investigated and action taken to minimise the risk of reoccurrence by re-training staff and assessing competency.
- The medicines management policy, on the whole reflected the current national guidance and best practice set out in the NICE guidance, Managing medicines in care homes. ☐

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The organisation followed safe recruitment practices.
- There were enough skilled staff to meet the needs of people using the service.
- Each person had a one-page profile with essential information which ensured newer staff could quickly see how best to support the person.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The provider was facilitating visiting in line with current guidance.

Learning lessons when things go wrong

- The registered manager and regional manager investigated concerns and incidents. Lessons learned were shared with the staff team.

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 our last inspection we rated this key question good. At this inspection the rating has remained 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 registered manager worked to instil a culture which valued and promoted openness, reflection and learning.
- Staff described the culture as being one of positive team working, appropriate and constructive challenge and wanting the best for the people receiving support.

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 regional manager and registered manager understood the duty of candour and knew when to apply it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we made a recommendation about the availability and monitoring of records relating to health and safety. At this inspection we found improvements had been made in relation to health and safety records.

- A range of audits and checks were completed to monitor the quality and safety of the service. The administration of medicines was monitored by the completion of periodic audits and checks. However, these had not been effective in ensuring MAR charts were fully completed and action taken as and when needed.

We recommend the provider reviews the robustness of their medicines audits to make sure they are effective at identifying any shortfalls and ensure timely action is taken to action any issues.

- Staff said the registered manager was very approachable and supportive. They said she listened to any concerns and suggestions and acted upon them appropriately. Staff said they understood their role was and knew what was expected of them.
- The provider operated an on-call system so support staff could access management support outside of normal working hours if needed.

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

- There was a system in place to involve people, relatives and staff in the running of the service. Most relatives said they were involved in their loved one's care and communication was positive. One relative commented that they would like to be more involved and would like more frequent communication. Another shared some specific information which the provider confirmed they had acknowledged and were addressing.
- Regular team meetings were held and discussions included medicines management, infection prevention and control and learning if any concerns had been raised.

Working in partnership with others

- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.