

# 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

### About the service

Bentinck Crescent is registered to provide accommodation and personal care to a maximum of seven people. Care is provided to people who have learning disabilities, including some people who have a physical disability. There were seven people living at the home at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered to provide accommodation, care and support for up to seven people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people, was mitigated by the building design which fitted in well within the residential area where it was located. In addition, staff did not wear anything that suggested they were care staff when coming and going with people.

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

Everyone we spoke with and contacted were positive about the home and the care and support provided. A health and social care professional told us, "The service seems settled and reliable and when I visited, the staff were upbeat and seemed to know the clients well. I have no concerns about the service." A relative said, "I don't think she could be in a finer home."

There were systems in place to protect people from the risk of abuse. People appeared relaxed and comfortable with staff. A relative told us, "[Name of person] refers it to her as home, it means she is comfortable. The staff are all very attentive."

There were enough staff deployed to meet people's needs. Safe recruitment procedures were followed.

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.

People had a choice and access to sufficient food and drink. People were supported to have access to a range of healthcare professionals to help ensure they remained healthy.

People were treated with kindness. A relative told us, " They are caring, I see staff sitting with [name of person] giving her a cuddle and a hug." Staff respected people's privacy and dignity and promoted their

independence.

People's care was developed around their wishes, preferences and goals. A health professional told us, "Staff focus has always had [name of person] at the centre to ensure their safety and well-being is maintained."

People's social needs were met. People were supported to continue their hobbies and interests both within and outside of the home.

A range of audits and checks were carried out to monitor the quality and safety of the service. Information relating to certain health and safety checks and remedial work were not always easy to locate or fully available. We have made a recommendation that the provider reviews the maintenance of records relating to health and safety, to ensure these are fully available and monitored.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 19 July 2017).

Why we inspected

This was a planned inspection based on our inspection programme.

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.

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Bentinck Crescent 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 who was registered with CQC. A registered manager 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 a short period of notice of the inspection since the home was small and people were often out with staff in the local community.

#### 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of 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 two people, the registered manager and five support workers. We reviewed a range of records. This included one person's care records and medicines records.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found. We looked at training data and records relating to the management of the home. We spoke with one relative by phone and contacted eight health and social care professionals by email to ask for their feedback about the home.

# 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 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

- There were systems in place to help protect people from the risk of abuse. People appeared comfortable and relaxed with staff. One person told us, "Staff protect me here."

Assessing risk, safety monitoring and management

- Risks were assessed and monitored. There was a positive approach to safety and risk.
- Checks and tests of the building and equipment were carried out. Information relating to certain health and safety checks and remedial work was sometimes difficult to locate or was not fully available. The registered manager told us that this would be addressed.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. One person told us, "We have now got plenty staff." A staff member said, "The staffing is really good at the minute. We are very responsive to people's changing needs. We respond on a daily basis to any changing needs or moods."
- Safe recruitment procedures were followed. People were involved in the recruitment process so they could give their opinion on the suitability of prospective staff.

Using medicines safely

- Overall, medicines were managed safely. We identified several minor recording shortfalls which the registered manager told us would be addressed. We did not identify any impact of these shortfalls on people's wellbeing.

Preventing and controlling infection

- People were protected from the risk of infection. Safe infection control procedures were followed.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents. This helped identify any themes or trends so action could be taken to reduce the risk of any reoccurrence. A health professional told us, "I've been impressed with the service's openness to discuss and look for solutions arising from any concerns they have identified. They seek support from the multidisciplinary team around these and also include their support staff in discussions and what is required to support change and risk management."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported. A relative told us, "They are absolutely well trained, they are all up to speed."
- Staff told us and records confirmed that staff had completed training in safe working practices and to meet the specific needs of people. The registered manager explained that oral health and dysphagia [swallowing difficulties] training was being organised.
- Staff told us they felt supported. There was a supervision and appraisal system in place.

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

- People had a choice and access to sufficient food and drink. One person said, "I eat different food and I make my own decisions about what I want to eat." A relative told us, "They give her a balanced diet." We spent time with people over lunch. It was a sociable experience and people and staff enjoyed eating together.
- People's specialist dietary needs were met. Health professionals had been involved when required and recommendations had been followed.

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

- People were supported to have access to a range of healthcare professionals to help ensure they remained healthy. A health and social care professional told us, "When I have discussed and provided my recommendations, staff implement these effectively and update clients' home care file to reflect this. The staff I have worked with have been observed to be caring towards residents and aware of their needs."

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.

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 MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff followed the legal requirements of the MCA.
- The registered manager had submitted DoLS applications to the local authority. There had been a delay in the review/authorisation process. This was due to external factors and was not due to any oversight by the provider.
- Staff had considered the least restrictive ways of working. This positively impacted on people's wellbeing.

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

- People's needs were assessed before they came to live at the home. Support plans documented what actions staff needed to take to meet people's needs. One health professional told us, "The staff and manager have done a really good job at settling them in and getting to know them, understanding their methods of communication and ensuring that their one to one time is filled with fun activities."

Adapting the service, design, decoration to meet people's needs

- The design and décor of the home met people's needs.
- People's bedrooms had been decorated to reflect their personalities.

# 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.

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness. A relative told us how they had been unwell and staff had brought the person to see them. They said, "It was a 100 mile round trip and they had to get additional staff cover, it just shows how caring they are." A health professional said, "I feel there is a good core team who have all been very engaging and clearly have a caring nature."
- Staff told us about the things they did to increase people's sense of wellbeing. It was one person's special birthday at the time of our inspection. A staff member told us, "We do go out of our way because we care about people. It is [name of person's] birthday and [name of staff member] has come in on her day off to bring in balloons. It's the little things we do so they can have the same life that we have. There should be no difference they should get everything we would expect to have. There should be no discrimination."

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

- People were supported to be involved in their care. A relative told us, "Everyone in the home has a specialist key worker so it is personalised care."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff spoke with people respectfully.
- Staff supported people's independence. One person told us, "I can do everything myself most times but staff have to watch me to make sure I don't fall." A staff member said, "With [name of person] I help him with his personal care. I give him the flannel to wash his face, he thoroughly enjoys taking part, you just kindly and gently show him and he does it himself. [Name of person] will do her teeth herself and we always make sure people have money in their own purse when they are paying for things when we are shopping."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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

- People's care was developed around their wishes and preferences. A relative said, "They've adapted to [name of person] rather than other way round." A health professional told us, "Overall I have found the service to be responsive and person centred."

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.

- Staff followed the AIS. People's communication needs were recorded in their support plans. Easy read documents had been produced using pictures for people who could not understand the written word. One person told us, "I can't read the support plans but staff show me the pictures which helps me understand."

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

- People's social needs were met. People were supported to maintain their hobbies and interests both within and outside the home. A local musician visited and we heard how he played people's favourite songs such as 'Teddy Bear' by Elvis and 'Nellie the Elephant.' A relative said, "I think the good thing about the home, except for the personal care is that they take people out into the local community, they have a bus. They also take her on holiday every year."

Improving care quality in response to complaints or concerns

- There was a complaints procedure. No complaints had been received.

# 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.

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

- There was a registered manager in place. Staff spoke positively about her and her management style.
- A range of audits and checks were carried out to monitor the quality and safety of the service. These had not identified the issues relating to the maintenance of health and safety records.

We recommend the provider reviews the maintenance of records relating to health and safety to ensure these are fully available and monitored.

- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the home was positive. There was a cheerful atmosphere when we visited. Health professionals described the culture as "open" and "transparent."
- Staff spoke positively about working there. One staff member said, "The staff team are amazing. I am privileged to work with such a good team of people. Communication is key to keeping everything moving."

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

- People and staff were involved in the running of the service. Reviews, meetings and surveys were carried out to obtain feedback.
- There was an emphasis on continuous learning and improving care. One health professional told us, "There has been a constant discussion about whether things are going wrong or not. We have had several meetings to plan and discuss possible interventions and I have been very impressed by the turn out of the full team for meetings."
- Staff liaised with health and social care professionals to make sure people received joined up care which met their needs. A staff member told us, "Everyone works fabulously as a team, we also work with the positive behaviour team and nurses well." This was confirmed by health and social care professionals.