

Community Integrated Care Bentinck Crescent

Inspection report

39-40 Bentinck Crescent, Pegswood, Morpeth,
Northumberland, NE61 6SX
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March 2015
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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 

Overall summary

We carried out an unannounced visit on 25 February 2015 and a further announced visit was made on 2 March 2015.

Bentinck Crescent consists of two adjoining bungalows and is registered to provide accommodation for up to seven adults with learning disabilities who require personal care and support. There were six people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw staff administer medicines to people and this was done safely and appropriately. Staff had received training and the registered provider had policies and procedures in place for dealing with medicines.

The staff told us, and records confirmed that staff had undergone training related to safeguarding vulnerable adults. The registered provider had policies and procedures in place to help keep people safe and to prevent abuse happening and staff were aware of the

Summary of findings

different types of abuse. The personnel records showed checks were carried out prior to staff being employed at the home to help ensure they were suitable to work with vulnerable people.

The premises were well maintained and regular health and safety checks were carried out. One person who lived at the home and relatives we spoke with told us they always found the home was clean and very well maintained.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. One person was able to tell us they were well cared for and enjoyed living at the home. During our visits people were relaxed and staff engaged with them. Staff told us they enjoyed their work and had sufficient time to complete their duties.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was in touch with the local authority to ascertain whether applications were required for people.

There were four weekly menus in place which were varied and staff on duty were aware of people's likes, dislikes and special diets that were required.

Staff on duty told us they were provided with good training to meet people's individual needs and they received supervision and support from the manager.

Staff were able to describe people's individual needs and how they met them. They cared for people in a sensitive way and respected people's privacy and dignity.

A care professional told us the staff met people's needs very well and provided activities and outings which they enjoyed.

A complaints procedure was in place and relatives were aware of this and felt confident to use it if necessary. One person who lived at the home told us they knew how to complain if they needed to. No complaints had been recorded since the last inspection.

We examined four care records and found people's individual needs had been assessed prior to them moving into the home. Care plans had been developed to provide staff with information and guidelines about how needs should be met.

Surveys had been issued to relatives and health and social care professionals that asked for their opinion of the service and comments were positive. Audits and checks were carried out by the registered manager to ensure standards were met and maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to help ensure people received their medicines in a safe and appropriate way.

Staff had received training with regard to safeguarding vulnerable adults to help prevent abuse from happening.

There were sufficient staff on duty to meet people's needs and appropriate checks had been carried out prior to them commencing employment to ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

People's rights were protected because there was evidence of best interest decision making, when people were unable to give consent to their care and treatment.

Staff were aware of people's individual needs and asked for their consent before they provided care. Staff said they received sufficient training to carry out their roles effectively.

People were supported to eat and drink enough to help ensure their nutritional needs were met. Health care professionals were involved if people required support regarding their health care needs.

Good



Is the service caring?

The service was caring.

People and their relatives commented the service provided very good care and staff were very supportive.

People were supported to keep in contact with their relatives and friends and they could receive visitors at any time.

Staff respected people's privacy and dignity and they spent time interacting with them on an individual basis.

Good



Is the service responsive?

The service was responsive.

There was evidence to show people's needs had been assessed and care plans were in place to give staff information about how these needs should be met.

A range of activities were provided at the home and people were supported to access facilities in the community according to their individual preferences.

There was a complaints procedure in place which was available in an easy to read format so people knew how to complain.

Good



Summary of findings

Is the service well-led?

The service was well-led.

A registered manager was in post.

People and their relatives told us the atmosphere was always pleasant and they were complimentary about the way the home was managed. Staff said they enjoyed working at the home.

The registered provider had a quality assurance system to check standards were being maintained in the home.

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 was planned to check 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.

The inspection was carried out by an inspector over two days. We visited the service unannounced on 25 February 2015 and a further announced visit was made on 2 March 2015.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team. We did not receive any concerning information about the home.

We spoke with one person who used the service. Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. We used 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 talk with us.

During our visit we spoke with a relative and after our inspection we contacted another relative and a care professional. We also spoke with the registered manager, a senior care worker and two care workers.

We looked at four care records, four medicines administration records, four care workers' personnel files, accident records and other records related to the management of the home.

Is the service safe?

Our findings

A person who lived at the home was able to say they felt safe. Two relatives told us they felt their loved ones were safe and protected from harm. Comments included, “[Relative] is safe and secure” and “We have no concerns at all.” A survey which had been returned by a health care professional stated, “No evidence of neglect whatsoever.”

Medicines were stored safely and staff who administered medicines had received up to date training and policies and procedures were available. We looked at four medicines administration records (MARS) and saw the medicines were administered by the registered manager or senior care worker and the entries were double signed to ensure they were correct. An audit trail was available as medicines were signed into the home and any medicines returned were signed by the pharmacist who received them.

The registered provider had policies and procedures in place to help prevent abuse from happening. Staff told us they had received training with regard to safeguarding vulnerable people and this was updated annually. They were aware of the different forms of abuse and the action to take if they had any concerns. Comments included, “I had training and know how to report things” and “I would report things to the manager or the senior or take it further if need be.” A care professional said they had never seen any bad practice in the home when they visited the home.

The registered manager was aware of incidents that should be reported and authorities and regulators who should be contacted. A log book was in place to record minor safeguarding issues which could be dealt with by the provider. The log was then forwarded to the Local Authority safeguarding adults team in line with their procedures so they could determine whether appropriate action had been taken. No safeguarding referrals had been necessary since the last inspection.

Accidents and incidents were recorded on the computer system and audited each month by the manager to make sure risk assessments and care plans were in place where necessary. These records were also monitored by head office to ensure appropriate action had been taken.

A system was in place to deal with people’s personal allowances and any money held on their behalf for safe keeping. We saw receipts were kept for each transaction. These were signed by two members of staff where people could not sign for themselves.

Arrangements were in place for the on-going maintenance of the building and routine safety checks were carried out, such as the fire-fighting equipment, fire alarm and emergency lights. Checks were also carried out on the moving equipment in the home, such as hoists and wheelchairs. External contractors carried out regular inspections and servicing, for example, on gas and electrical appliances.

Risk assessments were in place to protect people’s health and well-being, for example when transferring people into the bath and when accessing community facilities. A business continuity plan had been drawn up and contained information about procedures to follow in an emergency. Arrangements were in place if people needed to move out of the home due to an emergency, such as fire or flood. Each person had an evacuation plan in place to ensure their safety.

We looked at four staff files and they were well organised and there was written evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person’s last employer and Disclosure and Barring Service (DBS) checks, to help ensure people were suitable to work with vulnerable adults.

The application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

One person told us there were always sufficient staff on duty. A relative said, “There’s always plenty of staff, any amount.” A survey returned by another relative stated they felt more staff would be beneficial but felt their relative always received good care.

At the time of our inspection six people lived at the home and they were cared for by the registered manager and three care workers. The registered manager told us that overnight there was a waking night staff and a ‘sleep in’

Is the service safe?

member of staff on duty. Staff were able to spend time engaging with people and supporting them to attend activities in the community as there were sufficient staff on duty.

Is the service effective?

Our findings

Relatives said, “They [staff] are a fantastic team and know what they are doing” and “The staff are all very good and keep us informed about [relative].”

The training records showed staff had undergone health and safety training, such as moving and handling, fire safety and infection control. The registered manager kept a training matrix to ensure training was updated when necessary. The records showed that staff had also completed training to meet people’s individual needs, for example epilepsy and mental health awareness. Staff told us they received appropriate training to carry out their role. Comments included, “There is lots of training” and “We discuss training and we can ask for any we think we need.”

The personnel records showed that staff supervision sessions and annual appraisals were carried out and the staff confirmed this. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. We saw notes of these meetings to show that training needs were discussed and what things had gone well and what could be better.

A person who lived at the home told us they felt the food was good. They said, “The food is very nice and I can ask for something else if I want. I’m having a different meal tonight (to that listed on the menu).” Four weekly menus were in place and alternatives were available. People’s likes and dislikes were noted and the staff were aware of these. The registered manager told us the food budget was adequate to meet everyone’s needs. People’s weights were recorded and referrals were made to health care professionals if there were any concerns.

Staff asked people for their consent before they provided support. The registered manager also asked a person’s permission to discuss the circumstances of their admission to the home to demonstrate how the staff had met their needs.

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people’s mental capacity and DoLS. The registered manager was in touch with the local authority to ascertain whether applications were required to deprive people of their liberty.

Documents were available to confirm individual mental capacity assessments had been carried out by care managers to check whether people required best interest decisions to be made on their behalf. For example, a best interests meeting had been held for someone who required some specialist equipment to be fitted to their bed.

Prompt referrals were made to health care professionals where necessary, for example GPs, consultants and physiotherapists. We saw surveys had been issued to health care professionals and their comments included, “Referrals made in a timely manner” and “Staff are well tuned in to patients needs and aware when something is wrong.”

The premises were clean and well maintained. People’s bedrooms were decorated according to their preferences and contained personal items to reflect their interests and personalities. One person told us they chose items for their bedroom and staff supported them to shop for them. People who visited the home on a regular basis told us, “The house is immaculately clean,” “it’s spotless” and “The premises are well maintained and [client’s] room is personalised.”

Is the service caring?

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Is the service responsive?

Our findings

Good relationships were apparent throughout the home and staff were responding to people's individual needs. Some people were supported to go swimming during our inspection and a staff member was playing dominoes with someone.

A care professional told us, "Feedback to me is consistent and appropriate and the staff put a lot of effort into becoming familiar with [name's] needs and preferences."

The care records contained assessment documents which had been completed prior to people coming to live at the home and they had spent trial periods at the home to help ensure their individual needs could be met. Care plans had been developed to provide staff with information about how people's needs should be met, for example, mobility, personal hygiene and accessing the community. Each person had a document in place, 'All About Me' which contained information about people's favourite things, really annoying things, what a bad day and good day would be and any dreams they wished to fulfil. For example, one person said their dream was to move into their own home with support staff. We noted that a person's record stated they liked to wear a long skirt and co-ordinated jewellery. We saw this person was wearing a long skirt and jewellery

at the time of our inspection. People met with their keyworker each month and any changes to their needs were noted and staff signed the plan to confirm they were aware of this.

Each person had an activity planner which contained information about which activities they liked and ones they would like to try. Activities included dominoes, music therapy, swimming, attending discos, aromatherapy, shopping trips and attending concerts. One person had been to see Dolly Parton and three had seen Disney on Ice. Another person was having a party to celebrate their 60th birthday and was planning a three day break in London. Everyone was supported to have a holiday each year but one person said they preferred to have days out as they did not like to be away from home.

A group was run by the provider called 'The Voice' which listened to the views of people using their services so action could be taken. This group met four to six times each year and a person who lived in the home had agreed to join and would be attending the next meeting.

One person told us they knew how to make a complaint if they needed to. The complaints procedure was available in an easy read format called 'Have your say – how to complain.' Two relatives said they were aware of the complaints procedure but had never had cause to complain. A complaints record was in place to record any complaints and the outcome of the investigation. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

The home had a registered manager who had been registered since January 2011.

Relatives said the atmosphere at the home was always pleasant and welcoming when they visited. One relative told us, "The staff are all friendly and the manager works with the staff." Another relative said, "The lady in charge is wonderful."

The atmosphere during our visit was pleasant and good relationships existed between people and the staff. The staff told us the registered manager was supportive and they could discuss any concerns they had. Their comments included "The management couldn't be better" and "It's a good atmosphere and it's like this all the time. I come to work with a smile on my face and leave with one. The staff team work well together."

Meetings were held every three months for people and their relatives so they could express their views on the service and discuss menus and other day to day issues.

Three monthly staff meetings took place and the minutes of the last meeting showed that discussion was held about safeguarding, the whistle blowing policy and dignity in care.

The supplying pharmacist had recently carried out an audit on the system for dealing with medicines. They had made a minor recommendation which had been carried out by the manager.

Various audits were carried out to protect people's health and safety and to monitor the quality of the service provided. These included the medicines system, health and safety and the care plans. These were monitored by the provider's quality assurance department to ensure any necessary actions were put in place. The registered manager had reported events that affected people's welfare and health and safety to CQC as required by the regulations.

Surveys had been issued to relatives in February 2015. Four had been returned and were all positive. Four care professionals had completed surveys in January 2015 and no one had suggested any areas that needed improvement.

A reward scheme was in place so people or their relatives could nominate staff if they felt they were doing an excellent job. People and staff also received recognition for achievements, such as passing examinations.

The registered manager told us the provider kept her well informed about good practice issues and she also kept herself up to date by receiving copies of care magazines. This helped to ensure the home was well led and improvements could be introduced.