

Community Integrated Care Bentinck Crescent

Inspection report

39-40 Bentinck Crescent
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bentinck Crescent is a small residential care home which can support a maximum of 7 people. The home provides care and support to people with physical disabilities, people with a learning disability and autistic people. At the time of the inspection 7 people were living at the home.

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 independence 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 not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. Best interest decisions and mental capacity assessments were not in place for all decisions made. DoLS were not up to date for all people living at Bentinck Crescent.

Although people had aspirations recorded in care documentation, they were not always supported to achieve these.

Medicines were not always managed safely. We could not be assured people received their medicines with sufficient time between doses. Some people did not have appropriate paperwork in place for 'as required' medicines.

Staff did support people to make decisions about their care, and people, relatives and healthcare professionals were involved in care decisions.

Right Care

Risks to people had been assessed and mitigated in most cases. However, the service had not taken action to mitigate risks around fire evacuations in a timely manner.

People were supported by enough staff to meet their needs. Staff were trained to support people. However, some staff had not received specialist training to meet people's individual needs.

People and their relatives were happy with the care people received. People felt safe and that staff were kind. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse.

Right Culture

The culture of the service was not always person-centred. Some aspects of the service, such as the times of shifts, were not considered with people's needs in mind.

Quality assurance and monitoring systems were in place. However, these were not always effective. At the time of the inspection some improvements were being made but were not yet embedded.

Staff said the interim manager was supportive. Relatives thought the service was friendly, people enjoyed living there, although needed more activities.

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 22 September 2022).

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end 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.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, mitigating risks, person-centred care and consent to care at this inspection. We have also made a recommendation in relation to staffing.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 carried out by 1 inspector, a regulatory coordinator and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was out of the business at the time of the inspection. The home was being supported by another manager in their absence.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed the information we held about the service. We met with the local authority and the provider to discuss Bentinck Crescent 3 months prior to the inspection. We used all of this information to plan our inspection.

During the inspection

We spent time observing care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 1 person and 4 relatives about their experience of care and support at the service. We spoke with 4 staff members including the temporary manager and care staff. Care records for 4 people were reviewed, along with multiple medicines records, and records relating to the management of the service.

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 has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Medicine administration records were not maintained in line with best practice guidance. 'As and when required' medicines were not clearly recorded in medicine records.
- Medicines audits had identified some of the issues we found but no action had been taken to rectify the issues at the time of the audit. Records to show staff were trained to administer some specialist medicines were not available.
- Some action had been taken to improve medicines management before the inspection. However, the improvements had not been embedded into practice.

Although we found no evidence people had been harmed, the failure to ensure medicines were managed safely is a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the management team confirmed staff had received additional training in specialist medicines.

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 not always working within the principles of the MCA. Mental capacity assessments and best interest decisions were not in place for all decisions. For example, 1 person did not have a best interest decision in place for the use of bed rails.
- Most DoLS were significantly out of date. The provider had recently identified this and new applications were in progress.

Although we found no evidence people had been harmed, the failure to consistently document consent for

care activities is a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed people being given choice about how they wanted to spend their day, and what to eat and drink. One person said, "[Staff] are really good at letting me go to bed later and get up later, that's what I like to do."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not always managed safely.
- Health and safety assessments had been carried out for the building. However, fire safety measures were not up to date. There was only one fire evacuation practice in the last year, which two members of staff took part in. This was not in line with the provider's fire evacuation plans.
- Accidents and incidents were recorded and investigated appropriately. However, incident records did not include details of what lessons had been learned, to help mitigate future risks. No learning had been shared with staff at team meetings.

Although we found no evidence people had been harmed, the failure to adequately ensure risks were assessed and mitigated is a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most risks to people had been assessed and appropriate mitigations had been put in place which were person-centred

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were investigated and reported to the relevant authorities. Staff had received training in safeguarding and whistleblowing.
- Relatives felt people were safely cared for by staff. One relative said, "[Person] is safe I believe."

Staffing and recruitment

- There were sufficient staff to care for people safely. Some agency staff were being used to bolster staff numbers, where possible the same agency staff were used. New staff were in the process of being recruited.
- We observed there were enough staff to support people safely during the site visit. One relative said, "There are enough staff, but some are agency. They can't do enough. They are friendly and helpful."
- Some staff worked back-to-back shifts and did not get sufficient sleep on night shifts. We raised this with the manager who said they would address this as a matter of urgency.

We recommend the provider reviews staffing rotas to ensure staff get sufficient rest to be able to carry out their role effectively.

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.
- People were able to receive visitors and visit out of the service in line with current guidance.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care was not always personalised to people's needs and aspirations.
- Some people had their aspirations documented such as going swimming; however, this activity was not happening. There was a lack of meaningful activities for some people. Staff were not always available at the right times for people to go on trips out when they wanted to.
- One person said, "[Staff] do take us out, but there aren't enough drivers so I can't always go out when I want to."
- Most care plans were detailed and person-centred, though some information was out of date. For example, 1 care plan included information about how to give medicines covertly, when the person no longer required this. All care plans were being reviewed at the time of the inspection.
- One relative said, "There is too much sitting around, hopefully things will improve." Another relative said, "[Person] used to go swimming, I don't know why they don't go now." A third relative said, "Residents just wander around. I'd like to know what [person] is doing. [Person] needs more activity."

The failure to provide appropriate care to meet people's needs and reflect their individual preferences is a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff meeting people's day to day needs. One person liked to have magazines which staff made sure were always nearby. Staff spent time calming another person who was distressed, using de-escalation techniques outlined in their care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff knew people's methods of communication well and reacted to their needs swiftly.

Improving care quality in response to complaints or concerns

- There had been no formal complaints recorded recently. Issues raised had been investigated but it was not always clear if lessons had been learnt.

- One relative said, "I have not had to complain."

End of life care and support

- There was no one receiving end of life care at the time of the inspection. People were supported to make decisions about their future with support from health professionals.
- Training packs were available for staff when needed to ensure best practice could be followed.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality monitoring processes in place were not robust, as they had not identified some of the issues we found during inspection, such as the training of staff and some aspects of medicines management. The interim manager was making positive steps towards improving the management of the service.
- The provider did not always follow their own policies in relation to fire safety.
- The culture of the service had led to staff dictating their shifts and working hours, rather than working around people's needs. This meant some people were not able to go out when they wished to. The provider had not addressed issues around the levels of activities for people effectively.
- The provider had identified a number of issues in the service in 2022. However, these issues were still evident at the time of this inspection.

The failure to ensure assess, monitor and improve the quality and safety of the service is a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 had been no incidents since the last inspection that required the duty of candour to be applied. The manager was able to explain what action would be taken if such an incident did occur.

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

- People and their relatives had been engaged in the running of the service.
- A relative said, "I was invited to a care review." Another relative said, "They try their best. I visit most weeks. I have not met the new manager but she rang me."
- Staff were involved in team meetings which included the opportunity to give their feedback about the service.

Working in partnership with others

- The management team were working well with their healthcare partners. Specialist healthcare professionals were involved in people's care when needed. Staff followed professionals' advice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to to meet people's needs and reflect their individual preferences Regulation 9 (1)(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to document consent for care activities. Regulation 11 (1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have robust medicines procedures in place. The provider had failed to ensure risks were assessed and mitigated. Regulation 12 (1)(2)(a)(b)(c)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance procedures were not robust and had failed to either identify issues we had found or had not addressed them in a timely manner.

