

Northumbria Calvert Trust

Calvert Trust Kielder

Inspection report

Kielder Water and Forest Park
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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

Calvert Trust Kielder is a care home providing accommodation and personal care for up to 20 people with a range of health or physical disabilities including people with a learning disability. Six people were using the service when we visited. The focus of the service is to provide a short break for people with a wide range of activities, which mostly occur outdoors either in the forest or at the nearby reservoir. People usually stay at the service for one to two weeks.

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.

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

People told us they were safe and well looked after by staff. People were safeguarded from potential abuse. Risks associated with people's care and daily activities had been assessed and action taken to minimise these.

The service was kept clean and tidy and people's medicines were well managed.

Staff were safely recruited, and enough staff were continually deployed to safely meet people's needs. Staff received a range of training and had regular supervision and annual appraisals completed.

People told us they liked 'holidaying' at the service and staff were supportive. People said staff were caring and showed them kindness and consideration. Staff knew people well.

People's care needs had been assessed and their choices were respected. A wide selection of nutritious food and plenty of refreshments were available, including for people on special diets. The service worked with other professionals to make sure people's health and wellbeing was maintained.

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. The design of the service and the care staff provided, allowed people to have as much independence as possible and maintain their privacy and dignity.

The service was well led. Staff told us the management team were supportive. A number of quality checks and audits were completed. People were supported to engage in the running of the service as much as possible. There was clear evidence the service worked in partnership with other agencies to support people

who were visiting the service. Some minor updates in some paperwork was needed and the management team agreed to address this.

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 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Calvert Trust Kielder

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 completed by one inspector.

Service and service type

Calvert Trust Kielder 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 registered with the Care Quality Commission. 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.

Notice of inspection

This was an unannounced inspection.

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 all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with

nine members of staff including the registered manager, head of care, senior care staff, care staff, maintenance, activity and kitchen staff.

We reviewed a range of records. This included four people's care records and three medication records. We looked at five staff files in relation to recruitment, training and support. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to gain clarification from the provider regarding evidence gathered. We looked at training information and other additional information sent to us. The provider sent us information due to the inspection being hindered due to the outbreak of the Coronavirus. We contacted three relatives to gain their views 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 the last inspection this key question was rated as 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

- People felt safe and were safeguarded from the risk of abuse. Staff had received safeguarding training and understood how to keep people safe.
- Policies and procedures were in place to support staff should they need to report concerns.

Assessing risk, safety monitoring and management

- Systems were in place to manage risk and keep people safe. People received support to maximise their independence whilst minimising risks. Risk assessments provided guidance for staff on how to safely support people to meet their needs.
- Regular checks on the building and equipment took place, including in relation to fire safety. Particular attention was in place to safely monitor activities and the equipment used.

Staffing and recruitment

- People were supported by safely recruited staff. The registered managers had carried out appropriate checks including vetting checks with the Disclosure and Barring Service (DBS).
- People told us there were enough staff to care for them and the team supported each other to cover absences.

Using medicines safely

- Medicines were managed and administered safely. People brought their medicines with them for their short stay and they were checked in by senior staff. Any discrepancies in dosage information were checked with the person's GP or prescribing pharmacist.
- People were supported to self-administer their own medicines safely.
- Staff received training in medicines management and had their competency regularly assessed.

Preventing and controlling infection

- The service was clean and tidy.
- There was sufficient equipment, such as disposable gloves and aprons and staff had received appropriate training in infection control.

Learning lessons when things go wrong

- Appropriate systems were in place for staff to report and record accidents and incidents. The registered manager ensured all necessary steps were taken to maintain safety and learn lessons after incidents occurred. The head of care told us they were in the process of updating accident and incident reports to

make lessons learnt and actions taken clearer.

- Management used staff meetings as a platform to discuss health and safety concerns. Any issues arising were also discussed as part of the board of trustee meetings.

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.

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

- The provider had assessed people's needs prior to them coming to stay at the service. Diabetes and epilepsy assessment documentation had recently been updated.
- Staff worked with professionals for their advice and guidance about how best to meet people's complex needs during their short stays. A community nurse told us, "They (staff) phone for advice when it's needed prior to anyone coming to stay or during the stay if issues crop up."
- The provider had systems in place to ensure staff practice was non-discriminatory. This supported them to ensure people received a good standard of care regardless of gender, beliefs or cultural identity.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained and motivated staff team who felt supported by the management team. Staff training was developed and delivered around individual needs. Alongside mandatory training, staff had received extensive and specific training, for example in connection with diabetes or oxygen therapy.
- Staff received a good induction to the service in line with the Care Certificate and received regular supervision and annual appraisals.

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

- People were offered a wide choice of meals and drinks in a social environment to allow them to maintain a varied diet. Any special dietary needs were catered for. Comments about the food were very positive. A person said, "Mealtimes are a real joy. There is plenty of variety and quantity of delicious food, eaten in a non-rushed manner with assistance as required. They always offer a balanced diet. Mealtimes are a great time to chat with other guests and with staff."
- We found some minor issues with storage in the kitchen area, including some foods not labelled after opening. The head of care confirmed this had been immediately addressed.

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

- The service worked with other organisations to ensure they delivered joined-up care. One community nurse said, "We get notice of a month or more to say someone is coming and what is needed."
- People were supported during their stay to maintain their wellbeing. They had access to healthcare services when needed and referrals were made in a timely way. Records confirmed appropriate visits to GP's or hospitals had taken place when required.

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

- The service was fully accessible to people's individual needs. Each person had their own bedroom with an ensuite area. Some bedrooms were fitted with extensive equipment, including ceiling hoists to ensure people could access all areas fully.
- A maintenance programme was in place and the service had recently undergone extensive redecoration to improve bedrooms and communal areas.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 principles of the MCA. People's consent and ability to make specific decisions had been assessed and recorded in their care plans.
- People were involved in decisions about their care; staff sought people's agreement before providing support.
- The provider was in the process of reviewing lasting power of attorney (LPA) paperwork to ensure they had copies to refer to. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

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 happy and relaxed in staff company. Interactions were warm and friendly. People told us staff were kind and caring towards them.
- People were fully supported to fulfil whatever they wanted to do during their holiday, which included many outdoor activities.
- Staff had a good understanding of people's particular needs, preferences and personalities. Many people had returned to the service time and time again for many years. Staff appeared genuinely interested in people and ensured they had the support they needed.

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

- People were able to give their views and share their experiences. One person said, "At the end of each stay, they give me a carehome.co.uk card, or they put it in my suitcase for when I get home. I can then submit my thoughts either online or using the card." Meetings took place with individuals to check how their stay was going and gather their views.
- People were offered choices in all aspects of their daily routines. This included what they wanted to participate in (or not) and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were fully respected by all staff. The provider's core values centred on optimising people's human rights and guiding staff to respect their individuality. A person commented, "Staff respect my privacy. For example, staff have recently provided a wireless flashing doorbell so that I am aware when they are at the door of my bedroom and can choose whether to let them in or not (I'm Deaf)." A staff member said, "We make sure that we don't talk about our guests in front of others ...it's all on a need to know basis."
- Staff encouraged and supported people's independence. The service focused on enabling people to participate in activities they may not be able to undertake elsewhere. This was facilitated by the extensive equipment available. One person said, "They help me with the activities. I love the zip wire and can only do it here. It's great. I also love the motorboats."

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 as 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 had care plans in place which reflected their current health and social needs. These records had been written with the support of the person or their representatives.
- People's care plans were reviewed when they returned to the service for further holidays. Some people visited three or more times in a single year. People told us they were asked for updates in their care needs when they returned. The head of care told us they were reviewing records to make sure this was fully documented.
- Staff enriched people's lives, as well as making a significant difference to their family members, by helping people to live full and active lives and allowing, in many cases, family members to have a break from their caring responsibilities.

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.

- People were supported to understand their care and support through a range of communication systems, including the use of visual information and electronic communication devices.
- Staff had a good understanding of each person's communications needs and this was clearly recorded in care plans.

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

- A range of outdoor pursuits were on offer in this unique service. This included, motorboats, archery, zip wire, birds of prey, climbing walls and stargazing. A new 'Zip Coaster' ride had been installed and people told us "It's great." The range of adapted rides and equipment available, meant people were able to join in activities which they otherwise might not have been able to.
- People were encouraged to keep in touch with friends and family during their stay. One person told us, "I ring my mum all the time."
- People were encouraged to make friends with each other, and evening activities supported this, including discos and various games.

Improving care quality in response to complaints or concerns

- Complaints had been dealt with in line with the organisation's policies and procedures. One complaint

had been received. The management team were in the process of addressing this.

- People and their relatives knew how to complain if they needed to. People told us any issues they raised had been dealt with immediately and to their satisfaction. An easy read version of the complaints policy was available to support people.

End of life care and support

- At the time of the inspection there was no one staying at the service who was receiving end of life care. The head of care was in the process of updating people's care records to ensure details of a person's wishes were recorded if a sudden death occurred.

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.

- The provider had a quality assurance system in place to monitor the service. Regular checks took place to review the service provided to people.
- The provider ensured staff were well trained and aware of their roles and responsibilities. Staff had their competencies assessed by a member of the management team, to ensure they were working to the standards expected.
- Staff had a clear understanding of their roles and responsibilities. People and their relatives told us the service was managed well.
- The registered manager understood the responsibilities of their registration. One notification of an incident had been sent in late. We discussed this with the management team, and they assured us this was an oversight and would not happen again. This was dealt with outside of the inspection process.

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

- The management team and staff demonstrated a commitment to providing person centred quality care, which met people's needs.
- People and relatives were complimentary about the service and described it as 'open, friendly and welcoming'.
- Staff worked to achieve positive outcomes for people during their stay and people told us the staff supported them to achieve their goals.

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 management team worked to make ongoing improvements to the service.
- The management team had an understanding of their responsibilities under the duty of candour. When things went wrong (including incidents), the management team were open and transparent and strove to put measures in place to minimise issues arising again.

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

- Management were approachable and supportive, and worked closely with staff. There were regular staff team meetings and supervisions.

- People were supported to express their views about the service and the care they received on a daily basis and when they finished their short stay at the service.

Continuous learning and improving care

- There were an effective system in place to check on quality and safety in the service. The management team and staff continued to work hard to improve the lives of people being supported by the service.
- Staff were provided with bespoke training should a person's identified care needs warrant this.
- A small number of documents had no date entered. The management team took this on board and advised they were going to address this immediately.

Working in partnership with others

- The service worked in partnership with a range of other services to ensure people were well supported and received good quality care.