Northumbria Calvert Trust

Calvert Trust Kielder

Inspection report

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17 May 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The unannounced inspection took place on 13 and 17 May 2016. We last inspected Calvert Trust Kielder in January 2014. At that inspection we found the service was meeting all the regulations that we inspected.

Part of the Calvert Trust Kielder is set up to provided residential respite care with a focus on activities, for up to 20 people with a range of disabilities. At the time of our inspection there were 12 people who had a range of physical and learning disabilities using the service. The service is based in the Kielder forest area and people are able to use the service from any location in the country and usually stay for one to two weeks, but can stay longer if they wish. The service is part of a larger facility on the same site which provides holiday accommodation/activities to people and their families and day activity breaks to a variety of groups including those who are not disabled. This part of the service is outside of the scope of our regulations.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 found some areas of the management of medicines needed to be improved. For example, there was not always information regarding 'as required' medicines, staff did not fully detail individual medicines on people's medicines administration record and risk assessments were not always in place. The provider sent us an updated version of their medicines policy but we were not able to see the new practices and audits in place and will return to check this at a future date.

Staff were aware of safeguarding responsibilities and knew how to implement safeguarding and whistleblowing procedures. The provider took safety seriously and risks identified were assessed and reviewed and people were kept as safe as possible. Accidents were recorded, reported and monitored by the provider.

We found the provider had already undertaken some refurbishment work within the hydro pool area but that there was more to complete. The provider told us that this was due to be completed in the near future.

There were enough staff employed at the service who had been recruited safely, who received appropriate support and who were continually trained to meet the needs of the people using the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found the provider was complying with its legal responsibilities.

People were able to enjoy enough food and refreshments to meet their needs and if people needed additional support from staff, this was provided. Special dietary needs were also catered for.

We observed staff speaking with people in kind, respectful and reassuring ways. People told us they felt their dignity and privacy were respected by staff. They also told us staff encouraged them to be as independent as possible and involved them with the running of the service and to be fully informed as to what was happening.

People's had been assessed for their needs and their care records were detailed and had been updated as the need arose.

The provider had a large range of outdoor and indoor activities for people to participate in. People told us that this was the main reason for coming to stay at the service.

The provider had in place a complaints policy and people were aware of how to use it. We found that complaints were investigated appropriately and there had been two since the last inspection.

People and their relatives thought the service was well led. We found the provider had audits in place to measure and monitor the quality of the service and meetings took place to discuss various aspects of the service with the staff and the people using the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to medicines. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The management of medicines needed to be improved as staff had not always followed safe working practices.

The premises were safe and people were protected from harm because precautions had been taken. Refurbishment was planned for the near future in parts of the service.

There were enough suitably recruited staff on duty.

Is the service effective?

Good

The service was effective.

Staff received training and development. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make their own decisions and where they lacked capacity to do so, care staff ensured the legal requirements of the Mental Capacity Act 2005 were met.

People received a good selection of food and refreshments and their nutritional needs were met.

Is the service caring?

Good

The service was caring.

People thought staff were kind and caring and they told us they felt involved in what they did and how the service was organised.

People were respected and their privacy, dignity and independence was maintained.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and care planned.

The service had an extensive range of activities for people of all abilities to participate in.

A complaints procedure was in place and people and their relatives knew how to complain.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place and people and their relatives thought the service was well managed.

Meetings took place to discuss the service and surveys were used to gain the views of people and staff.

A range of audits and checks were in place to support the quality of the service provided.

Calvert Trust Kielder

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.

This inspection took place on 13 and 17 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this document to support the inspection process.

We reviewed other information we held about the service, including any information we had received about incidents at the service.

Prior to the inspection, we contacted the local authority commissioners in four areas of the country who had funded people to use the service. We also contacted the local fire authority, the local authority safeguarding team, the local police and local GP's. We used their comments to support our planning of the inspection.

We placed a poster in the reception area of the service to alert visitors to our inspection and invited them to contact us to offer their experiences of the service.

We spoke with 11 people who used the service and three family members/carers. We also spoke with the registered manager, two heads of department, six members of care staff, three activity staff, two administration staff, a trustee and two members of kitchen staff.

During the inspection we spoke with eight families who were staying at other parts of the centre and also using the facilities.

We observed how staff interacted with people and looked at a range of records which included the care

records for eight of the 12 people who used the service, medicines records for three people and five staff personnel files, health and safety information and other documents related to the management of the service.

As part of the inspection process, we asked the provider to send us additional pieces of information, which they did so in agreed timescales. We also contacted two social workers and two commissioners who were linked to people who had stayed at the service. Where we received responses, their comments supported the inspection process.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to medicines. You can see what action we told the provider to take at the back of the full version of this report.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe and that they thought their personal belongings were safe too. Comments included; "I am very safe here"; "We do lots of activities and the staff look after us and keep us safe"; Yes, I am safe"; "I am safe and my room is locked" and "The staff keep us safe. They are well trained to ensure that we all come to no harm."

All of the relatives we spoke with confirmed that they thought their family members were safe when staying at the service. One relative said, "If I thought [person] was not safe, there is no way I would have them go." They continued, "The staff look after [person] well, I have no worries at all when it comes to safety." Another relative said, "They [person] have been going to the Calvert Trust for a while, they love it. I am guessing they are safe because they would say, and I would know if there was anything to worry about." Another relative said (when asked if they thought their family member was safe while staying at the service, "Oh my goodness I do."

People told us staff supported them to take their medicines. One person said, "I brought them [medicines] with me. Staff look after them and give them to me at the right time. They [staff] are good. I have had no problems." People brought their medicines with them when they stayed at the service. People were encouraged to take their own medicines if they were able to. However, we were told that staff usually administered medicines to people during their stay at the service. Care records confirmed that people, with the help of their relatives if necessary, had contacted the service prior to their stay with a full list of their medicines and details of when they should be administered. The registered manager told us that senior staff checked the information received and if there was any doubt, contact would be made with the person to clarify any missing details. One relative told us, "We have never had any problems with [person's] medication. Staff have been great." Another relative confirmed they had no concerns over the way medicines were handled by staff at the service and they said, "They [person] receive them as they would at home."

People's medicines administration records (MARs) listed all the medicines that people had been prescribed. We noted that when people had a dossette box (containing different medicines), this had been listed as one item on their MAR and staff signed the one entry. We spoke to the registered manager about this and they assured us that in future, medicines would be listed individually for staff to sign.

We observed staff administered medicines to three people. Each time, the medicines were placed into a medicine pot for the individual and signed for by staff, and then taken to be administered to the person. This meant staff were signing to say the medicines had been administered before they had been, which also meant that if a person refused to take them, then the records would be incorrect, although we found no evidence to suggest this had occurred.

People who received 'as required' medicines did not always have written guidance for staff to follow. 'As required' medicines are medicines that people do not take on a permanent basis, for example, those taken for headaches. This meant that staff did not always have the full details of when or how people should

receive their 'as required' medicines. They also did not always have instructions of what these medicines were used for. Medicines risk assessments for people who administered their own medicines were not always in place.

The medicines cabinet was used to store other items, other than medicines. We noted that people's personal money was stored in a tin within the medicines cabinet. This meant that the provider had not always followed best practice in the storage of medicines and there was a greater risk of cross contamination because of other items held in the same area.

We spoke to the registered manager about these issues, and before the end of the inspection, they had sent us a copy of the updated medicines policy which included how the organisation would address them.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Temperature checks on people's medicines were in place. If staff administered them, they were kept in a secure room within a medicines cabinet. There was also safe storage facilities for controlled drugs. Controlled drugs are prescribed medicines used to treat, for example, severe pain and have more stringent restrictions placed upon them. Where people administered their own medicines, they had lockable facilities within their bedrooms to keep them secure. Any medicines that were no longer required were safely disposed of and we confirmed that staff had received management of medicines training.

Staff knew the procedures to follow if they suspected any type of abuse. Training records confirmed staff had received safeguarding training and there were policies and procedures in place related to safeguarding and whistleblowing to support staff. One staff member told us, "I have never had to report anything like that, but would if I had to."

People were able to hold keys to their own bedrooms, which enabled them to ensure personal items were kept secure and also promoted their privacy. One person told us, "I have no worries about my things; they are all safe and locked up." and, "I have been coming here a while and never had any problems."

Where a risk had been identified, an assessment had been completed to mitigate the possible dangers to people or others. For example, before people participated in any of the activities, a risk assessment was completed to ensure that they would be able to join in safely. We saw one person had mobility issues and a full risk assessment was in place to ensure they could participate in activities that were tailored to them.

All of the activities at the service had full and comprehensive risk assessments completed and regularly reviewed, with full operating instructions available. These included pictures of how to use the equipment and different examples of techniques used for people who needed hoists for example. We also found that environmental and other risk assessments had been completed, including those in connection with lone working and moving and handling. This meant that the provider took safety seriously and had measures in place to minimise the risk to people who used the service. We noted that some risk assessments had been duplicated in places. We brought this to the attention of the registered manager who said they would review them.

The provider had an emergency contingency plan in place. This detailed what staff at the service would do in the case of particular types of emergency, for example, in severe weather conditions or loss of IT equipment. The plan covered the first 24 hours and included details of who staff should contact, what procedures they should follow and how to make certain people were reassured and kept warm and

comfortable.

A fire risk assessment was in place and the provider had completed personal evacuation plans for each person. These documented what support people would need in the case of an evacuation from the premises, including for example, in a fire, a flood or other emergency. When we contacted the local fire authority, they told us there had been no cause for concern with fire safety at the property during their last inspection. This meant that the service had in place, safe and up to date fire safety procedures.

Regular checks were seen to have been made on all the equipment used at the service, including activities equipment and equipment in the main building, for example, hoists, beds, fire extinguishers and chlorine levels in the hydro pool. The provider had also carried out electrical and gas safety checks in line with current guidelines. We visited the hydro pool and the changing area at the service. We found that this area was in need of some further refurbishment work, with some of the wood panelling loose and showing bare wood in places and there was no hand dryer or paper towels in place. We spoke with the registered manager about this and they told us that work in that area was planned to take place as part of the service's refurbishment plans and would be completed in the near future as they confirmed that the pool's new air handling system had now been replaced and we were able to check this. Air handling systems are placed due to the high humidity in in-door swimming pools, and it is necessary to dehumidify the air in order to provide comfort to the occupants and protect the building and the furniture.

There was a 10 miles per hour speed limit across the site to ensure that people were safe while participating in outdoor activities. There was also disabled parking to allow people to park close to the main reception for those who had come by their own mode of transport. We noted there was a CCTV camera in the communal areas and outside of the centre and people were made aware of this. One staff member said, "We can see if everyone is fine, it's good at night as we can check all is well outside."

The service was registered with the Adventure Activities Licensing Service (AALS). We saw their certificate and we checked their registration details on line to confirm this. AALS monitors the issue of licenses to providers who perform outdoor activities and regularly inspects them to ensure that they are complying with their licence and keeping people safe.

Accidents were recorded and monitored by the provider. Staff had completed the correct forms to report any incidents or accidents to senior staff. We saw that appropriate action had taken place to ensure that people had received the correct treatment or other remedial work was completed to address any issues that had occurred. For example, one person had suffered a minor injury. Staff had correctly reported and then taken the person to seek medical treatment. Incidents were also recorded. For example a golf buggy had become stranded. Radio contact was made and suitable transport was immediately dispatched to go and collect people. This meant that any accidents or incidents were treated seriously and staff responded quickly.

There were enough staff on duty to meet the needs of the people who used the service and records confirmed this. This was also confirmed during our observations, as people were supported in a timely manner when they asked for help. We also saw that staff approached people quickly if they thought they needed some assistance, for example at lunch time. One person told us, "There is always staff to help." Another person said, "I don't always need the staff, but when I do; they are here for me." A relative told us, "They [person] have never come home and complained about there not being enough staff, and believe you me, they would if there was a problem." Staff confirmed that there was enough staff on duty at any one time. One member of care staff said, "When it is really busy, more staff are on duty. We are busy, but it's manageable."

We found appropriate and safe recruitment procedures had been followed, including application forms with full employment history, experience information, eligibility to work and at least two reference checks. Before staff were employed, the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of its recruitment process. One staff member confirmed that before they were able to start working with people, their checks had been received first. They said, "I had to wait until my DBS check came through and then I could start."

Good

Is the service effective?

Our findings

People thought that the staff were well trained and suitable to support them while they stayed at the service. Relatives also confirmed their views. One person told us, "I have seen what the staff have to do, they are well trained or they would not be able to cope. They help me very well. I'm very satisfied with the way they go on." Another person told us, "Staff know their stuff."

Staff had commenced employment at the service and participated in an induction programme, which included training and shadowing more experienced members of staff. The induction documentation seen for a newly recruited member of the care team included; staff conduct, safeguarding procedures, an infection control DVD, health and safety information, diversity and equality procedures and the organisation's policies and procedures. It also covered locations and plans of the rooms and a specific vehicle induction.

Staff had received up to date training in a range of topics, including first aid, food hygiene, infection control, moving and handling as well as training in the activities that people participated in; dinghy training, archery and abseiling. Staff had received supervision and yearly appraisal and staff that we spoke with told us they felt supported. We noted that many of the staff who worked at the service had been in post for numerous years.

Communication between staff was good. We sat in on the daily hand over between staff shifts. Staff discussed any relevant information about people that was required, for example, that one person had gone to seek medical advice after an accident. We noted that the information appeared to be from memory and had not been recorded. We spoke with a senior member of staff about this and they told us that the handover is normally written in a book to pass over and apologised that this may not have occurred on this occasion and said they would ensure it was discussed at the next team meeting.

People's changing health needs were met whilst they stayed at the service. One person required additional support and a district nurse had been consulted to ensure that their needs continued to be met. Another person had required additional advice from an injury sustained before they arrived at the service. Staff had helped people to access healthcare professionals when the need had arisen.

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. We saw that were people lacked capacity to make certain decisions for themselves, there was evidence that best interests decisions had taken place with their family, carers, healthcare professionals and other relevant people, when the need arose.

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. The application procedure for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). The service had not applied to the local authority to have anyone deprived of their liberty. We checked whether the service was working within the principles of the MCA and found they were. All staff had received training in connection with mental capacity and from conversations understood their role in ensuring people were lawfully able to exercise their rights to make their own decisions when possible.

The service had a large café area with a range of food served throughout the day, with a menu on display. We observed the lunch and evening meal experiences of people. There was a choice of food available at both meal times, including additional selections of salad, fruit, yoghurt and cheese and crackers. Kitchen staff told us that they sometimes had themed nights, for example; an Italian night or a grill night. A member of care staff said, "Everyone enjoys those nights, but whatever, we always have at least three choices on a night time and a couple of choices at lunch time at the very least."

We asked staff how people managed their meals when they were out on day long activities (like sailing). One member of care staff told us, "We ask people the night before about packed lunches and what they would like. We ensure everyone is catered for, including those on special diets." People told us they enjoyed their packed lunches. When we asked one person if they had enjoyed their packed lunch, they said, "Lovely!"

Coffee and other refreshments were available at any time during the day or night and we observed people helping themselves freely. We asked kitchen staff how they managed people with particular dietary needs. Kitchen staff told us they were supplied with a list of each person's particular needs when they arrived. They confirmed they currently had people who were diabetic and also those who required a 'soft' diet. People's care records confirmed that information about their dietary needs was recorded, including any allergies and if the person required assistance at meal times. The information was detailed, including information about the person's awareness of hot and cold food and their likes and dislikes. This meant that the provider had dietary information about each person to ensure they received the meals they enjoyed and that they were suitable to their particular needs.

The service was adapted to be able to support a range of people. People who had mobility issues and who used aids, including wheelchairs; could access the premises with ease as rooms and corridors were wide and people could move around freely, including accessing the outdoor spaces. Footpaths had been designed to enable the ease of movement for everyone, including self-propelling and electronic wheelchair users.

Good

Is the service caring?

Our findings

People told us that staff were caring and we saw evidence of this during our inspection. One person told us, "I do have favourites, but not going to say as they are all nice." Another person said, "Extraordinary care, superb staff." A third person said, "The staff are lovely. I know them very well now. I like them a lot." One relative told us, "They [person] have gained confidence because of the care shown and get on so well with the staff. Staff are approachable and very open and really really understand. [Person] has even told me recently that they love it there." Another relative told us, "Staff are kind and look after [person] well."

We also saw many compliment and thank you cards at the service from people and their families who wanted to express their gratitude to the staff team for providing a good service. Many of the compliments were aimed at the caring nature of staff.

People who used the respite service often shared activities with other people who used other parts of the larger service based on the same site. This meant that people were integrated and often formed friendships across the broader service. One person said, "I have made some friends with people staying in the chalet. They have joined in some of the things I have done."

Staff explained to people what they were going to do. For example, while giving medicines or when about to complete a personal care task with them. We heard staff treating people in a sensitive way when supporting them with their personal needs. For example, one person asked for help with a toilet visit and staff discreetly followed them to the bathroom in order to support them. Staff bent down as they talked to people, so they were at eye level as maintaining eye contact helps enhance effective communication. We asked staff why they bent down to communicate with people and one staff member said, "I would not like someone standing over me and talking down to me. Some people don't hear so well and it means they can hear better."

One person confirmed that they were involved with their care planning. They told us, "They [staff] send forms out to you before you come and with some help, I complete them." There was lots of information in the reception area for people who stayed at the service. This included, for example, information on all the local services available to them, what to do if they had a concern and information about the provider. Staff held a briefing session on Monday night after people arrived for their first day. Discussions took place to introduce staff and plan the week ahead. Although it was explained that due to possible changes in the weather that plans sometimes needed to be changed because of this.

People told us that staff respected their privacy and dignity and were reassuring to them. One person confirmed that staff provided them with privacy and said staff, "Leave me to get on to do things on my own if I want." Another person explained that they were able to have privacy in their own space should they need it. They said, "Sometimes I just want to be quiet and on my own. Staff understand that as I have been coming here a while, so they just leave me alone." All of the people that we spoke with confirmed that their dignity was maintained and staff were careful when providing personal care in particular to ensure that stayed the case. One person said, "Curtains are drawn if they need to be." We saw that doors were closed when any

support around personal care was performed.

People were supported to remain as independent as possible during their stay at the service. We saw staff encouraging people with activities to fully participate in a safe way while doing this alone as equipment had been modified to allow this to take place. People told us they felt "thrilled", "empowered" and one person said, "It is great being able to do these activities on my own."

During their stay at the respite service, people told us that they had no need for advocates as they would contact their family or supporters. One person said, "If I need any help, I would speak with home." An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. Staff were aware that if a person was unable to make a decision for themselves, they would involve family members or other professionals, which could include the use of advocates to help people in their decision making process.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive. One person told us, "They [staff] are great, they will help you when you ask and they check you're okay without being told to." Another person told us, "I would not come back here year after year if I thought they [staff] did not respond. They are very good." One relative told us that due to the complex needs of their family member, staff at the service had sent out extremely detailed information in advance so that the person was able to familiarise themselves with the service. The relative told us that staff "went out of their way" to help them. The relative was highly complementary about the staff team and said their family member settled in much better and this would not have been possible without the work done before the visit.

Four weeks prior to a person coming to the service for a respite break, they (or their family/supporter) were requested to send information to the service on the type of support they would need during their stay and other important information. This included personal details, GP's name, medicines details, personal care requirements and equipment required. The service also had details of the person's outcome based support plan from their local authority. Once the information was received, management would check it over and any further details required would be requested if necessary, which may have included liaising with healthcare professionals. Once the person arrived at the service, their care plan was finalised with them to ensure that the information they had been sent was still valid. People's care plans were monitored daily and any changes would mean that the documents were reviewed to ensure they remained up to date and relevant to help staff support people with their identified needs. The head of department told us that people's records and care plans were in the process of being reviewed to further improve them in terms of being more person centred.

As the service was in a rural position, the provider had arranged for some people to be picked up by their own transport at various stops in the main towns. For example, one person told us they had been picked up in Newcastle and told us that the bus also stopped in Hexham. One relative said, "It's a good service and available to people if they want it." This meant that the provider had thought about the transport issues people may have in reaching the service if they travelled alone and had responded to that.

A staff member explained that before people come to use the service, they were recommended to bring with them certain items, for example, warm clothing, sun cream in the summer and suitable footwear. Another member of staff explained that if people forgot to bring particular items of clothing with them, for example, hats or gloves; then they had a selection of these articles available for people to use.

People told us they had choice. Many people who used the service had previously stayed a number of times. One person told us that they had visited over 10 times. Another person told us that every time they stayed, they asked for the same room. They told us, "The room is bigger than some of the others to get my wheelchair in. I prefer this room." Staff confirmed that if people asked for a particular room they would try to enable this. One member of care staff told us, "There are a number of rooms that people like to have when they stay. If it's available and suitable, there is no problem in that. We try to keep people happy in whatever way we can." At meal times people were able to choose from a range of food. One person laughed and told

us, "There is too much to choose from, so I have a bit of it all." People could choose to relax and not participate in activities if they felt they did not want to. On the first day of our inspection, a number of people had chosen to stay at the centre while others had decided to go out boating for the day. One person said, "I am a bit tired today. I will have a rest and be ready for tomorrow."

There was an extensive range of indoor and outdoor activities available. These included, for example; archery, climbing walls, zip wires, sailing, outdoor chess, buggy rides, kayaking, hydro pool, disco's, bingo and a 'Snoozelum' (sensory room). People told us that this was the main reason they came to stay. One person explained, "This place is invaluable. Where else could you go to zip wire with the types of disabilities that we have." Another person told us that every year they went to respite to allow their carers a break. They told us, "I went to a care home once. It was horrible. I am too young to sit and play bingo."

One member of activities staff told us, "We organise themed weeks, like last week was based around activities in the water; like sailing." We also confirmed that other 'themed' weeks took place; for example, pamper weeks. One person told us that the service also holds, what they called, "Go wild week." The person went on to tell us, "They [service] have every activity you would ever want to do. I love coming here every year. When people say they cannot do something, they should think again. If they could only see us. If I can do it, anyone can." People were celebrated by the staff for any achievements they may have had during their stay. One relative told us, "They [person] came home with two certificates and two badges and a lovely picture."

People told us they knew how to complain and would have no concerns about saying to any member of staff if they had any worries. One person gave us an example of when they had complained elsewhere and told us they would do the same at this service if they thought they needed to, but continued to tell us, "Staff are great. I have no complaints here at all." Another person said, "I have no complaints to make." A third person told us, "You can complain to staff if you're not happy. I have not had to do that." The provider had received one formal complaint and had received another comment which they had dealt with as a complaint. Both had been dealt with quickly and professionally, following the provider's own complaints policy. A head of department told us, "When we get a complaint, not that we have many, we take them very seriously. We want the best for people staying here." A relative told us that some time ago they had an issue that they brought to the attention of the staff in charge. They said it was dealt with straight away and have not had any issues of any description since. This meant that the provider took complaints seriously and dealt with them effectively.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also the operations director. He had worked for the organisation for over 20 years since leaving university and after a change of career. There was a chief executive officer who had overall responsibility and a group of trustees were responsible for overseeing the service. People and their relatives told us that they thought the service was managed well. One person told us, "The staff are good, that must show the managers are the same." One relative told us, "I have had many conversations with the management at the service and they have always been very respectful and open. It's clear they are passionate about the people who use the service."

The provider had won a number of awards. Including 'Changing Lives' award from a local commercial magazine, and was highly commended by a local tourism organisation. A number of fund raising activities had been organised over the coming year, including people and staff taking part in the Great North Run.

The provider also had awards for staff who they felt had gone that 'extra mile'. We saw a particular award on display within the reception area of the service and noted that it had been recently awarded to a member of care staff. The registered manager explained that staff were nominated each month by senior staff at the service and the nominations were added to see who had achieved the most over the year. This meant the provider recognised staff for their contributions to the service provided and celebrated their achievement.

The values of the service were to be 'flexible', 'ambitious', 'inspiring', 'sensitive' and 'imaginative'. We saw examples of these throughout the inspection. Staff gave us an example of one person who had not been to the service before and thought they would not be able to participate in any of the activities. They explained how they had tailored the visit around the person and the changes they had made to accommodate their particular needs. One person told us, "This place is inspiring. The staff are inspiring. It's fabulous!"

People who used the service had an opportunity to provide feedback. Surveys were given to people to complete whenever they stayed. One staff member told us, "As some of the people have stayed here a number of times, they don't always want to fill in the surveys again and again." We checked the completed surveys from February to May 2016 and found all of them to be positive.

The provider listened to staff feedback and used this, for example, to tailor equipment to enable people to participate fully in activities. We saw that pieces of particular equipment had been professionally adapted to allow this to happen after staff had given templates of imaginative ideas to the management team; for example, the archery stand had been modified to allow people in wheelchairs to use it at different angles.

Staff had completed a survey at the end of 2015. We saw the results and noted that 37 staff had been sent the survey and 32 had been received back. Questions asked, included; 'I am proud of the service given by my department'. The 31 staff who had answered this question had responded with either 'agree' or 'strongly agree'. In some questions we noted that a small number of staff had responded by either 'disagreeing' or 'strongly disagreeing' with the question asked. For example, when asked, 'I am confident Calvert Trust Kielder makes a difference to the lives of those who come here'; one staff member had marked 'strongly

disagree' while the rest of the staff had marked they either 'agreed or 'strongly agreed'. The people we spoke with said the service had made a difference to their lives. One person told us, "I look forward to coming here every year. If it was not here, there would be nowhere for me to go. It's great!" We asked the registered manager about the negative comments in the survey. He told us that the survey was totally confidential and explained no one had come forward to bring individual concerns. He told us that there had been changes to the staffing team since the survey was completed and individual issues could be raised with line managers at staff supervisions. He told us that staff would be reminded about raising any concerns they had as he wanted to promote an open and honest culture within the service.

A variety of staff and management meetings were regularly held at the service, including operational meetings where heads of department met with the registered manager and senior manager meetings. Records of the meetings showed that a range of topics were discussed, including staffing, training, activities, fundraising taking place and repairs. Meetings were held with the people using the service too. This was in the form of a 'first night' welcome and introduction to the service and its staff and was a further opportunity for people to discuss any issues they might have had.

Trustees of the organisation met regularly to discuss the progress of the service and to plan ahead. At a meeting in December 2015, management of the service (including the registered manager) had presented the strategic plan for the service taking it to 2018, with the final plan to be sent out and approved at the March meeting. Trustees also had an overview of the services finances and monitored these as well as supporting the organisation with additional ideas around fundraising.

The provider completed a number of audits and checks at the service. Including those in connection with the environment and health and safety at the service as well as producing monitoring reports for the trustees. Monitoring of equipment, cleanliness and weekly room checks were part of the audits completed. Where items were listed for action, for example, tiebacks from curtains missing; these had been actioned. We noted that there was no routine checks recorded for medicines, other than daily counts. We discussed this with the registered manager and head of department. They told us that checks were completed to make sure all was in order, although they confirmed it was not recorded anywhere. A member of care staff confirmed that the head of department checked medicines every day they were at work. The registered manager said they would address this immediately and update their quality assurance process.

The provider's registration was in order and they were aware of when to send notifications to us. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not always following safe management of medicines procedures. Regulation 12 (2) (g)