Northumbria Calvert Trust

Calvert Trust Kielder

Inspection report

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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

The unannounced inspection took place on 29 March and 5 April 2017. We last inspected the Calvert Trust Kielder in May 2016. At that inspection we found the service was in breach of Regulation 12 in connection with the safe management of medicines.

The provider sent us an action plan to show us how they were going to address the concerns we had found and we returned to check they now met all of the regulations. We also visited to follow up on a safeguarding concern which had been raised although the investigation was not yet complete. We will report on this in due course.

We found that the provider had improved their medicines procedures and were now meeting Regulation 12. Medicines were managed safely. Only trained staff administered medicines. People confirmed they received their medicines at the correct time.

The Calvert Trust Kielder complex is set up to provide residential respite care with the main focus being on adventure activities for up to 20 people with various healthcare needs. At the time of our inspection there were six people who had a range of physical and learning disabilities using the service.

The service is based in the Kielder forest area with people staying for one or two weeks, with some choosing to stay longer. The service is used by people from all areas of the country and because the service is part of a larger complex, accommodation and activities is extended to other people and their families on the same site including those who are both able bodied and those less so.

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.

People said they received good care from kind, caring and considerate staff. They also confirmed they felt safe while visiting and staying at the service. Relatives and staff also told us the service was safe for people to stay at.

Staff knew how to report safeguarding concerns and we found the provider had dealt with previous safeguarding concerns appropriately.

Where potential risks had been identified an assessment had been completed. The benefits of people taking risks and the measures needed to keep them safe were considered as part of the assessment.

Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with emergency

situations.

We found there were sufficient staff deployed to provide people's care in a timely manner. People, relatives and staff felt staffing levels were appropriate. There were effective recruitment checks in place to help ensure staff were suitable to be employed at the service. Staff received the support and training they required and records confirmed training, supervisions and appraisals were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice and were currently being reviewed.

People gave positive feedback about the meals and refreshments available to them. We saw people received the support they needed with eating and drinking.

The service was adapted to suit the needs of people with a range of disabilities, with an emphasis on enabling people to participate in the wide range of outdoor and indoor activities by providing specialist assistance and equipment.

People's needs were assessed to enable personalised care plans to be developed. Care records contained details of their preferences. Care plans were in the process of being fully reviewed to keep them up to date.

Meetings were held so that people could share their views and suggestions and in order to keep them up to date with what their expectations should be during their stay.

People did not raise any concerns about their care but knew how to complain. Previous complaints were investigated and resolved in line with the provider's complaint's policy.

People, their relatives and staff said the registered manager, head of care and other staff were approachable and the service had all the requirements needed for a homely, friendly atmosphere.

A range of audits were carried out to check on the quality of people's care. The provider had complied with their legal responsibilities and advertised the latest service ratings in the reception area and on their website.

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.

People, their relatives and care staff told us the service was safe.

Staffing levels were sufficient to meet people's needs. The provider had effective recruitment checks in place.

Care staff knew how to report safeguarding concerns.

Medicines were managed appropriately and safely and health and safety checks were carried out and procedures were in place to deal with emergency situations.

Is the service effective?

Good

The service was effective.

Care staff said they received the training and support they needed. Records confirmed supervisions, appraisals and training were up to date.

The provider followed the requirements of the Mental Capacity Act 2005.

People received support to meet their nutritional and health care needs.

The service was adapted to meet the needs of a wide range of people with varying disabilities.

Is the service caring?

Good

The service was caring.

People told us they were well cared for and told us staff were kind, considerate and caring.

Staff treated people with dignity and respect and supported to them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and personalised care plans developed, with a full review of documentation underway.

There was an extensive range of activities for people to participate in.

People could give their views about their care through attending welcome meetings and completing surveys.

People knew how to complain and complaints were investigated in line with the provider's complaints procedure

Is the service well-led?

Good

The service was well led.

The service had an experienced registered manager and head of care.

People, relatives and staff told us the service appeared well led and the registered manager and head of care were approachable.

The service had a friendly and welcoming atmosphere.

A range of audits were carried out to check on the quality of people's care.

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 29 March and 5 April 2017 with the first day being unannounced. The inspection was carried out by one inspector and one 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.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion due to the scheduling of the inspection. 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 had, however, received information just prior to the inspection on some improvements the provider had made to training and other care planning processes within the service.

We checked other information we held about the service, including any notifications we had received about incidents or safeguarding events.

Before the inspection, contact was made with the local authority safeguarding team, the local police and the local fire authority. We used any comments we received to support our planning of the inspection.

We spoke with all six people who were staying at the service during the inspection and five family members/carers. We spoke with the nominated individual, the registered manager, head of care, head of maintenance, five care staff (including senior carers), four activity staff, the chef and one member of kitchen staff.

During the inspection we spoke with five families and/or their carers who were staying at other parts of the centre and also using the facilities.

We made observations in and around the service, including how staff interacted with people, the décor and

facilities available to use. We looked at a range of records including the care records for all six people who were currently using the service and three others who had previously used the service. We viewed medicines records for six people and four staff personnel files. We also looked at health and safety information and other documents related to the management of the service.

After the inspection we contacted two social workers, two care managers, one GP and district nurse teams who were linked to people who had stayed at the service. We used their comments to support the inspection process. We also contacted Northumberland Fire Authority to confirm they were satisfied with fire safety arrangements at the service.

Good

Is the service safe?

Our findings

At the last inspection the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the safe management of medicines. We found that they had made improvements and were now meeting the regulations.

Medicines were stored, administered and disposed of correctly. People received their prescribed medicines in a timely manner with staff following appropriate practices. One person said, "I do my own medicines at home but they help me here as I get muddled." We observed medicines being administered to people during different times of the day, including during the morning and at lunchtime. Two members of care staff completed this task. Staff explained the procedure to people and confirmed their choice of having the medicine or not, including those medicines which were 'as required'. ''As required' medicines are medicines used by people when the need arises; for example tablets for pain relief used for headaches. There were no people receiving controlled drugs at the time of the inspection. Controlled drugs (CD's) are prescribed medicines used to treat, for example, severe pain. CD's are drugs that are liable to misuse therefore subject to more stringent controls, including in connection with recordings. We found the provider was in the process of ordering a new CD register in line with their legal requirements.

Procedures were put in place for people who left the main building to participate in activities which meant they would be away from the main building for an extended period. A staff member said, "Medicines are taken out in secure pots so it can be administered when we are out, when we go camping for a few days we take a locked case with us." We also saw records to confirm where medicines were unused that these were returned with the person to their usual place of stay after their 'holiday'.

We observed one person who had a PEG being offered drinks. Percutaneous Endoscopic Gastrostomy (PEG) is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. A staff member said, "[Person's name] has to have thickened drinks, so we take pre-thickened cold drinks when we are out. We also take the thickener to use for hot drinks if they prefer." With the permission of the person we observed staff carrying out medicines procedures with them via their PEG. Staff precisely followed the instructions which were recorded on both the person's care plan and medicines records and spoke with the person throughout to ensure that they were fully involved.

People felt safe while they stayed at the service. One person told us, "They look after me." Another said, "This is the second time I have been here and the last time was years ago. It is safe here…oh yes, I think so. My husband loves it…he's not worried about me…he knows I am safe and well." Comments from relatives included, "I have no worries about [person's] safety"; "I am really happy that [person] can go there, I have no issues" and "It's [persons] decision to go and she's very clear that she is going and saves up. I have no issues or concerns, nothing untoward has ever happened. [Person] would say if anything was wrong…well she just wouldn't go back." We asked three healthcare professionals, including care managers and a district nurse if they would allow their family members to stay at the service and they all said they would. One visitor to the complex commented, "I have seen how the staff here look after people and their welfare…its very safety orientated, which is what you would expect. I have been impressed so far."

Staff had undertaken training in identifying and responding to safeguarding concerns provided by the provider and also more recently by the local authority. Staff were able to describe different types of abuse, and how they would respond if they had any concerns that people were at risk. All of the staff we spoke with told us they would report concerns to their manager. Senior management were aware of their responsibilities to share any concerns with the local authority as well as report any issues to the Commission.

There was one safeguarding concern being currently investigated and we found the provider had acted to rectify any issues raised while the investigation continued to ensure the safety of people using the service.

Staff were very safety minded. During an observation of water based activities staff demonstrated good risk management skills. We viewed activity risk assessments which had been put in place to ensure that all possible foreseeable risk had been captured and mitigated. People in electronic wheelchairs were transferred to smaller manual chairs for ease of handling on and off boats. Normal wheelchair lap straps were exchanged with quick release versions, which meant should an incident occur then people would be freed quickly from their wheelchairs. Buoyancy aids were used according to people's swimming abilities and were put on and checked by staff.

One staff member explained to people, "This is a motor boat and we have two engines on board so we don't need a safety boat with us, if we were sailing or kayaking we would have a safety boat out." As the area was remote and had little or no mobile phone coverage, staff all had walkie talkies but were aware of their limitations also. A staff member said, "If we had a problem with anyone we would turn back and radio in for help, I had to go to shore last week with someone who started feeling sick and get them picked up, it's only five minutes from the Lodge, so there is no great delay."

People who were at risk in connection with their health care needs, for example, those who had a catheter in place, used PEG feeding equipment or those who used particular equipment, such as shower chairs; had these risks assessed to reduce the likelihood of harm and what actions staff should take. We saw that the provider kept these risk assessments separate from people's care records. After discussions with the provider they agreed to keep all individualised risk assessments together with people's care plans. The head of care told us that while updating care records, risk assessments would be updated too to ensure that all information regarding risk was available and minimised as much as possible.

Accidents and incidents were monitored and analysed to determine if action could be taken to reduce the likelihood of them reoccurring. Accident and incident records included detailed information about how people had sustained an injury. Senior staff had reviewed all of the accidents records to ensure staff had responded appropriately and all actions taken had been recorded. For example, one incident had occurred when a wheel had stuck in a pot hole. Action had been taken to close the path until remedial work had been undertaken with pictures of the event having also been taken for record and monitoring purposes.

Checks were undertaken to ensure the building and equipment used was safe. Equipment such as boilers and hoists had been serviced regularly to ensure they were in good working order. Electrical installations had been checked and maintenance staff regularly tested the call bell system to make sure people could contact staff if they needed them. Fire alarms and fire doors were tested regularly, and evacuation procedures were available so staff were aware of the process to follow in the event of an emergency. The service was registered with the Adventure Activities Licensing Service (AALS). 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. This all meant that the provider undertook a variety of necessary checks to ensure that people were cared for in a safe environment.

Business continuity plans were in place should the need arise to put these to use. Examples of times when these plans would be used were in cases of emergency, including extreme weather conditions, loss of utilities or in the event of flooding or fire. The provider had on call emergency arrangements in place, with staff having the contact numbers of senior care staff should the need arise to escalate any concerns they may have had.

The service had a fire risk assessment in place which ensured risks had been minimised and procedures were in place to support staff in a fire emergency event. We contacted the local fire authority who confirmed that the last audit of fire safety they had completed was satisfactory.

People we spoke with felt there were enough staff on duty to support their needs and requirements. One person told us, "We have a buzzer beside the bed at night and there is a call pull in the toilet… just like home, so you can get someone if you need them." Staff also thought there were sufficient staff on duty. Comments included, "We do shifts right through the week on days and nights, there is always plenty of us" and "If there wasn't enough staff you couldn't safely do the activities with people". During the inspection we saw that everyone had their care and welfare needs met in a timely manner including, for example, personal care and social needs.

Safe recruitment practices had been followed, and a number of checks undertaken before staff began working in the service. Staff had provided proof of identification, information on their previous employment, and detailed any gaps in their employment history. References had been received from two referees, to provide information on staff character and previous conduct. A Disclosure and Barring Service (DBS) check was in place for all staff. These checks were undertaken to ensure staff were of good character and suitably to work with vulnerable people.

The service was clean and tidy. We saw staff consistently wore personal protective equipment to minimise the risk of spreading infection. One district nurse confirmed, "Staff follow hand hygiene procedures…gloves etc. are always readily available." They confirmed that they felt there were no issues with infection control.

Good

Is the service effective?

Our findings

People we spoke with, and their relatives, told us the care they received was good and that staff were well trained. One person told us, "It's been very good. I am coming back in September with my husband and son for my anniversary." Another said, "Fantastic, definitely be back next year." One relative said, "We have had no problems whatsoever. The care is good. Staff are excellent and [My relative] always comes home having enjoyed the stay." Another relative said, "The care planning was done by [staff at service] but it seems to work well." A third relative said, "We did all the care plan stuff at the start and they know [person] well now." A care manager told us, "Staff were organised, professional and polite." One visitor to the complex told us, "I don't really know what training they [staff] have to have, but it seems to be suitable. They seem very professional."

Induction was aligned with The Care Certificate and included shadowing as part of the process. The provider had identified a set of mandatory training requirements for all staff. These included a range of training modules, in areas such as moving and handling, health and safety and safeguarding people from abuse. Training records confirmed these staff training areas were up to date. Dates when training modules needed to be renewed, had been recorded and training was scheduled in advance of current training expiring which meant staff skills and knowledge was kept up to date. Other training was provided to staff based around the needs of people who were staying at the service, including, diabetes awareness, catheter awareness and pressure sore awareness.

When people came to stay at the service with particular healthcare needs above the training given to staff, for example, in PEG feeding, the provider contacted relevant healthcare professionals to seek advice and arrange further training for staff if necessary. The registered manager confirmed that unless staff had the training they required to care for people prior to them staying at the service, then they would not be able to support the visit and allow the person to attend. A meeting with local healthcare professionals was planned to take place to discuss future training needs and ensure that support would be available to the service should they need it.

Staff thought they received suitable training and development opportunities. All staff were expected to achieve level three health and social care qualification. One senior carer told us, "I have signed up to a team leader course." Regarding training, other staff comments included, "[Care staff member] is boat qualified, in fact up to safety boat standard and I am also signed off to use the boats" and "We have lots of training, some of us were carers that have trained up to do the activities and some activities workers are now care trained, it's a great help." We observed staff using their training to support people correctly and using best practice. We saw staff moving and handling people, using hoists, wheelchairs and walking aids. This was all done with polite guidance and reassurance by staff.

Staff received adequate supervision and yearly appraisals in line with best practice. One staff member told us, "I meet with [supervisor] every few months, but I can go for a talk or see someone if there is anything I need to talk over." When we asked if they felt supported, they said, "Definitely, yes."

Staff confirmed that issues were communicated to each other via diaries and hand over systems they had in place. We saw a verbal handovers taking place with corresponding written documentation completed at a shift change with staff signing to confirm their agreement. Staff coming on shift were updated as to the current care needs of people and any changes to those needs or any matters arising during the prior shift. Staff signed people's care records to confirm that they had all read them and we saw evidence of this. One staff member said, "I have always read people's care plans but now we also sign a record to say that has happened." This meant that the provider had updated systems and ensured that communication was continually reviewed.

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. Throughout the inspection we saw people making their own decisions and being asked to give consent before staff undertook particular tasks, including supporting people to eat and helping them with activities they had chosen to participate in. Staff knew people staying well and had an awareness of the MCA and understood about supporting people to make choices and decisions. Staff had completed MCA training but the provider told us that the local authority was arranging to come to the service in the near future to complete further updated training.

The provider showed us new care plan documentation which they were starting to use with all people who came to stay at the service for their holidays. This incorporated detailed information about people's levels of capacity and particulars of any best interests decisions made, including signed consent as they had recognised that some gaps in information was present.

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 procedures for this in care homes is 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 were being met. No one who was visiting and staying at the service was subject to a DoLS authorisation to deprive them of their liberties.

People were provided with suitable nutrition and hydration throughout their stay and staff were aware of special requirements that particular people may have. Meals were generally taken in the communal dining area, which was accessible to other people who stayed at the complex, not just the people being provided with care and support. This meant a very social atmosphere was in place. One person told us, "The food here is great." One visitor we spoke with said, "There has been a good selection of food on offer during our stay…very good really."

There were tables which were raised for wheelchair users and staff assisted some people who needed additional support to eat. Adaptive cutlery and plate guards were used were appropriate. Staff sat beside people and supported them at their own pace, identifying items of food and offering help to eat with words of encouragement to complete a meal and take refreshments. Kitchen staff were aware of which people required specialised diets and those who had allergic reactions to particular food types. They confirmed that information was passed over to them when people first arrived at the service for their 'holiday'. While out on activities we overheard care staff double checking with a senior carer on the amount of thickener required for a drink for one person on a special diet. Activities staff confirmed that they would not complete any 'care' duties unless they had particular training to do that and one said, "Any care duties, including dealing with food or drinks is left to the carers to do, we only do activities when out...that's why the carers come with us."

We saw the chef looking for one person. A staff member said, "She's just being transferred back to her own wheelchair." The Chef said, "That's okay I'll keep a look out for her." This was in order to provide the meal that had been specifically prepared for the person. Food looked attractive and was enjoyed by everyone. Staff offered people a choice of puddings. One person wanted yoghurt. A staff member said, "What flavour would you like…do you want a big spoon or a little one."

Anyone who was at risk of dehydration or malnutrition had food/fluid charts completed during their stay to monitor their intake. One person who was currently staying at the service had their fluid intake recorded as they were on a PEG feeding system. Records confirmed fluid levels were at suitable levels and agreed with their care plan and information held within their care records.

Whilst out at activities we saw staff had brought plenty of hot and cold drinks with them. One person said, "I hope there is hot chocolate, we only came out for that!" This raised a cheer of agreement from everyone else when they were told there was hot chocolate.

We saw people who had particular healthcare needs having those needs met individually. For example, one person who had uncontrolled and sudden limb movements was offered drinks using straws or long tube drinking bottles to enable them to be independent without scalding or spilling drink on themselves. One person had arrived at the service with a particular skin condition and we saw evidence that the provider had contacted health care professionals on behalf of the person to ensure that appropriate care continued during their stay, including a request for additional medicines.

The premises were adapted to allow people with a range of disabilities to stay. Rooms were fitted, for example, with ceiling hoists and adapted bathroom areas. The building itself had open spaces which wheelchair users or those who were less mobile could move around with ease. The same could be said of the outside areas, with pathways tailored to wheelchair users for example. We saw records to show that where pathways were in need of repair, that these had been closed until work had taken place. Hearing loops were installed in the building which could be used by those with hearing difficulties. One healthcare professional told us, "I have frequently visited room 110 and have found the room can be easily adapted to fit with the individual's needs." They explained that one person had been able to use the ceiling hoist and then another had not required this level of support when staying in the same room.

Good

Is the service caring?

Our findings

Comments from people included, "They look after me, I love it here"; "I have been coming here twelve years now, I did that painting over there, it's grand, this is my holidays, they [staff] know us, they look after me and I do them, it's good crack [banter] like"; "They [staff] are all my friends" and "I have had a great time…it's been years since I was last here and it's even better."

One relative said, "It's been marvellous for [person], she has been planning for two months to come there, saying, "I want to do this…I want to do that", so it will be great for her." Another relative said, "Well the real indicator is that [person] saved up to go there. She comes back in a very positive frame of mind…[person] can get very down and bored but it lifts her mood. It really seems to do her good." A third relative told us, "It's better than expected…they [staff] have been lovely."

A care manager confirmed that one person was able to bring their assistance dog with them during their stay. In general, an assistance dog is highly trained to aid or assist an individual with a disability. They said, "It's very positive that this was possible."

Staff responded to people in a caring way. All staff including administrative and domestic staff were seen engaging with people as they carried out their roles; talking with individuals about their plans for the day, and how they were feeling. Staff had a good knowledge of people's families. We overheard one member of care staff asking one person, "I wonder what [family member's name] is doing today…bet it's not as good as what you're doing."

Information was provided for people and their families. Prior to staying at the service information about the service was available directly from the provider or by visiting their website. Brochures could be requested and accessible details about the services on offer were displayed. We saw information displayed around the service, such as events which were planned and upcoming activities. When we spoke with people, they were able to describe how the service operated and what level of care staff provided. They said that soon after their arrival at the service a meeting was held with all of the people who would be staying for the next week (although some people longer). One person told us, "They [care staff] tell you about the place, what's on and what you can do…they told me to ask if there was anything I wanted."

During attendance at an outdoor activity we saw staff members checked that people had suitable clothing on. A staff member said, "We take extra hats and gloves for people in case they haven't brought them." The staff also had waterproof covers for wheelchair users and 'cosy toes' covers to keep people warm should they get cold. Staff asked people frequently if they were comfortable and warm enough.

One person who had limited verbal communication indicated 'good' when asked about being on holiday at the service and displayed signs of laughter at the banter and 'leg pulling' by staff. A staff member said, "He's really mischievous is [person], it takes me a few days to get 'tuned' in… he can tell us everything he wants." Another person with limited speech had 'flash' cards indicating various pictures to explain different situations or requests. These were attached to their wheelchair but staff almost exclusively got down to their

level and verbally communicated with them, only resorting to cards as a last resort.

People were supported to help them relax. We saw one person going for a bath to relax after a busy day completing a variety of activities. A staff member recognised the importance of this and said, "The one thing everyone loves is a bath, most adapted accommodation at home is all showers these days, but people do like a soak in the bath. Some people say it's one of the best things they do here. I think people forget how much good a bath can do for you."

Staff treated people with respect. We saw they knocked on bedroom doors and waited to be invited in before entering the room. People who required support with personal care and dressing were well presented, and staff supported them to maintain this in a dignified way.

People retained their independence and staff supported this at all times. One relative said, "Well it's the only place [person] will go back to. Lots of places don't have large beds but they do at the Calvert. He really enjoys it, he hasn't got a lot of independence now but what he has, he wants to keep and going to the Calvert helps him do that."

Staff knew people and their needs really well. Staff had meaningful conversations about activities and the person's families. They were all very mindful of people's physical and mental health needs. We observed one person who needed constant reassurance that her walking frame was nearby or that her [carry doll] was in her bag. Staff did so tirelessly and without fuss. The atmosphere between staff and the people they cared for was friendly and remained respectful throughout.

As this was a short stay facility for people who wanted to experience a range of activities as part of their 'holiday', staff had contact details of people (usually family or carers) who could support the person with any further decisions should that be required. Therefore, there was generally no requirement to use the services of an advocate. However, the provider was aware of advocacy services in the area should the need arise. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. Staff continued to be 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 make their own decisions.

Good

Is the service responsive?

Our findings

People and their relatives told us they were happy with the way staff met their needs. One person stated, "Staff know what I like." Another person said, "I like doing the activities, its dead good." A relative said, "We came down for a day before the first time [person] came to stay… the whole family… and checked it out. We did the care plan with [person] and the chap [senior staff] gave us a copy to come away with." Another relative said, "The staff are excellent."

The service was responsive to the needs of individuals, with adjustments made to continue to meet those needs. One staff member said "We ask what people want to do, and work out how that person with those problems can do it, safely, then we do it!" As this service was predominantly activity based staff were constantly reviewing how or when a person could undertake a particular activity. We overheard one partially sighted person say to a staff member, "I can't go geo caching this afternoon if it is wet." The staff member agreed, "No it would be too slippery on the path, what would you like to do instead." Geo caching is a type of outdoor treasure hunting activity. We observed a list of evening activities, which included crafts, film nights, and music. One person said, "I love the craftwork." On the second day of the inspection we watched a group of people participating in craft work activities in the main hall and there were copious amounts of laughter and smiling from all participating.

One care manager explained the provider ensured people received their personal care support needs by a 'female' member of staff if that was a requirement. They told us, "[Person's name] prefers female staff to deal with her. It is not a problem though and staff adhere to this."

Prior to visiting the service, people and or their relatives/carers were sent a blank care plan to complete. This asked for personal details about the person, including health care needs, healthcare professionals involved (including GP's, social workers or care managers), emergency contact details, the person's preferences and details of how staff should support the person to remain safe and have their healthcare needs met whilst staying at the service.

We found that care plans and risk assessments were completed and new documentation was about to be rolled out, however, we did find some gaps in recording and review of information. It was clear from observations however, that staff knew people extremely well. We discussed the issues regarding the records we had looked at with the registered manager and the head of care. The head of care said, "We are reviewing all of our care plans starting with the most complex cases. We want to ensure that we have all the correct details." The head of care went on to tell us, "It would not be our aim to refuse people access to this facility but we are aware that we need to ensure that we have full details about all of the people who come to stay."

People were asked to bring a range of items with them for their stay. This included, warm clothing, sun tan cream and waterproofs. Staff told us that sometimes people forget to bring items with them and said, "We always carry spare clothing, sun cream and the like…just in case."

The reason people came to stay at the service was to participate in the range of activities they had on offer or to simply relax with the range of spa equipment, including hydrotherapy pool and sauna and also (in many cases) to allow their carers to have respite. People were encouraged to make new friends and join in the activities available, including kayaking and other water based sports; zip wires, archery, buggy rides and camping. If people prefer to stay indoors, there is a sensory room called the 'Snoozelum', games room and TV lounge with a range of DVD's. One health care professional told us, "There was one instance where a person with a spinal injury was able to go kayaking. They [provider] had lifting equipment…it was pretty amazing." Walls within the main reception area were covered with people's art work, paintings, hand prints and photographs.

People had a choice of what they wanted to do during their stay, what they wanted to eat and how staff should support them. One person told us, "I like to stay up right till the end and then go to bed then…that is okay…never had a problem." The same person told us, "I choose what I want to eat…I am trying to lose weight but I am on holiday now!" A senior carer told us, "It's about risk management, but also about what people want to do." They went on to explain that they tried to ensure the person had a choice in what they wanted to do as long as they were able to do it safely.

We saw a number of compliment and thank you cards which acknowledged the care given to people during their stay at the service. One compliment states, "Please pass on how much the families appreciated all the fantastic staff." Another stated, "Your staff are well trained, very professional and yet have compassion and a good sense of humour and understanding."

People told us they knew how to complain if they needed to. One person said, "I have no complaints, but would talk to her if I did (indicating the head of care as she came in sight). Complaints records were maintained. There had been two complaints made since the last inspection. These had been recorded with the outcomes and letters of correspondence and we saw that this had all been completed in a timely manner. One care manager told us, "If [person's name] had not enjoyed their stay, they would have certainly let us know." Another care manager explained that the service had been responsive to an issue which had arisen and said, "We had one issue a little while ago now, but it was not a complaint as such…staff are open and honest and open to suggestions. They responded and welcomed input. Lessons were learnt."

Good

Is the service well-led?

Our findings

The provider confirmed that they were in the process of updating the majority of their policies and procedures after purchasing a system from a health and social care consultancy company. The head of care explained they were updating the most significant policies first, including for example, the medicines policy which was due for review.

There was a registered manager in post who was also the operations director. He had worked for the organisation for many years. The organisation was overseen by a group of trustees. During the inspection the chief executive officer visited the inspection team and discussed plans for the future and the service in general, including recent improvements.

People and the relatives we spoke with thought that the service was well led and that the registered manager, head of care and all other staff were approachable; and told us they had no reason to think otherwise. One relative told us, "When we came away after the first visit [person] said in the car "book it for next year" which is the best recommendation you can have. I have no issues and no worries about them looking after [person]."

Staff morale appeared to be good. A staff member said, "I just love coming into work, I have met some really lovely people who come here." Another staff member told us, "It's not just any job, this…it's hard work, but very rewarding." Another staff member said, "There is a Christmas party and a charity ball but you're not forced to go…lots of the staff go and have a good time."

People were encouraged to complete surveys at the end of their 'holiday' at the service in order to provide feedback of their experiences during their stay. The copies of surveys which we saw had been analysed on a monthly basis and although we saw no negative comments, the head of care confirmed any negative comments would be followed up. Staff group leaders also completed evaluations based on the views of people who were using the service and we saw evidence of these being completed.

Trustee, manager, and staff meetings took place regularly. A range of issues were discussed at each of the meetings. For example, at one staff meeting a conversation had taken place in connection with the care team development plan and how this would improve service delivery. Staff had also discussed report writing and communication improvements made at the end of each shift. Night calls were also discussed and confirmation of what procedures staff should follow in the case of a 'guest' emergency…staff were also reminded of the policy for seeking advice from senior staff. Reports regarding the service were compiled and presented to the board of trustees by the registered manager in conjunction with the head of care.

As found during the last inspection, meetings continued to be held with people during their stay, particularly on the first night which was in essence to welcome new people to the service and explain what they could expect from the team. These meetings also gave people a chance to ask any questions they may have or rectify any issues they might have been experiencing. One person told us, "We had a meeting and staff explained everything."

A number of regular audits and checks were completed, including those in connection with medicines, the environment, health and safety and equipment. The finances of people who had decided to have their money secured by the provider was also checked regularly to ensure accuracy.

The provider completed competency checks of staff, this included checks on their way of working, communication and included medicines competencies if that was a task which was undertaken by the staff member.

Registration details were correct and the provider had details of their last inspection rating displayed on their website as well as in the service which they are legally required to do. Notifications had been sent to the Commission in line with legal requirements. Notifications are incidents which occur at the service, which the registered provider is legally obliged to send to the Commission.