

The Lake District Calvert Trust

Calvert Reconnections

Inspection report

Old Windebrowe
Brundholme Road
Keswick
CA12 4NT

Tel: 0176885381

Date of inspection visit:
16 March 2023
05 April 2023

Date of publication:
16 May 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Calvert Reconnections is a residential care home providing personal care to up to 10 people. The service provides support to people living with brain injuries, including to young people, younger adults and older people. The service can also provide rehabilitation support to people who have other needs in addition to their brain injury including people living with physical disability, mental health needs, sensory impairments and learning disabilities or autistic spectrum disorder. At the time of our inspection there were 2 people receiving personal care living at the service.

Calvert Reconnections accommodates people in one adapted building. Within the building there were 2 flats, designed to support people to develop their independent living skills.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

The provider carried out in-depth assessments and took time with people to ensure the service was right for them. People were supported to identify and manage risks to them by staff who had a positive approach to risk management.

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

People led fulfilling, independent lives because staff focused on their strengths and designed activities according to what people could do. People told us they were supported to gain independence; they were proud of their achievements.

Right Care:

People were supported by sufficient numbers of staff who were appropriately skilled to meet their needs. Staff knew how to protect people from abuse and knew how to raise any concerns they had.

People's privacy and dignity were respected. People were supported to be the lead decision makers in their support. Staff who understood the importance of consent. They were skilled at adapting their communication to meet people's needs and supporting them to make decisions.

People's care was tailored to their needs, wishes and preferences. People's care was regularly reviewed and adapted to meet their changing needs. A wide range of activities were on offer for people to try and explore new interests.

Right Culture:

People led inclusive, empowered lives and were valued as individuals. Staff were passionate about the service and the opportunities it offered to promote and maximise people's independence.

The provider and registered manager took their responsibilities seriously. They were committed to learning and improvement.

The provider welcomed feedback from people, staff and other professionals and used this to develop the service. People and staff shared relationships based on mutual respect and openness, which meant people felt able to express any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 30 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about health and safety checks at the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Calvert Reconnections

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Calvert Reconnections is a 'care home' without nursing. People in care homes receive accommodation and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to

speak with us.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people that used the service. We spoke with 10 members of staff including the centre manager, nominated individual, registered manager, support workers, rehabilitation coach, catering manager and maintenance manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one professional who works with the service.

We reviewed a range of records. This included 2 people's care plans and medicine records. We reviewed 3 staff recruitment records. A range of records relating to the management of the service, including quality assurance checks, health and safety records, staff training records and a sample of the provider's policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the provider had systems in place to protect them from abuse.
- Staff had received training on how to recognise and report abuse.
- People felt safe living at the service, which gave them confidence in their support. One person told us, "I feel extremely safe."

Assessing risk, safety monitoring and management

- The service had a proactive approach to anticipating and managing risk.
- Staff involved people in identifying and managing risks to them, which gave them choice and control.
- Detailed information about how people may express strong emotional or behavioural reactions was recorded in people's care plans. This helped prepare staff for these situations and guide their response to support the person appropriately.
- Health and safety checks were not always being completed or fully recorded. This included some hot water checks and fire door checks. The registered manager addressed this during the inspection.

We recommend health and safety checks are carried out in-line with best practice guidance and systems are in place to monitor these.

Staffing and recruitment

- Staff supporting people were recruited following a safe recruitment process.
- Full information about staff members' employment histories and reasons for leaving jobs were not always obtained by the provider. The human resources manager took immediate action to rectify this during the inspection.
- The numbers and skills of staff matched the needs of people using the service. The registered manager monitored and altered staffing levels depending on the number of people living at the service and their needs.

Preventing and controlling infection

- Infection prevention and control was not always effectively managed. Best practice guidance, such as arrangements for cleaning and disposing of mop heads was not always followed.
- The registered manager had identified improvements were needed to infection control practices prior to our inspection and contacted the local infection prevention and control team for advice.
- The provider identified and responded effectively to risks to people and signs of infection.

Visiting in care homes

- People were supported to safely meet with visitors in-line with current best practice guidance. Visitors to the service were encouraged.
- The provider ensured appropriate visiting precautions were followed to help prevent the spread of infection.

Using medicines safely

- People's medicines were managed safely.
- Staff looked for ways to promote people's independence with managing their medicines.
- The registered manager had identified improvements were needed in medicines practices and had arranged for staff to receive further training.
- 'As and when required' protocols were in place to guide staff in when people may need these occasional medicines.
- Topical medicines were not always well recorded to show where these medicines had been applied or when. Topical medicines are medicines applied to the skin. The registered manager assured us they would address this.

Learning lessons when things go wrong

- The provider encouraged openness and transparency to understand why accidents and incidents occurred and make improvements to benefit people.
- When things went wrong the registered manager investigated and reviewed this.
- Lessons learnt were discussed and communicated to the staff team to support improvements to safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed by the provider prior to them living at the service. The provider gathered information from people, their families and professionals to inform their assessment of people's needs and develop care plans. One professional said, "They've been excellent with their assessments."
- People's care was personalised, strengths based and reflected their needs. Staff followed best practice to inform support planning.
- The provider ensured people had all the information they needed prior to staying at the service to ensure it was right for them.

Staff support: induction, training, skills and experience

- People were supported by a knowledgeable and skilled staff team.
- Staff completed a comprehensive induction to support them in carrying out their roles to the provider's standards.
- Staff felt they had the training they needed to support people effectively. One support worker said, "I feel I have the training I need to do my job. It's more thorough here and more involved than in other jobs."
- The registered manager used a range of competencies to assess staff knowledge and skills to provide care, for example medicines and dignity competency assessments.
- Staff received regular supervisions and appraisals, which helped develop and motivate them.

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

- People had access to a range of snacks and drinks to support them to eat and drink enough.
- People were fully involved in planning and where possible, preparing meals. This helped ensure people had a healthy and varied diet.
- Staff were aware of people's individual eating and drinking preferences.
- People were supported by staff who had received appropriate training to understand any special dietary requirements they may have.

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

- The service was designed to enable people to move freely and with ease around the environment.
- People were able to access lounge and dining areas to socialise with others. They also had access to quiet spaces to spend time alone or with visitors.
- People were able to personalise their rooms to their individual preferences. One person's room had

photos to prompt memories and discussions about their family and previous occupation.

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

- The provider had a thorough approach to planning and coordinating people's support.
- People were supported to access GP support to review their medicines.
- The service had a range of specialist therapy staff on-site, staff across the different teams worked together to consider all aspects of people's needs to ensure these were met.
- Hospital passports were in place and accessible to share information with other professionals about people's care and support needs if needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff sought consent from people for each aspect of their care, which gave people choice.
- Although arrangements for sharing information about people's care and support needs was discussed with people, this was not always recorded. The registered manager told us they review this.
- People's capacity to make specific decisions was robustly assessed and recorded. Staff recognised people's capacity may change and regularly reviewed this to enable people to make decisions for themselves wherever possible.
- The registered manager understood their responsibility to identify and submit DoLS applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were warmly welcomed into the service and treated with kindness. One professional said, "It's conducive to a relaxing, nurturing environment."
- Staff saw and treated people as their equals. People's differences and diverse needs were respected and celebrated.
- Feedback from people, a relative and professional was consistently positive about the caring attitude of the staff.

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

- People were at the centre of making decisions about their care and support.
- Staff recognised when to seek people's consent to enable them to provide this meaningfully.
- People's daily plans were developed based on the activities and rehabilitation they wanted to do.
- The registered manager understood the role of advocates and was able to identify when people may benefit from this support to voice their views and wishes in relation to their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to improving people's independence and supporting them to engage with the full range of activities on offer at the service. One person said, "If there's any activities you want to do and can't they'll [staff] try their upmost to make it happen."
- Every aspect of people's care and support was designed to enhance their independence and encourage them to take on new challenges. One person told us they had made pizza for everyone at the service to enjoy. They said, "Everyone loved it."
- People's privacy and dignity were respected and upheld by staff. Staff understood what this meant for each individual.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was tailored to their individual needs, wishes and preferences. One staff member told us, "Whatever people want, we will make it happen."
- People's support arrangements were constantly reviewed to adapt to their changing needs and look at the goals people had set for themselves. One support worker said, "We adapt to people and how things are going."
- Staff could tell us how they were supporting people to achieve their individual goals.
- Staff and people celebrated people's progress with them. This helped people recognise their achievements and gave people a sense of pride. One person described the improvement they had seen in themselves whilst living at the service.

Meeting people's communication needs

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

- Staff were knowledgeable about people's communication needs. Staff interacted with people using their preferred methods of communication and gave them time to express their wishes and views.
- Staff recognised when people's communication needs changed and reviewed their care to reflect this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service enabled people to carry out activities, which had a positive impact on their wellbeing.
- People were encouraged to develop their interests and try out activities new to them to support their development. For example, pony trap driving and climbing.
- The provider understood significant relationships in people's lives and supported people to maintain their relationships. For example, the registered manager arranged for a specific room and children's toys to be available to enable one person to enjoy time with their family.
- The open, welcoming culture at the service supported people to interact with others and staff to form new relationships and friendships.

Improving care quality in response to complaints or concerns

- Staff were committed to supporting people to provide feedback to ensure the service worked for them.
- People had an ongoing dialogue with staff about the service, which meant any concerns were responded to promptly and did not escalate to formal complaints. One staff member said, "Staff create a good, welcoming atmosphere where people can ask questions. I don't think we've had anyone that can't."
- When people raised concerns, these were listened to, acted on and the registered manager shared with them the outcome of this.

End of life care and support

- The service was not providing end of life care at the time of inspection. The registered manager recognised the support the service would require if they were to provide this care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's vision and values were imaginative, using therapy, outdoor activities and people's support to enable people to have independent, high quality and fulfilling lives.
- Staff were passionate about the service and the opportunities it provided for people to maximise their independence. One support worker said, "It's amazing just to be part of it and see [the service] evolve has been brilliant. The service just flexes to do what it needs for that person, which I think is just fantastic."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and culture they created had a strong emphasis on continuous improvement.
- Clear governance and management arrangements were in place to support delivery of person-centred care.
- The registered manager recognised quality assurance systems needed to be reviewed and adapted to cover all aspects of the service, including areas identified during this inspection.
- The registered manager had the skills, knowledge and experience to perform their role. They led by example and understood the importance and responsibility of their role.
- Staff had a clear understanding and respect for each other's roles. One support worker said, "All the staff listen to each other. I'm listening to occupational therapists, they listen to me from my experience, everyone brings something to the table."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and honest with people if things went wrong.

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

- The provider encouraged people, their representatives, staff and other professionals to give feedback on the service to shape its development.
- The registered manager gathered people's feedback through survey and weekly meetings. The registered manager was reviewing different ways of obtaining people's views.
- Staff felt they had a say in the running of the service to improve practices to benefit people. One support

worker told us, "I can put forward any points and it is listened to."

Working in partnership with others

- The provider worked well in partnership with other health and social care organisations to improve people's wellbeing.
- The provider was open to working collaboratively with local organisations, including a sailing club and theatre to provide people with a range of activity and voluntary opportunities.
- Feedback and suggestions from other organisations was welcomed by the provider to improve their service. One professional said, "They are receptive to feedback, they've always responded positively."