Bury Metropolitan Borough Council

Bury Council - Killelea Residential Care Home

Inspection report

Brandlesholme Road
Bury
Lancashire
BL8 1JJ

Tel: 01617615918
Website: www.bury.gov.uk

Date of inspection visit:
08 March 2016

Date of publication:
11 April 2016

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

This was an unannounced inspection that took place on 8 March 2016. We last inspected Killelea Residential Care Home on 15 September 2014. At that inspection we found the service was meeting all the regulations that we inspected against.

Killelea Residential Care Home is a large detached building situated approximately one mile from the centre of Bury. It is on a main bus route and not too far from the motorway network. There is ample car parking to the front of the home with well laid out with clear signage and clearly defined parking areas for disabled visitors. Bedroom accommodation is provided on the ground and first floors and access to the first floor is via stairs or a passenger lift. Communal areas of lounges and dining rooms are situated on both floors. There is a small 'therapy' kitchen on the first floor for use by staff and people who use the service. The home provides intermediate care and rehabilitation for up to 36 elderly people. The aim of the service is to promote recovery and independence following an illness or accident. There were 18 people using the service at the time of the inspection.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. 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 two breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. We found the premises were not as safe as they should have been because substances hazardous to health were not kept secure. We found medicines that people were self- administering were not stored securely. These breaches placed the health and safety of people who used the service at risk of harm.

You can see what action we have told the provider to take at the back of the full version of the report.

We found people were cared for by sufficient numbers of safely recruited, suitably skilled and experienced staff. In addition to the care staff people had their care and support needs met by a team of health and social care professionals who were based at the home; known as the Intermediate Care Team. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

The staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence. Interactions between staff and the people who used the service were warm, friendly and relaxed.

People's care records contained enough information to guide staff on the care and support required. The

care records showed that risks to people's health and well-being had been identified, such as the risk of falls, pressure sores and poor nutrition. We saw that plans were in place to help reduce or eliminate the identified risks.

Food stocks were good, people were offered a choice of meal and the meals provided were varied and nutritionally balanced. People told us they enjoyed the meals.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); to ensure that people's rights were considered and protected.

All areas of the home were clean and we saw that procedures were in place to prevent and control the spread of infection. Risk assessments were in place for the safety of the premises and systems were in place to deal with any emergency that could affect the provision of care.

We saw that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and wellbeing of everybody living, working and visiting the home.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided and there were systems in place for receiving, handling and responding appropriately to complaints.

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.

We found the premises were not as safe as they should have been because substances hazardous to health were not kept secure.

Medicines that people were self- administering were not stored securely.

Sufficient suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

Suitable arrangements were in place to help safeguard people from abuse.

Is the service effective?

Good

The service was effective.

The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) to ensure that people's rights were considered and protected.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

The staff showed they had a good understanding of the care and support that people required.

Is the service responsive?

Good

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care

Systems were in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided to ensure people received safe and effective care.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the home.

Bury Council - Killelea Residential Care Home

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 was an unannounced inspection that took place on the 8 March 2016. The inspection team comprised of two adult social care inspectors.

Before this inspection we reviewed the previous inspection report and notifications that we had received from the service.

During this inspection we spoke with three people who used the service, a visiting relative, the registered manager, two senior care staff, two care staff, a physiotherapist, an occupational therapist and the cook.

We looked around all areas of the home, looked at how staff supported people, looked at two people's care records, six medicine records, two staff recruitment files and the training plan. We also looked at food stocks and records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

One of the people we spoke with told us, "I am relieved that I am here because I know I am safe and they are looking after me so I can get back on my feet". A relative told us, "It's the best place to be and we know my [relative] is safe here".

We looked around all areas of the home. We saw that the sluice room was unlocked and on entering the room we saw that the cupboard containing hazardous cleaning substances was unlocked. We also saw there were two boxes of cleaning solution left out on a unit. Failing to ensure that hazardous substances were kept secure placed the health and welfare of people who used the service at risk of harm. This was a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Other areas throughout the home were safe. The home was warm, well- lit and suitably furnished. We saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean and there were no unpleasant odours. We saw the provider had taken steps to ensure the safety of people who used the service by ensuring the upstairs windows were fitted with restrictors and the radiators were suitably protected with covers.

We looked to see how the medicines were managed. The senior care staff member informed us that all staff who administered medicines had undertaken medicine management training. Training records confirmed this information was correct.

We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of six people who used the service. We found the medicines that staff administered were stored securely in a locked trolley in a locked medicine room. The system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

We asked if any person who used the service took control of managing and self- administering their own medicines. We were told that several people did. We were told their medicines were kept in a locked cupboard in their bedroom. We checked the medicine cupboards in the bedrooms and saw they had a coded keypad lock. We asked if each keypad had a different code, which people had access to the codes and whether people who used the service would be able to remember it. We were told that it should be easy to remember as each person who used the service was told it was their room number. We were also told that all the care staff, not just those who administered medicines, knew that the room number was the code for opening the cupboards. This meant that the medicines were not securely stored. People who use the service are placed at unnecessary risk of harm when medicines are not stored securely. In addition, medicines need to be securely stored to prevent them from being in the possession of people they were not prescribed for. This was a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Although records were kept of medicines waiting to be returned to pharmacy and the medicines were kept

in a locked cupboard in a locked room, they were not kept in a tamper-proof container. Tamper-proof containers can help prevent misuse of medicines by people they were not prescribed for. We discussed this with the registered manager who told us they would contact the dispensing pharmacy to obtain one.

The MARs we looked at showed that people were given the correct dose of medicine at the right time. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected.

We saw infection prevention and control policies and procedures were in place and that infection prevention and control training was undertaken by all staff. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms, toilets and the kitchen. Good hand hygiene helps prevent the spread of infection. Arrangements were in place for the safe handling, storage and disposal of clinical waste. We saw that staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. This helps prevent the spread of infection.

We looked in the laundry room and saw it was used for the collection of soiled laundry only. We were informed that the laundry service was ' contracted out'.

We looked at two computerised staff personnel files and saw a safe system of recruitment was in place. This helps to protect people from being cared for by unsuitable people. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at the staffing arrangements in place to support the people who lived at the home. From our observations, discussions with staff and inspection of the staff rosters we found there was a sufficient number of care staff available to meet people's needs. People who used the service and a visitor told us they felt there were enough staff on duty to look after them safely. The care staff were supported by administrative, domestic and kitchen staff. In addition to the care staff people had their care and support needs met by a team of health and social care professionals who were based at the home; known as the Intermediate Care Team. The team included physiotherapists, occupational therapists, occupational therapists technical instructors and a registered general nurse who worked five days a week specifically for the service.

We saw that policies and procedures were available to guide staff on how to safeguard people from abuse and that all members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice).We asked staff to tell us how they would safeguard people from harm; they were able to demonstrate their knowledge and understanding of the procedures to follow. Inspection of training records showed that all staff had completed safeguarding training.

The two care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, moving and handling and the risk of falls; management plans were in place to help reduce or eliminate the risk.

We looked at the documents that showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, the lift and hoisting equipment. These checks help to ensure the safety

and wellbeing of everybody living, working and visiting the home.

Records showed a fire risk assessment was in place and that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in a file in the central office in reception. This information helps to assist the emergency services in the event of an emergency arising, such as fire or flood.

Regular in-house fire safety checks had also been carried out to check that the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear. Records showed that staff had received fire awareness training in November 2015 and there had been 100% attendance.

The home had a business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire, utility failures, loss or damage to the building.

Good

Is the service effective?

Our findings

We looked to see how staff were supported to develop their knowledge and skills. We looked at the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff to understand what is expected of them and what needs to be done to ensure the safety of the staff and the people using the service. The induction training programme included topics such as; health and safety, fire safety, the importance of confidentiality of information, moving and handling and food hygiene.

We were told that all newly appointed staff would complete the Care Certificate within 12 weeks of commencement of employment. The Care Certificate is a set of standards that social care and health workers work by in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Records showed that staff had received the essential training necessary to safely care for and support people who used the service. This included areas such as dementia care, infection control, safeguarding adults, moving and handling, first aid and food hygiene.

We were told that verbal and written 'handover' meetings between the staff were undertaken on every shift. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood.

Records we looked at showed that systems were in place to ensure that all staff received regular supervision meetings. Staff we spoke with confirmed that this information was correct. Supervision meetings help staff discuss their progress and any learning and development needs they may have.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and given the opportunity to consent to their care and treatment. We were told there was nobody resident at the home who was not able to consent to their care and treatment.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

A discussion with the registered manager showed they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. We were told that, if necessary, a 'best interest' meeting would be held. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service. The registered manager was also aware of the procedures to follow in the event of a

person being deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any applications to deprive people of their liberty had been submitted to a supervisory body (local authority). 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We were told that no applications had been made to deprive a person of their liberty as the people who were being cared for in the home at that time were not under constant supervision and were free to leave if they wished.

Records showed that senior staff had undertaken training in the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS).

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available.

We looked that the menus and saw they were on a four week cycle and a choice of meal was available. The main meal was served at lunchtime. The cook told us that if people did not like the choice of meal on the menu they could always have something else from the food stocks. We were told that food was always available out of hours so that people could have snacks and drinks when they wished. A discussion with the cook showed they were knowledgeable about any special diets that people needed. They were also aware of how to fortify foods to improve a person's nutrition. We saw that hot and cold drinks were served throughout the day.

We observed lunch being served in the downstairs dining room. It looked a pleasant experience. There was lots of friendly banter and we heard staff offering people a choice of meal and dessert. The tables were nicely set with tablecloths, napkins, condiments and individual teapots, milk and sugar bowls. We saw that adapted crockery and cutlery was available. This helps to maximise people's safety, independence and dignity.

People we spoke with told us they enjoyed the food and felt there was enough, Comments made were; "Yes the food is lovely" and "I am a fussy eater and don't eat a lot but the food is very nice". Also, "They will bend over backwards to find something that you like".

We saw that, following a food hygiene inspection in December 2014 the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration.

We were told that a Consultant in Elderly Medicine visited the home twice a week to assess, and if necessary, prescribe care and treatment for any newly admitted person. The Consultant was also available to discuss with staff any concerns they may have about a person's health and well- being. The Consultant was visiting the home whilst we were there.

The care records showed that people had access to external health and social care professionals such as, GP's and district nurses. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

The layout of the building ensured that people were enabled to walk around independently and safely. The corridors were wide, well- lit and handrails were in place for support. Communal areas were situated on both floors and there were enough accessible bathrooms and toilets. The therapy room, used by physiotherapist and occupational therapists, was situated on the ground floor. It was spacious and well equipped. Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Good

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; "The staff are lovely. I know they want me to get better. They are all so very nice" and "It's very good here. I have no complaints. They are caring and kind". Also. "I really like the staff, they always wave to me when they go past my room".

Comments made from a 'Customer Forum' held on 3 March 2016 included; "Admission was fine and I was pleasantly surprised when I came here", "Staff gave me an excellent greeting", "Absolutely wonderful", "Staff are lovely. The night staff have been very good although I didn't need any help" and "Wonderful, I can call on them any time and they come straightaway".

People looked well cared for and well groomed. We spoke with the hairdresser who told us they visited the home every week. We saw there was lots of friendly banter, especially during lunchtime. The atmosphere in the home was calm and relaxed and we saw that people were treated with kindness and respect. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

The staff we spoke with had a good understanding of the needs of the people they were looking after. We were told by staff that people's religious and cultural needs would always be respected. Staff told us that one person who used the service was of a specific faith; however they chose not observe their religious dietary laws.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. Information about advocates was displayed in the reception area of the home.

We were told the care staff worked closely with the 'intermediate care team' to help ensure people's safety was protected and their independence promoted. We were told that meetings were held every morning when the team discussed the care, treatment and progress of people who used the service.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office. This was to ensure information about people was accessible to staff but kept confidential.

Good

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "They know how to look after me" and "I trust them. They know what I need but I can still choose to do what I want. I go to bed when I want to and stay in my room if I don't feel like mixing". A relative we spoke with told us, "My [relative] has come on in leaps and bounds since being here".

We asked the registered manager to tell us how they ensured people received safe care, support and treatment that met their individual needs. We were told that an assessment of people's needs was undertaken to ensure the service to be provided would be beneficial to them and would help assist in their rehabilitation. We were told that if a person was admitted from hospital the assessments would be undertaken by a range of health and social care professionals within the hospital. If a person was being admitted from within the community then the most appropriate member of the intermediate care team would undertake the assessment.

People had two sets of care plans. One was identified as a 'skills plan' and was written by the relevant therapist from the team. The other was a 'customer support plan', completed by care staff. The skills plans were kept discreetly in people's bedrooms and provided guidance for staff on how to assist people with activities such as their mobility.

We looked at the care plans of two people who used the service. They contained enough information to guide staff on the care and support to be provided. They also contained specific information and guidance from the relevant therapists involved in the development of their individual treatment programmes. There was also good information about the person's social and personal care needs. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs.

The care records contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling or poor nutrition.

We were told that due to the nature of the service provided and the short length of time that people stayed at the home, an activities organiser was not employed. We saw that people were kept occupied by watching television, either in their room or in the communal areas. We saw people reading books, magazines or newspapers and or/ chatting to staff and other people. One person told us; "I am quite happy with my own company watching television".

We were told that in the event of a person being transferred to hospital or to another service, in addition to a copy of their MAR sheet, information about the person's care needs and personal information would be sent with them. This helps to ensure continuity of care.

We looked at how the service managed complaints. We saw that the registered manager kept a log of any complaints made and the action taken to remedy the issues. We were not able to find a copy of the

complaints procedure although, from previous inspections at the home, we were aware that detailed complaints leaflets were left in the reception area of the home. The complaints leaflet gave clear guidance on the procedure to follow. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The registered manager told us they must have 'run out' of them but would ensure they would be replenished. A visitor told us that their brother had received information about the home and this included the complaints procedure.

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns.

Good

Is the service well-led?

Our findings

The service had a registered manager who was present during the inspection. A discussion with the registered manager showed they were clear about the aims and objectives of the service. This was to ensure the service was run in a way that supported the need for people to gain independence, be involved in decision making and respect their right to take informed risks.

Our conversations with the staff showed they felt included and consulted with. Staff spoke positively about working at the home. They told us they felt valued and that management were very supportive. Comments made included; "I enjoy it here. I get plenty of training and support. It's a good place to work" and "It's a good team, good support and [registered manager] is approachable".

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on all aspects of the running of the home such as; infection control, health and safety, medication, and care plans. We saw that where improvements were needed action was identified, along with a timescale for completion.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that people and their visitors were free to speak with the registered manager and staff at any time. A relative we spoke with confirmed that this information was correct. The relative also showed us a questionnaire that had been left in their relative's room. They told us they had completed this on behalf of their relative. The registered manager told us that the questionnaires were given to every person whilst they were in the home. The questionnaires asked for their views on the service and facilities provided.

We were told that Customer Forums were held every month. We looked at the responses from the forum that had been held in March 2016. The responses from the seven people who attended were positive about the service provided.

Records showed that staff meetings were held regularly, at least every three months. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 Hazardous substances were not securely locked away. Regulation 12(2) (d) Medicines were not stored securely. Regulation 12(2) (g)