

## Bury Metropolitan Borough Council

# Choices for Living Well (Killelea)

### 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

About the service: Choices for Living Well (Killelea) is a care home providing short term adult rehabilitation and reablement support in people's own homes. The service provides personal care and treatment for up to 36 people, mainly over 65 years old for up to six weeks to enable people to recover daily living skills, regain confidence and maximise their independence following a hospital admission or crisis at home.

The service comprises of the merger of two services previously registered with us Killelea, an intermediate care home and Bury Council Domiciliary Care (Bury Council Reablement Service as it was also known). Killelea received a good rating with requires improvement in safe and Bury Council Domiciliary Care also received an overall good rating with an outstanding rating in responsive.

The merger was made to support Bury Metropolitan Borough Councils, Intermediate Care Strategy (January 2019). The service continues to be registered with Bury Metropolitan Borough Council.

People's experience of using this service:

Everyone told us they felt safe and were happy with the standard of care and the reablement process.

Killelea had recently been refurbished to support people to achieve their goals, for example by providing rehabilitation flats and kitchens. The service was clean and tidy throughout.

People were clear about the aims and objectives of the service, namely to help regain confidence and skills so that they could continue to live independently. Support was planned in partnership with them.

People who used the service had the capacity to make decisions about what their care and the choices they made.

People's needs were assessed prior to admission to the service to ensure that they were medically fit enough to benefit from the service and return home.

People's needs were risk assessed and the personal goals they wanted to achieve were identified to enable them to return home with ongoing support as quickly and as safely as possible.

Onsite health and social care professionals worked together to ensure people received the support and treatment they needed in a timely way.

The service was involved in looking at innovative ways of working with other regulated services within the local community, the use of equipment and new technology to help increase people's independence and reduce social isolation.

Increasing people's confidence and independence were optimised, for example, improving mobility, self-administering medicines and other daily living and personal care tasks to enable people to return home.

People told us there were enough staff to support them and they received good continuity of support from both health and social care professionals working together.

The provider and registered manager continue to work with the challenges of developing and working towards an integrated health and social care team as a single workforce providing support to people over seven days a week.

Rating at last inspection: This was the first inspection of the service after the merger of Killelea House and Bury Council Domiciliary Care (Reablement).

Why we inspected: This was a scheduled inspection in line with our methodology

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Good' rated services, however if any further information of concern is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Choices for Living Well (Killelea)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

On the first day, the inspection team was constituted by one adult social care inspector and an 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. The second day and third inspection visits was undertaken by an adult care inspector who also went to review recruitment files at Bury Town Hall.

#### Service and service type:

Choices for Living Well (Killelea) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service also provides short term personal care and support to people in their own homes via four neighbourhood reablement teams.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced on the first day, which meant the service did not know we were coming.

What we did: Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications

sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked closely with the service. We received no information of concern.

During the inspection we spoke with six people who used the service and three relatives. We also spoke with the registered manager, the interim assistant director for adult social care operations, a deputy manager, two support workers, advance practitioner for reablement, a physiotherapist, and a social worker. We reviewed records relating to the care people were receiving, including two care plans and risk assessments and medication administration records (MARs). We reviewed other records relating to the running of the service which included, three staff recruitment records and records of training and supervision.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People and relatives told us, "I've had a visit home already, where my needs were assessed. It was nice to see my own two dogs at home. I feel I'm getting the right support here" and "Following the needs assessment, some aids and adaptations are being fitted to support [relative's] independence in [relative's] own home. It's really good that so much progress has been made already and that [relative] seems to be contented here. [Relative] is determined to get back home though."
- People who used the service had appropriate risk assessments in place covering aspects such as mobility. Where risks were identified, there was guidance and instructions for staff about how risks posed to individuals should be minimised.
- Risks were monitored by the service including input from physiotherapists, occupational therapists and social workers. Assessments for minor adaptations and equipment were made to help support people to return home.
- To help support people managing risks in their own home, technology was used such as alert devices to identify if a person had fallen, GPS trackers for people who were at risk of getting lost when going out on their own, bed and chair sensors and use of voice activated home speakers to remind people for example to take their medicines.
- Cupboards that contained substances hazardous to health were seen to be kept locked.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they received safe care. They said, "I arrived here yesterday. I feel quite safe here and would speak to my family if not", "I have been here for four weeks and I feel it's very safe. I've not seen or experienced any instances of bullying and I would speak to the manager if I had any concerns" and "I have been here for about one week and feel very safe. If I didn't feel safe, I would speak with the manager." A relative said, "The security is good on the reception too."
- The service had safeguarding policies and procedures in place. Staff confirmed they had completed training in safeguarding vulnerable adults from abuse. Staff were aware of the types of abuse and knew what to do if they witnessed or an allegation of abuse was made to them. A staff member said, "I would tell my manager and do the right thing."

### Staffing and recruitment

- People and relative told us there were enough staff to provide support and our observations confirmed this. People said, "I think that there are enough staff" and "I have never used my buzzer, but the staff are frequently popping in and out to see how I am." A relative said, "I think that this is an excellent facility and there are always lots of staff on hand at the moment. It's nice that they always offer me a brew when I arrive. My [relative] seems to have settled and is making progress. [Relative] is doing well. [Relative] is 92 years old" and "Yes, we are very impressed with the cleanliness and the staffing. The staff seem pleasant and friendly."

They always ask if we want a drink."

- We checked the recruitment documentation for three recently employed staff at the service. Although most required checks were in place, for example, a criminal record check, we raised concerns that staff had not supplied a full employment history via the online service. We were reassured by the head of workforce that a full employment history was requested and that the registered manager checked any gaps in employment at interview with the applicant and a record was kept.

#### Using medicines safely

- We asked people if they received their medicines. They told us, "My meds were fine this morning", "I take a lot of my own medication, in the morning, at lunchtime and in the evening" and "My meds are fine. I can manage some of my own."
- People were supported to take their medicines independently in preparation for returning home.
- People's medicines were securely stored in their bedrooms and their ability to take their medicines safely was kept under review.
- Information we saw showed that there was a system in place to show what level of medicines support the person needed. It also reminded staff to change pain relief patches, not to have medicines until after insulin, use of creams and to be aware that a person took medicines for Parkinson's disease.

#### Preventing and controlling infection

- We asked people if they thought the home was clean. They told us, "I think that this place seems very clean and fresh" and "The home is clean."
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves to help reduce the spread of infection.
- We had been notified that the home had recently worked with the local authority infection control team following an outbreak of a respiratory infection and managed appropriately.

#### Learning lessons when things go wrong

- The service had recognised that the recent respiratory outbreak had put additional pressure on the local GP service because of the number of people referred to them. The registered manager was engaging with the local GP service to see if additional support was needed.
- The service was not happy with the standard of their initial fire risk assessment and had requested another from a person qualified to undertake this work. We saw that there were a small number of items that needed to be actioned from the recent refurbishment. The registered manager told us they would take immediate action to address this.



## 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

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care:

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

- People told us, "The staff always ask for my permission before providing any care" and "The staff ask for my consent before they provide any care, but I don't really need much support." A rehabilitation officer advanced practitioner said, "We try to make the person's journey through the service as smooth as possible."
- People who used the service were admitted from local hospitals and the community. At local hospitals a discharge worker assessed people to ensure that people coming to stay at Killelea were medically fit to do so to ensure that they were able to return home without readmission. Long stays in hospital can increase people's dependence by reducing confidence in their own abilities to live independently.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us that due to the nature of the service provider, they did not have to completed mental capacity assessments and best interest decision to people, but we were reassured they understood how to apply the principles of the MCA.

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

- People and relatives told us, "It's an excellent environment and I can see beyond the car park to the lovely green lawns and trees", "I can choose if I want to go to the dining room or eat here. I prefer not to go to the communal lounge as I like to watch the squirrels through the window here in my room" and "I think it's a lovely environment inside and out" and "My husband and I have come up from [place] and we are so relieved that [relative] is in this place. It seems excellent."
- To support people in meeting their goal to return home, Killelea had recently been refurbished to ensure that people had access to rehabilitation kitchens and treatment areas were available. The refurbishment had been completed to a high standard.

#### Staff support: induction, training, skills and experience

- People and relatives told us, "I feel that the staff are quite experienced" and "I think that the staff seems to have the right knowledge base. They would call the GP if it was needed. Everyone is nice and friendly and it's 100% OK. My [relative] is confident enough to ask for anything, which is a good thing."
- People were supported by a wide range of health and social care professionals with the right knowledge, skills and experience.
- Staff received mandatory training annually in safeguarding and moving and handling, medication training every two years, first aid training every three years and one-off training in food safety, infection control and health and safety.

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

- People told us, "I feel very pleased that I made my own breakfast independently this morning for the first time since coming in. I chose to have a Weetabix and milk with a cup of tea" and "I had egg on toast last night and Weetabix and toast this morning."
- The service did not have a central kitchen people use rehabilitation kitchens to make their own meals, where they can be assessed by staff to see what additional support and equipment they might need.
- We observed good teamwork, for example, a support worker was feeding back to one of the occupational therapists about how person had managed to spoon out his microwaved food onto his plate, propping themselves up on a perching stool.
- Information was available to all staff about people's dietary needs, for example, if they were diabetic.
- We saw that people had access to fluids in their rooms.

#### Supporting people to live healthier lives, access healthcare services and support

- People told us, "I saw the GP in the first few days about my wrist. It's still hurting from my original fall" and "The GP would call, in fact I have already had three visits from the GP here."
- Further plans were being considered to continue the development of the integrated health and social care team with additional medical support and pharmacist to be provided.
- The service provided Otago exercise sessions for people to attend in groups. The exercises were designed to improve strength, balance and confidence to help prevent falls.
- The service had recently started to work in partnership with the local BEATS programme. BEATS is an exercise referral scheme for people with recurring illness or a medical condition who would benefit from a personal exercise programme.

## 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

Good: 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 told us, "All the staff have seemed to be kind and respectful. They do seem to listen", "They are kind here" and "The staff members all show kindness and treat me with respect. They also are very helpful and obliging. They would be there for me if there was anything that I needed" and "The staff are kind and treat us with respect. They always treat me with courtesy and are friendly and polite. I feel that the staff listen to me and they show that they care."
- Staff told us, "The end result is rewarding. We are empowering people and building confidence" and "We support people to achieve their goals, that's our aim."

Respecting and promoting people's privacy, dignity and independence

- People told us, "I think that they respect privacy and dignity too, for example, this morning they were careful about closing the door when I was in the bathroom and covered me up when I was transferring from the bed to this chair", "they would respect my modesty by closing the door when I'm having a shower" and "They are respectful and treat me with dignity. They always close the door and help me when I am in the shower. I had my first walk yesterday and my first meal preparation today. I feel I'm doing very well."
- People told us their independence was promoted. One person said, "I feel that the physiotherapist will really help in maintaining independence and I'm looking forward to my physiotherapy sessions here", "I believe that independence is supported here, for example, I am making my own breakfast now, but I'm slow. At least I am mobile. I have a physiotherapist to support my mobility, but I don't really feel that it is making a noticeable difference yet but I know that I should practice the exercises more" and "I have gained mobility and I had made my own sandwiches today for lunch. I can wash myself and feel that there's already some improvement."
- A relative said, "I am very impressed with everything that's been happening here, and I feel that they are working well towards [relative's] independence. It's important that [relative] is able to live in her own home, obviously with some support from family, or other carers."

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

- People were clear about the aims and objectives of the service to help regain confidence and skills so that they could continue to live independently. Support was planned in partnership with them.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The main aim and objective of the service is to enable people to recover daily living skills, regain confidence and maximise their independence following a hospital admission or crisis at home as quickly as possible.
- People who used the service had their own goals plan in place, which were person centred and kept under constant review to ensure progress was being made and sustained.
- Records showed that a wide range of tasks were assessed, which included, personal care, eating and drinking, night time needs, continence, medication, moving and handling transfers from bed to chair to toilet, bathing and showering, lifting and carrying objects, use of the stairs, equipment, outdoor mobility and community access. A summary of people's ability and strengths was also recorded.
- The service was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand. Staff ensured that people had their hearing aids and spectacles. Information on communication was also found on people's records.
- People told us, "My family and friends come to visit me quite regularly and they would be always willing to support me in dealing with aspects of care. I feel that I get support when I need it here", "The family are rallying round in terms of visits. There don't seem to be many opportunities for socialising or group work, but you cannot fault the level of rehabilitation here. People are encouraged to get on their feet again" and "I love the hairdressing salon here and have been twice already. I like to walk along to the dining room. I thoroughly enjoyed my walk outside yesterday. My son brings in a newspaper each day, which I enjoy reading."
- The service had a hairdressing salon. There was also a bistro on site which was due to open soon where people could meet with families and others to have a coffee or a meal. The bistro would also be open to people from the local community including people who had used the service who could use it to help reduce their sense of social isolation.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place.
- The registered manager told us that there had been only one recent formal complaint, which was under investigation by the provider and this related to funding concerns.

End of life care and support

- This service does not provide end of life care and support.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives told us, "I don't know any of the managers yet, but the staff already seem to know some of my likes and dislikes", "Some of the staff here know me well, but I'm afraid that I don't know the manager" and "I think it's probably a good thing that my [relative] doesn't know the manager, because that means things are going well here."
- The registered manager provided good leadership to staff and was available for people, family members and staff to talk to.
- Staff said the management team was supportive.
- Managers audited the quality of the service. This included medicines, plans of care, cleanliness and health and safety.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility: Working in partnership with others: Continuous learning and improving care

- The registered manager told us that they enjoyed the ongoing challenges of developing an integrated health and social care workforce and service. They said, "It's really exciting here. You see people making progress and getting home faster but there is more to do."
- Staff members said, "We [the team] have remained professional through the changes and are very adaptable. You can see the improvement" and "I wasn't happy about the changes [merger] but I love it now." They told us they thought it was good to come into Killelea as a reablement worker and can meet people and work with them before they returned to their home.
- The registered manager was supported by a management and multidisciplinary team.
- The service had a high turnover of people being admitted and discharged and at various different stages of their rehabilitation so day to day planning and communication were very important. Staff received a verbal and written handover which identified people's needs.
- The registered manager attended meetings with other social and health care staff to look at best practice. This helped improve care for people who used the service.

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

- People and relatives told us, "I would recommend this place because they are all kind and thoughtful people, who are happy to help in getting us all going and doing things. I do feel that I'm slowly getting there", "I would recommend this place, because I feel that the staff are helpful and there is a pleasant

atmosphere" and "I am just happy that my [relative] seems to have been very lucky in getting such a good place to support her recovery."

- We saw recent feedback from people which included the comments, 'Staff very efficient and helpful in all details relating to the course. I noticed a good improvement in my condition and it was well worthwhile.' Other comments seen included, "The staff at Killelea truly do real jobs that make a real difference to older members of our society."