Jewish Care

Kun Mor and George Kiss Home

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:
Kun Mor and George Kiss is a care home registered to provide accommodation and personal care for up to 48 older people including people with dementia. The home is operated and run by Jewish Care, a voluntary organisation. At the time of our inspection, 43 people were living in the home, two of whom were in hospital.

People's experience of using this service:
People and their relatives told us staff were kind and caring. People told us they were happy with the care and support they received and they felt safe at the service.

The service was clean and infection control measures were in place in line with best practice.

Risks to people's health and wellbeing were assessed and risks mitigated. Electronic care records set out people's needs and preferences.

The majority of people and relatives told us there were enough staff and recruitment of staff was safe.

Medicines were safely managed, and staff were competent to give medicines.

Staff received adequate training and supervision to support them in their role.

The pandemic had impacted on the running of the service although the service provided remained of good quality. The provider had recently reconfigured its clinical support and quality assurance staff; new models for quality audits were in the process of being embedded.

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.

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

Rating at last inspection:
At the last inspection on 3 July 2019 the service was rated Good.

Why we inspected:
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Kun Mor and George Kiss Home

Detailed findings

Background to this 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:
The inspection team consisted of three adult social care inspectors, a nurse specialist and two experts 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 home. Visits to the service took place on 11 and 18 November, and telephone calls were made to relatives and friends on 18 November.

Service and service type:
Kun Mor and George Kiss is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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:
This inspection was unannounced.

What we did:
Before the inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection:
We spoke with the registered manager, the deputy manager and the provider's head of care. We also talked with five care staff including a team leader, the provider's practice and clinical lead, housing and health and safety lead, housekeeping and kitchen management lead, and end of life and training leads.

On the first day of the inspection we spoke with eight people and the second day, three people who used the service. We made calls to thirteen relatives following the inspection visits. We also spoke with a visiting GP.

We looked at 10 people's care records; records of accidents, incidents and complaints, audits and quality assurance reports and records of residents' meetings and staff supervision records. We reviewed recruitment records for six staff.

We reviewed medicine administration records (MAR) and medicines management, as well as staff medicine competency assessments.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● Medicines, including controlled drugs, were managed consistently and safely in line with national guidance. Appropriately trained staff were given access to medicines. One staff member told us "We take medication very seriously, it is a big responsibility and I am very careful. We have support."

● People told us they had confidence in the staff who supported them with their medication. One person told us, ''The staff come in here and take their time when they give me my medication. They do not rush me'' and another said "It's always on time."

●We saw that people requiring specific timed medication were given it promptly.

●The service supported people to be independent with medicines where possible. Staff understood this and there were self-administration assessment forms where required.

●There was evidence of as and whenneeded, PRN protocols and appropriate documentation for the giving of medicines covertly in line with best practice guidance.

●Medicines audits were taking place. Documentation was in the process of being changed to show all actions were being followed up. Staff competency assessments for the giving of medicines took place annually.

Staffing and recruitment

● Staff recruitment was safe. This meant staff were considered safe to work with vulnerable people. We saw one relevant reference was missing on day one of the inspection, but this was in place by the end of day two.

● Staff told us there were enough staff and we observed staffing levels throughout the day. We were of the view there was enough staff to meet people's needs in a timely manner. One staff member told me "Like everywhere else, we can always do with more staff, but we have enough to meet the needs of residents.'' One person told us "No I don't have to wait, they help me when I need help." Some relatives commented on staffing levels. We were told "They could do with more staff as some people do sit for long periods of time" and "It is debateable about staffing levels, sometimes yes, there is enough, sometimes no."

● We discussed staffing levels with the management team. The service held monthly meetings to 'code' people's level of need, and this influenced staffing levels. However, the head of care told us they would review the deployment of staff across the service to ensure staff were being used effectively across each unit.

●Prior to the pandemic the service had benefitted from additional volunteer support at key times of the day, for example, to help with mealtimes. Fewer volunteers were now available, so the service was reconfiguring use of staff accordingly.

● When agency staff were needed the service worked with specific agencies to improve continuity of care.

Systems and processes to safeguard people from the risk of abuse

● The service had systems and processes in place to safeguard people from risk of abuse. People told us "It's very safe here," and "I feel happy and safe here." Relatives confirmed they were assured of their family's safety at the service.

●Staff understood and could speak confidently regarding safeguarding and were able to tell us the different types of abuse and what they would do if concerned.

● Since the last inspection, the service had made appropriate referrals to CQC and the local authority in line with best practice.

● All building maintenance and fire safety checks had taken place, including that of fire equipment, to ensure the safety of the building.

Assessing risk, safety monitoring and management

● Risks were anticipated, identified and managed by both documentation and informal reviews completed daily to share information about risks to individuals. We saw that risk assessments were in place and covered areas such as moving and handling, nutrition and hydration, risks related to mental health needs and skin integrity. Documents were formally reviewed monthly, or earlier if necessary.

● Suitable plans were in place to support people in the event of an emergency or fire.

Preventing and controlling infection

● We were assured that the service was operating in line with best practice. The service was clean and there were effective systems in place to manage infection control. Additional cleaning tasks were carried out to prevent the spread of COVID-19, and staff wore personal protective equipment (PPE) appropriately. The service was using bottled sanitiser gel as well as some sanitiser dispensers. Following the inspection the service installed additional dispensers to minimise misuse by people.

● People and their relatives told us "The home is always very clean, there are no smells" and "The home seems well run, everything is nice, tidy, and clean."

● Food was stored safely, covered and labelled and was stored in line with kosher requirements.

● The staff were vaccinated to minimise the spread of COVID-19 in line with national guidelines.

Learning lessons when things go wrong

● The service recorded all accidents and incidents. We found actions identified following incidents by looking at 'flash' staff catch up meetings and team meetings. We could see information was shared and where appropriate referrals to other organisations, such as the falls clinic, or GP took place. This showed lessons were learnt from incidents.

● The service was in the process of introducing a new document to capture learning and actions taken in a more streamlined way for auditing purposes.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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
●In line with good practice, the management team undertook an assessment prior to a person moving in, which included assessing risks associated with the person's health and care need. The person was involved in the assessment as were family members and paid carers if they had knowledge of the person.
● Assessments covered people's preferences and routines. These were reviewed once the person was admitted, and the service worked to the standards for good care set out by guidance and legislation.

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 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 service had a system in place to record DoLS applied for and when they were next due.
● Mental capacity assessments were on care records and staff understood the importance of gaining consent.

Staff support: induction, training, skills and experience
● Staff had suitable training and support to carry out their role. People were complimentary about the staff. We were told "They are very good, I have no problems with them" and "The staff know me well, they understand me."
●The majority of relatives spoke highly of the staff. Comments included "I am very happy with the care and feel reassured that my husband will be taken good care of" and "Most of the staff know him very well. They ring me for information, ask questions about his background." We were also told "Staff do make an effort, but for some it is just a job."
● During the pandemic it had been difficult to carry out all staff supervisions in line with the provider policy.

As a substitute, some group supervisions took place, but we saw that in recent months individual supervisions were taking place with more regularity and staff told us they felt supported in their roles.
● The staff who were in charge assumed the roles with ease and confidence. They confirmed their training was comprehensive and up to date. This included moving and handling, fire safety, mental capacity and 'best interest' assessments; dementia and managing people's behaviours. Face to face training in key areas had resumed in recent months, and the service had a plan for all key training to be completed by December 2021.
●The provider had plans for 2022 to roll out additional areas of specialist training including wound management, catheter care and insulin management. A visiting GP told us staff followed their medical advice to support people effectively.

Supporting people to eat and drink enough to maintain a balanced diet
● Food was of good quality and people were supported to eat and drink to maintain good health and well-being. People spoke highly of the food. Comments included "Outstanding food, chef is wonderful," "I love the food, I had a lovely lunch" and "The food is good. The chef knows I need my food mashed up. There are vegetables, which I like."
●Relatives said, "Most days he loves the food, he has a good appetite" and "My father-in-law is very happy with the food." One family member told us "My husband looks so much better since he moved here. He has put on weight."
● Staff were observed asking people which drink they would like with their meals. Staff interacted with people in a friendly and respectful way. Staff encouraged people to eat and provided support discreetly when this was needed. People were seated where they chose to, and were served at the same time. Meals were nicely presented, and staff encouraged people to eat by themselves as much as they could.
●Staff were familiar with people's needs and dietary preferences. The service provided food in line with kosher dietary requirements.
● 'Food forums', meetings to discuss the menu and the quality of the food, took place four times a year so people and their relatives could give their views.
● We saw that people with complex needs of eating and drinking were protected from risks. For example, we saw one person who had difficulties swallowing food being appropriately supported. The service had arranged for appropriate input from other professionals including speech and language therapists, to assess people's needs around safe eating of food and drink. Food and fluid charts were kept where necessary.

Adapting service, design, decoration to meet people's needs
● The service was wheelchair accessible, on three levels, with upper floors accessible by lift. There were garden areas on several levels. One relative commented "The gardens are lovely."
The service was purpose built and maintained to a high standard.
● People's bedrooms had en-suite showers and there was an accessible bath facility on each floor for people to use if they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Care records showed the service worked in partnership with health and social care colleagues to meet people's health needs. We saw evidence of involvement with district nurses, tissue viability nurses and physiotherapists. A visiting GP told us the service worked well with the practice and people were referred in a timely way if staff had any concerns.
● Staff told us ''We take pressure sores seriously. Sometimes they come with them, but we work hard to heal them or stop them getting worse'' and "We often screen skin during personal hygiene time, and we look for any problems. Then we would work to reduce progress of complications and aim for recovery of good skin

integrity."

●Most relatives told us they were confident in the way the service managed their family member's health care. We were told "At the beginning the doctor was involved, and her medication has been reviewed since then," "They are just proactive enough," and "Both my parents are there and they are physically much healthier since being there." However, other comments from relatives included "I asked for a medical review. It has been done now, but only because I happened to be visiting at the same time as the doctor one day" and "Recently [relative] was coughing when I took him out, I had to suggest he go to the doctors."

●Communication with family members is discussed in the Well-led section of the report.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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; equality and diversity

- Staff treated people well and were aware of their individual needs related to their religious and cultural background.
- People told us "Staff are lovely and kind," "I love it here" and "They (staff) are very good." "I feel lucky to be here. It's a good home."
- The majority of relatives confirmed this was their view of staff and the service. "Staff are friendly and caring towards dad, they know who he is, his likes and dislikes, they are warm towards him" and "Staff they have got are really nice."
- The home supported people of Jewish faith and staff were trained to appreciate Jewish traditions, understood kosher dietary requirements and told us they felt confident in meeting people needs. They were able to discuss issues of equality and diversity with confidence. Relatives told us "He is happy with the culture. He gets involved with prayers on a Friday evening, goes to the synagogue occasionally, gets his kosher food."
- The pandemic had placed additional burdens on the service to support people to keep contact with their family members. This had been done via a mixture of methods including virtual contact and more recently face to face meetings in the gardens and now inside the service. One family member told us "It is fairly easy to make an appointment now and you can go into the lounge with the usual precautions."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and are involved in their care plan. One person told us "We had an assessment before moving in. There is a care plan in place." Another said, "Yes they asked me what I like, what I don't like, they ask me all the time."
- Most relatives confirmed they had some involvement in care planning. "I was involved in her care plan and was very satisfied with the process. I gave them her personal history when she moved in" and "My sister was involved in the care plan."
- Care records highlighted what people could do for themselves.
- We saw that staff treated residents with respect, compassion and dignity. For example, we saw that staff knocked and waited before entering rooms.
- Residents' meetings took place for people to give their views on the way the service was run.
- Electronic care planning prompted reviews of all care plans and people and their family members were involved in yearly reviews of care.

● People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

● Electronic care plans highlighted people's care needs, their preferences and their routines. The service had implemented an electronic care planning system. Care records covered areas such as personal care, eating and drinking, skin care, memory and understanding and behaviours that can challenge. People's historical and current family arrangements were referred to which meant staff had a holistic picture of people's needs including their daily routines.

● Care was person centred. Staff understood people's needs and were able to tell us how they met these needs. We found the majority of these needs and support to be offered to be offered to people, well documented in care records. One relative told us "We find that the staff there are truly fantastic, kind, caring, communicative, they really care. They have been so helpful to us as we were completely inexperienced. There is no question about the quality of care and the respect they give."

● We identified two people whose mental health needs could be further expanded on in records, although staff were able to tell us how they met people's needs and we witnessed appropriate care. Charts to monitor people's mental health, to enable a better understanding of patterns of behaviours was introduced following a discussion with the management team. This is further discussed in the Well-led section of the report.

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

●Whilst there remained a broad range of activities at the service, from music, art, singing, dancing and flower arranging, there were fewer activities than prior to the pandemic. This was partly due to the need to maintain social distancing in enclosed spaces, and partly due to the reduced number of volunteers who had previously supported the activities.

●We discussed this with the head of care who told us the service was working to use staff and resources creatively. There was an IPad technology group for people who wanted to be digitally competent. The home had wifi available for people to use and the head of care told us the activities team were exploring activities that could be streamed to the service. These would be in addition to activities currently on offer.

● People told us "I like the activities. I like dancing, I can't do it at the moment because of my legs but join in singing" and "The activities keep us busy and active, I love singing."

●Relatives gave more varied responses. Whilst some were positive, "I tend to take him out, he plays the trumpet, reads a lot, gets involved with the activities, even plays table tennis." Other family members noted a reduced level of activities "There is no stimulation, they haven't got the time. They have got a new guy in to do activities, so hopefully it will get better" and" I went and spoke with the volunteer coordinator who informed me they were going to start taking residents out on trips, things were discussed and then they stalled."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan. Staff understood how best to communicate with staff.

Improving care quality in response to complaints or concerns
● The service had an effective complaints process in place.
● People told us they knew how to make a complaint and felt confident to do so. "I speak up when I don't like something, and they listen to me." "The manager told me to speak up when things are not right." "I don't have any complaints, it's all good." "The manager has made changes when I have requested, I haven't made any complaints."
● The service had a complaints policy and procedure. There were lots of compliments about the service. Whilst the log of complaints was in place, the section on learning was not completed. The head of care told us they would ensure this was completed going forward.
● Relatives told us "I have never made an official complaint" and "I have never made a formal complaint." However, family members gave us examples of issues they had raised that had been addressed.
● The service also had a suggestions box which the registered manager told us was useful as people and relatives could leave useful comments there.

End of life care and support
● We saw end of life care plans were in place for people who needed them. The service had an end of life policy and worked to support people to remain at the service for as long as possible with the support of community health professionals.
● The provider now had an end of life lead to support all the services and share best practice across the organisation. People at end of life were cared for in a culturally sensitive and dignified way as recorded in care plans. They were encouraged to remain in the care home via the provision of any specialist equipment needed. We saw that if required, people were supported by palliative care specialists such as hospice and Macmillan nurses and the GP surgery within the home.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; continuous learning and improving care

- The service was well-led. The long-standing registered manager was planning to leave the service following the inspection, and the provider had plans to support the service until the post was filled.
- The management team was open and transparent and worked in conjunction with staff, people living at the service and relatives to discuss current and future challenges. The provider and local management team understood and acted on duty of candour matters.
- The provider had remodelled its support services. There were new lead positions to support services, these included end of life care, clinical and training posts. New systems and processes were being embedded at the time of the inspection.
- The challenges of the COVID-19 pandemic had impacted on the local management and staff team. Care remained of good quality at the service, but we found some minor issues at the inspection. The provider was aware of these and had put in place a plan to address them. For example, the full range of provider audits had not taken place over the previous 18 months, and although we had no concerns regarding the quality of the care, the usual level of provider scrutiny, of both documentation and quality of care documents, was not in place.
- In order to ensure care was person centred, meetings took place regularly at the service to discuss people's needs, and we found that care was person centred. However, quality checks of care plans were not taking place as regularly as prior to the pandemic.
- Also, some of the paperwork used by the service did not easily evidence learning across the service. By examining other documents, including management meeting notes, we were assured that learning was taking place. Again, the provider had identified this, and had plans to improve documentation and integrate all audits and action plans.
- At the time of writing this report, CQC had seen evidence of updated documentation and audit proformas, and a specific action plan for the service was in place which captured issues identified by the provider prior to the inspection and issues raised at this inspection
- All audits in relation to health and safety, hygiene and building checks were in place, as were medicines audits.
- The provider ran a range of residential, nursing and day care services locally which meant that information was shared across the provider's management teams and services, and so learning and improvement was facilitated in a structured way. People could also access activities at the other services locally which improved their leisure and learning opportunities.

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

● The management team, the staff and the provider were clear about their roles. They understood what good quality care looked like and aspired to achieving and maintaining it.

● The provider and local management team had processes in place to notify the local authority and CQC of significant events, when required.

● The management team at both a local and provider level understood the importance of managing risks and regulatory requirements. Provider level committees reviewed high risk areas of safeguarding, health and safety and recruitment matters across the range of service.

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

● The provider and service had in place systems to support good communication. However, feedback we obtained from some relatives highlighted contrasting experiences of communication, possibly influenced by the way units differed slightly in the way they were run. For example, whilst some relatives told us "They ring me straight away if he has an accident, let me know what's happening. They ring me when he is upset, so I can talk to him" and "I get weekly emails from them with the activities for the week ahead. They always ring when there are problems."

● Other relatives said, "My main concern is a lack of communication; I only get feedback if I ring and ask them how he is." Another said, "There is not much communication. They say phone if you want to ask anything, but I'd just like to know what they are doing."

● We discussed this with the head of care who assured us they would explore this further to ensure that communication was equally effective across the whole service. One solution they intended to implement at the service was ensuring relatives knew when staff would be available to discuss any issues.

● People and the majority of relatives were very positive about the registered manager and deputy, and the service in general. People told us "It's a very good home, lovely atmosphere" and "I know all the staff, the manager is good." Relatives said "I have spoken to [registered manager]. Whenever I need to speak to anyone, they are available and helpful." "The care home is excellent, no qualms, queries or problems. She seems happy" and "The manager runs a tight ship, the staff are very good. I am very happy with the care and feel reassured that my husband will be taken good care of."

● Relatives and people were involved in the running of the service via regular groups. Relatives said, "They have monthly meetings to give feedback," and "I think they have had zoom relative meetings."

● Relationships appeared good between team members, and staff told us they enjoyed working at the service. Individuals were courteous and friendly, and staff appeared to be enjoying their work. One member of staff commented ''I can talk to my manager.'' Regular staff meetings took place so staff could influence how the service ran.

Working in partnership with others

● The service worked well with the local authority, CQC, the local district nurse and health services. The visiting GP told us the service worked effectively with them.

● The provider also employed staff who could provide additional professional skills such as social work or physiotherapy; this was of benefit to people at the service.