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

We inspected this service on 20 September 2016. The inspection was unannounced. Kun Mor and George Kiss Home is a Jewish care home registered to provide accommodation and care for up to 48 people. At the time of our inspection there were 47 people living at the service.

The service is located in a purpose built block, on three floors. There are garden areas on each floor. The service is located alongside two other residential and nursing home facilities and a day service run by Jewish Care. This inspection report relates to the care provided at Kun Mor and George Kiss Home only.

Kun Mor and George Kiss Home had a registered manager at the service. 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.

The service had opened in July 2015. Thirty three people had moved from another service run by Jewish Care, Ella and Ridley Jacobs House, and additional people had moved into the service. There had been significant work undertaken by the registered manager and staff to facilitate a smooth transition to the new location.

During the inspection there was a calm and pleasant atmosphere. People using the service informed us that they felt safe living at Kun Mor and George Kiss Home, and people told us they felt they were treated with dignity and respect.

We saw staff interacting with people living at the service during the day of the inspection and noted them to be warm, engaging and reassuring.

The service was in the process of updating care records including care plans and risk assessments. Care plans were detailed and comprehensive, the majority of risk assessments contained information to guide staff in managing all risks referred to.

Training in key areas was up to date for staff for care staff. We noted staff working in the kitchen had obtained training in basic food hygiene but not all had completed additional food hygiene training. Following the inspection, the registered manager confirmed the remaining staff were booked onto appropriate training.

The majority of people told us they enjoyed the food at the service and had sufficient options to choose from.

We noted the service was clean throughout including the main kitchen. We noted on the day of the inspection that some food was left uncovered in fridges in the small kitchens. This was removed by the end

of the day. We also noted that some foods were not labelled with the use by date.

We have made a recommendation in relation to basic food hygiene training for all staff.

People had their medicines managed safely. People received their medicines as prescribed and on time. Care staff ensured safe storage and management of medicines. We could see that people accessed health professionals as required and health and social care professionals told us the staff at the service worked in partnership with them to maintain people's optimum health.

Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff felt supported and there was always management support available. We could see that regular supervision took place with staff.

People told us the registered manager was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued.

Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

We saw there were enough staff on the rota to meet people's needs but at the time of the inspection the service was using agency staff whilst they were recruiting to vacant posts. Some people told us this impacted on their care. The registered manager told us she had recruited to vacant posts and was in the process of completing relevant checks prior to them starting work. We saw staff recruitment was in line with good practice.

There was a very full and varied programme of activities to participate in at the service and we saw a range of activities taking place on the day of the inspection.

People's religious needs were actively facilitated by staff, and staff were able to tell us how they responded to people's cultural needs.

The home had arrangements in place for quality assurance. Regular audits and checks had been carried out by senior managers and the registered manager.

There was a record of essential inspections and maintenance carried out. The building was fully accessible and maintained to a good standard.

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. Staff recruitment was effective and all checks were completed prior to people starting work, so staff were safe to work with people living at the service.

Medicines were safely administered and stored.

Safeguarding incidents were dealt with appropriately and promptly.

There was a record of essential inspections and maintenance carried out.

Is the service effective?

Good

The service was effective. Staff received training and supervision to support them in their role and were skilled to do their job.

Staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Access to health care was good both within the service and through access to community health practitioners.

Is the service caring?

Good

The service was caring. The service focused on addressing isolation and loneliness and ensured there were good connections with the local community.

Staff interactions were kind and caring with people living at the service. People were treated with dignity and respect.

People's cultural and religious needs were met.

Is the service responsive?

Good

The service was responsive. Leisure activities were varied and available to all.

Complaints were dealt with quickly and appropriately.

Care documentation had evidence of involvement by people living at the service and staff ensured people's choices and interests were supported.

Is the service well-led?

Good

The service was well led. The registered manager showed good leadership and commitment to providing a good service.

People living at the service, staff and relatives found the registered manager approachable.

Quality assurance processes were in place to monitor the quality of the service.

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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 September 2016 and was unannounced. It was undertaken by two inspectors for adult social care and the inspection team included a specialist nurse advisor and an expert-by-experience with experience of working with older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A CQC inspection manager accompanied the inspection team to monitor the process of the inspection and the skills of the inspection team as part of the CQC quality assurance process.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with five people who live at the service and four relatives. We talked with seven members of staff including the registered manager and the Assistant Director of Care Services. On the day of the inspection we spoke with one visiting health and social care professional. Following the visit to the service spoke with another two health and social care professionals and four more relatives.

We looked at seven care records related to people's individual care needs, seven recruitment files and staff training records for the team. We carried out an audit of medicines stocks at the service and looked at 27 records in relation to medicines management.

As part of the inspection we observed the interactions between people and staff, and discussed people's care needs with staff.

We checked fire safety including equipment, testing of the alarm, lighting and the regularity of fire evacuation tests, and information relating to incidents and complaints. We looked at minutes of residents' meetings and staff team meetings. We also looked around the premises and viewed the garden.

Good

Is the service safe?

Our findings

People living at the service told us they all felt safe from harm or abuse. One person told us "I do feel safe here." Another person said "Yes it is safe here, I must say that." Relatives we spoke with confirmed their family member felt safe living at the service.

There was a safeguarding adults policy in place at the service and we viewed safeguarding records for the last year. There was evidence the service had acted appropriately and had liaised with the local authority and made notifications to the Care Quality Commission as required.

Staff had received training in safeguarding people. Staff, including the receptionist, were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They explained that if they saw something of concern they would follow the service's safeguarding policy, including recording the issue and reporting it to the senior person on duty. One member of care staff told us how she had intervened when a relative was not moving a person correctly and she assisted them to keep the person safe from injury. Staff understood how to whistle blow and told us that they knew how to report any concerns and had confidence that action would be taken.

The service was clean throughout, and we saw housekeeping staff worked throughout the day to maintain the standard of cleanliness. Handwashing sinks were in place in the treatment room and in each of the kitchens on each floor. We saw staff washing hands and wearing aprons and gloves throughout the day. People appreciated the good standard of the environment and the cleanliness. One person said "Yes, [it's] always nice and clean, this is a new building and they look after it well."

Fridges, freezers, dishwashers and microwaves were labelled with meat or dairy for kosher purposes throughout the service. We inspected the main kitchen and found this to be clean. Kitchens on the three floors were also clean but we noted there was some food left uncovered on the day of the inspection or not adequately labelled. For example, on the third floor kitchen in the dairy fridge there was cake, sandwiches and an egg all unwrapped and unlabelled. On the second floor kitchen the meat fridge contained two bowls of fruit segments, covered but not labelled. By the end of the day much of this food had been removed by staff from the fridges without our intervention, and all that remained were jams and butter for breakfast which were not labelled but were covered in clingfilm.

We discussed this with the registered manager who has subsequently developed a system with the head chef to check the fridges on each floor twice a day to ensure food is stored safely, and that all food leaving the kitchen is labelled individually as well as covered.

We recommend that all staff undergo basic food hygiene training to ensure food is stored safely throughout the service.

We saw from care records there were risk assessments and reviews of those risks on files. We noted these covered a range of areas including moving and handling, falls, pressure ulcers and nutrition. The majority of

these were up to date and provided guidance for staff to manage those risks. There was evidence of responding to risk with a referral to the appropriate services, for example, the district nursing service, dietician, speech and language therapy and diabetic services. We found a risk assessment that did not provide guidance for all risks but the registered manager told us the service was in the process of updating care records. They had completed 28 of these and had a plan in place for the remainder to be completed by 30 October 2016. The specific risk assessment was updated following the inspection.

We looked at medication administration recording charts for 27 people. We found they were appropriately completed, identified known allergies and contained photographs of the residents with their permission. PRN (as needed medication) protocols were in place, and residents who were provided with medication that required crushing had the appropriate documentation in place involving the GP and the pharmacist. We observed the senior carer administering medicines to people and noted that this was done appropriately. We noted medicines were stored safely and temperatures were recorded and were within safe parameters. Controlled drug stocks were checked at the change of each shift. We randomly checked five controlled drug stock levels and found the stock to be accurate. We reviewed ordering and medication disposal processes and found them to be robust and appropriate.

We looked at the accidents book and noted that learning was evident to minimise future accidents. We also saw appropriate referrals were made as a result of accidents, for example, a referral to the falls clinic, or to the GP for a medicines review.

Thorough recruitment checks were carried out before staff started working with people. We looked at staff records and saw there was a safe and effective recruitment process in place. We saw completed application forms which included references to their previous health and social care experience, their qualifications and their employment history. Each record had two employment references and Disclosure and Barring Service certificates. This meant staff were considered safe to work with people who used the service.

We looked at the staffing rota. Thirteen staff covered the morning shift with four staff members on two floors and five staff on the third floor where people had the highest needs. There were 12 staff in the afternoon and six carers at night; two on each floor, with a senior to provide support as required over all three floors.

The registered manager said that when the service moved site last year several staff left due to the new location being further to travel to work. This had impacted on the permanent staffing levels. On the day of the inspection there were six agency staff on duty. Two out of five people who answered questions relating to staffing levels told us they thought the use of agency staff did impact on the care provided. People told us, "If agency staff are working sometimes the residents have to wait a long time if they need assistance. The residents get very frustrated sometimes and start to shout." Another person said "Yes I agree, the agency staff are sometimes a problem."

Relatives had noted the use of agency staff at the service but spoke well of the staff team. We were told "The staff are fantastic." The registered manager told us she was trying to minimise disruption for the people living at the service and the other staff by using the same agency staff as much as possible so they became familiar with people's needs and the systems within the service. The registered manager also told us she had recruited to vacant posts and was in the process of completing relevant checks prior to them starting work. By the 5 October 2016 three new staff were in post.

The premises were well maintained. Fire drills and fire alarm checks were completed appropriately. Fire extinguishers had not been serviced within the year, but there was a date booked for servicing following the inspection. The registered manager confirmed this was now completed.

Essential services such as gas and electricity had been tested and serviced as appropriate.
The environment was odour free and the furnishings were clean and in good order. There was sufficient communal space for people to eat together and watch TV or join in activities on each floor.

Good

Is the service effective?

Our findings

People told us staff had the skills and experience to provide good care for them. Care staff told us they had had a full induction over six days when they started and everyone had to do the mandatory training including health and safety, safeguarding and fire awareness, moving and handling and challenging behaviour. This was confirmed by the training matrix for the staff team.

Staff told us they received supervision and this was confirmed by the records. Supervision was planned for every two months and this was captured on a spreadsheet. Supervision had on occasion been missed for some staff members, but there was evidence of recent supervisions for all. Senior staff also had weekly meetings with the registered manager to ensure everyone was well informed of issues. Staff told us there was also a system in place to record who is allocated which tasks, with an allocation sheet, general diary and individual recording sheet for people being used by staff on each shift. The senior carer told us that part of her role was to match up people's skills with the work requiring allocation during the day to ensure the best person for the role assumed responsibility for it. The registered manager told us she routinely attended handover meetings to remind staff of pertinent information. This was particularly important given the level of agency staff.

We saw that regular appraisals took place and staff told us they had been offered development opportunities to do external training including nationally recognised qualifications.

The registered manager told us that the kitchen at the service was used to produce pureed food in a style that reflected the shape of the food itself. This was intended to make the food more appetising to people. The pureed kosher food was distributed across other Jewish Care sites and other local facilities.

We asked people about the food at the service. There were menus that changed and options available at each meal. People told us, "Yes the food is good, they have a menu and change it." Another person told us "it's lovely, if you want something that's not there you just ask. Sometimes they say they are having something but then it isn't there. I just complain then they get it for me." Another person told us "Yes the food is good especially the chicken and it's all kosher." Only one person told us they felt dissatisfied with the food as "it's always the same thing every week." Relatives told us they thought the food was of good quality and tasted nice. People living at the service and their relatives were consulted on the menu every two months and at the change of season. Food and menus were standing items at the residents' meeting which took place every two months.

Staff told us people were able to help themselves to drinks but if they would not think to ask, they were offered them at regular intervals including during the night if they were awake. We saw night care plans noted what people liked to eat or drink at night.

For those at risk of weight loss or low weight, monthly weights were recorded and incorporated into the Malnutrition Universal Screening Tool. These were routinely recorded for people with more complex needs. There was evidence of referrals to dieticians when there was concern in respect of weight loss, and there

was evidence of recording food and fluid intake, where people were considered to be at risk.

We spoke with a visiting health and social care professional who spoke highly of the service and of the skill in staff in dealing with pressure areas. We were told staff followed advice and worked in partnership with the health professional.

People told us they regularly saw the GP if they were ill, and had appointments with the chiropodist and dentist. We were told "Yeah, we get some people come in here, the chiropodist comes." Another person told us "I know exactly where my dentures are, I've got them in my mouth now."

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 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were twenty two applications that had been made for DoLS within the service.

We saw evidence of consent to photography, information sharing and use of bed rails. There was evidence of people refusing care and in these instances this being accepted, and reported on to senior staff. There was evidence of involving people and their family in discussions associated with Do Not Attempt Resuscitation (DNAR) decisions.

The premises were fully wheelchair accessible throughout. Each bedroom had an en suite 'wet room' and for people who wanted a bath there were communal bathrooms with bath lifts on each floor.

Good

Is the service caring?

Our findings

People told us they found the staff caring. This was confirmed by relatives who told us "Yes, definitely, they are very caring." Another relative who visited most days told us she had never seen any staff being abrupt or impatient with people living there and if she did, would immediately talk with the registered manager.

We witnessed staff providing care that displayed dignity and respect. People told us staff closed doors when providing care or giving a treatment, and were mindful of people's dignity. One person said "Always they are very good with that sort of thing. I like being here."

We saw that a keyworker system operated in which a staff member got to know specific people's needs particularly well, including asking them to purchase specific items for them. Unusually, people had a keyworker for day and night so staff understood their routines over a 24 hour period which was helpful. We also noted on the front of people's care records if they had a preference for a specific gender of carer.

Staff were able to talk with us about people's personal histories and their likes and dislikes. People had papers delivered, and were facilitated to keep in contact with family by phone if it was difficult for them to visit. One person told us "I don't really get a lot of calls, if I have a call the staff will call me, I talk about my family to the staff. They are lovely here especially [staff member]." Visitors were welcome at any time and relatives confirmed they were made to feel welcome.

The service was Eden Alternative Accredited (Eden).This project had a focus to eliminate loneliness, helplessness and boredom in long term care institutions. It promoted a culture change that enhances the wellbeing of people living at the service by connecting them to nature through plants, animals and children. The registered manager told us people living at the service are empowered to make decisions, do what they enjoy and spend their time with others in the community. There has been learning for new staff and continual development of staff who have been involved in Eden since the project started at Ella and Ridley Jacobs House.

The service ensured that the tenets of Eden were fully embedded in the home in a number of ways. There were fish tanks on each floor that provided a colourful visual display of movement for people to watch. People also enjoyed feeding the fish. One person had brought their cat to the service which people enjoyed cuddling and watching. A specific member of staff took responsibility for the care of the cat. The service also facilitated a mother and toddler group being held at the service whereby parents brought in their toddlers and babies for a music group along with the residents in the lounge. This was a positive experience for people at the service.

Thirty three people had moved from another service in north London to Kun Mor and George Kiss. There had been significant planning prior to the move to acclimatise people to the change. When moving to the new home people were allocated to a particular floor based on their needs, but also based on their interests and being matched with likeminded people. Friends from the old service were kept together on the same floor.

Friends and family were considered a crucial part of the community and were encouraged to be as involved as possible in the home. As well as being involved in care planning, best interest reviews and relatives meetings, there was also an opportunity for relatives to play a key role in supporting the service. An example of this was a relative leading the Kiddush prayers on a Friday night, leading the Seder service at Passover or supporting an activity or group. Jewish festivals offered a focus for people to eat together. Many relatives and friends have gone on to be volunteers and therefore created a long lasting connection with the service. A recent fundraising event by relatives had raised money to purchase garden furniture, footstools and chinaware for all of the floors.

On the day of the inspection a local Rabbi was visiting the home and brought the shofar to call in preparation for Rosh Hashanah, New Year. He told us that the staff were very good at contacting him if people wanted spiritual support. He told us he offered spiritual support to the staff as well many of whom were not Jewish.

Many events were held in the home which was a time to bring everyone together. This included Jewish Festivals which were frequently celebrated with parties or a communal meal where volunteers and relatives also joined people who lived at the service. The service also celebrated everyone's birthday with cake and a party if they would like. Often family members would come and celebrate together. The service had had visits from a representative of Her Majesty the Queen who hand delivered a card to those residents celebrating their 100th or 105th birthday. This was a huge occasion, both for the person celebrating a milestone birthday, as well as other people living at the service.

We saw that people's rooms were personalised and people were encouraged to bring personal items and decorations to have in their room. The registered manager told us people living at the service could change their room décor to reflect their preferences. One person told us" I love it here my room is lovely. I don't want to leave."

The communal areas were decorated using traditional Jewish artefacts which people would have had in their own homes, for example candle sticks and candles for Friday night Shabbat. We noted the lounges featured large print photographs of residents which they took of each other during a photography project. Residents enjoyed seeing pictures of themselves and their friends on the walls.

We could see that where people were able they signed their care plans. Where people lacked mental capacity, their relatives were involved. The registered manager could evidence she had made appointments with relatives to review their care plans, so in this way people were involved in their care planning.

People had expressed their views in relation to end of life decision making. We saw DNAR forms appropriated completed.

Good

Is the service responsive?

Our findings

We found care plans were detailed and comprehensive covering areas such as general personal well being, social, recreational and spiritual needs as well as night time care needs. As with the risk assessments they were in the process of being updated, so some were better organised and up to date than others. They were person centred in their approach.

We saw on the day of the inspection that people were involved in activities at the service. These included people being encouraged to listen to music then throw a ball when there was a pause in the music. There was also a table exercise where the residents were shown books of famous film stars and then a film clip was shown of the person. Staff spoke softly and turned the book pages very slowly allowing each person to take as much time as they needed to look at the pictures. People seemed to enjoy the activities.

People told us they had an opportunity to discuss activities at the two monthly residents' forum. We were told "Yes they had one [a meeting] last month I think, they asked us about the activities we would like to have". Another person told us "They have a lot of activities here, we do music on a Thursday downstairs and they have slide shows", and another "I also like some of the communication group ones run by [staff member]."

The provider's Living Well team worked across the three care homes on the site and provided both joint activities for all three homes, but also activities purely for the residents of Kun Mor and George Kiss. People living at the service attended the synagogue on site and engaging with volunteers ensures a connection with their local community. Outings to synagogues, theatres, ballet, jazz concerts, parks and farms gave people an opportunity to mix with people living at Kun Mor and George Kiss but also people from the other services on site.

There was a varied schedule of activities throughout the week which had been planned and developed based on the hobbies and interests of the people at the service. This included classical music, cinema club, lunch club, concerts, entertainers, drama therapy, gardening, puppetry, poetry and art. People living at the service could join the activities which they chose. Some people enjoyed working on the roof terrace garden planting, watering and taking care of the flowers which were in raised beds for ease. There were also weekly gardening sessions inside the home focusing on the potted plants which residents take responsibility for watering and ensuring they are healthy.

The service also invited children from local schools to come into the home for various events and visits. For example, recently the service held a challah bake where children from a local school came to plait and bake challah bread with people living at the service. On another occasion Muslim girls from a local school came and played bingo with the people at the service, and painted the ladies' nails. The service was keen to maintain and develop community links.

Staff encouraged people to maintain independence and support one another. For example, by painting one another's nails and in assisting the running of groups for other people by calling out bingo numbers. There

was also a Jewish Care inter home quiz where people living at Kun Mor and George Kiss Home competed against other Jewish Care homes in a general knowledge quiz. The Mayor attended to present the winning team with their trophy. Despite not coming first the people living at the service were happy to be involved.

The service recently celebrated the end of a photography project with a large exhibition for people living at the service, relatives and friends. Each person was honoured with a keepsake photograph which they either took or featured in.

People living at the service told us they knew how to complain. "Yes, I had to complain yesterday because they got me up too late. Today they came early and got me dressed."

We reviewed the complaints book over the last year. Relatives had rarely had to make a complaint but when they had it had been dealt with quickly, and we were told the registered manager was very responsive. For example, we could see that clothes going missing was a recurring theme. The registered manager told us that in order to address the problem, she had recently installed washing machines and driers on each floor to minimise the risk of clothes being mislaid. A relative had also bought a ticket labelling machine for the home. For those whose clothes had been mislaid we could see that recompense had been offered. In this way complaints had been dealt with appropriately with remedial action.

Good

Is the service well-led?

Our findings

The registered manager showed good leadership and commitment to providing a good service.
People who lived at the service and their relatives told us the staff team were very visible, proactive and responsive when issues arose. We asked people if they knew who the registered manager was. They told us "Yes [registered manager's name], she's lovely." Also, "She is usually in her office, sometimes she comes around, she's very good." People living at the service had recently been involved in the staff recruitment process.

Relatives also spoke very well of the registered manager. They told us the home was very well run as was the organisation the service was run by. One relative summed it up as "The service is not perfect, but it is the best place I could have put my dad." Another relative told us "it is a wonderful home." This positive view was echoed by other relatives.

Staff told us "I very much enjoy it here" and "It is a lovely place to work." We were also told "She [Registered Manager] is really good and responds to our concerns." Another staff member told us "I was concerned that we did not have enough staff on during the mornings on the third floor. We had enough according to the staff ratios but the dependency at that time seemed to have increased. I discussed this with the registered manager and she agreed to allocate another member of staff. This resolved the issue."

A staff survey had been carried out in 2015 in which staff spoke of high levels of satisfaction working for the service, but scored low in relation to rates of pay and job security. The registered manager told us these concerns related to anxiety regarding the move to the new location and a member of the staff from the Human Resources Department had spoken to staff to reassure them that their jobs were not in jeopardy. We were also told that pay rates had increased prior to the move to the new location. A survey for 2016 was due to take place this winter.

We could see that the registered manager had worked hard to ensure the transition to the new home went smoothly and was having to deal with the ongoing challenges of staff leaving employment due to the distance from the old location. Benefits given to staff for one year, for example, additional money to pay for increased travel costs to work were now ending which was further impacting on staff decisions to remain or leave. The registered manager was meeting personally with each member of staff to understand the challenges of working at the new site and to explore ways to support them in their role.

We saw that audits took place by the senior managers to check the quality of the service. For example, the registered manager had to report on specific key performance indicators each month. These included weight loss/gain for people living at the service, people admitted to hospital, development of pressure ulcers and number of falls. If there were any increases in any of these areas from one month to the next the registered manager investigated to see if remedial action has been taken and any lessons could be learnt.

The registered manager also undertook quality checks. She spot checked care on each floor on a regular basis. For example, she checked that medicines were being given as per the person's personal choices and

in line with good practice. She attended the handover each morning she was working to use the opportunity to discuss practice issues, for example, oral hygiene. Records of these discussions were kept with a list of attendees. The registered manager explained that once the care plans had been updated by the end of October 2016 there would be monthly care plan audit by the registered manager. The audits will be tied in with staff supervision to ensure these can form a part of supervision discussion.

We could see that the service was keen to get the views of people living at the service, staff and relatives. Residents' meetings took place every two months. Relatives' views had been gleaned in a 2015 survey with 100% of the 18 responses saying staff were kind and treated people with dignity and respect and 61% felt their family member enjoyed leisure activities.

The registered manager told us the provider is asking a market research agency to undertake surveys this winter with results due in March or April 2017.