Jewish Care

Kun Mor and George Kiss Home

Inspection report

Asher Loftus Way
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Date of inspection visit:
20 May 2019

Date of publication:
04 July 2019

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, 45 people were living in the home.

People's experience of using this service:
People told us they felt safe and liked living at the service. Staff were kind, caring and provided person centred care.

The service was clean and the environment homely.

Care records and risk assessments were in place to guide staff in caring for people.

The majority of people and relatives told us there were enough staff; we were told by the registered manager staffing levels were increased to support staff in their role at busy times.

Medicines were safely managed although the documentation for people with covert medicines was not in line with best practice. The provider had developed a new medicines policy in draft form which would address these issues and was due to be implemented by the end of June 2019.

The local management team were very well regarded by staff, people using the service and relatives.

Records showed the registered manager and deputy manager promoted good quality care in a range of ways: through management meetings; group supervisions with staff; quality checks and meetings with staff, people and their relatives.

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.

The service met the characteristics of Good in all five domains; the overall rating for this service is Good.

More information is in the full report.

Rating at last inspection:
At the last inspection on 20 September 2016 the service was rated Good; the last report was published on 1 November 2016.

Why we inspected:

The inspection took place as part of a schedule of planned inspections based on previous ratings.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 one adult social care inspector, 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.

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 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 provides residential, not nursing care, to people with physical disabilities and those living with dementia, the majority of whom are over 65.

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. We looked at the information sent to us by the provider in

the Provider Information Return. 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.

During the inspection:
We spoke with the registered manager, the deputy manager and the service manager. We also talked with three care staff including a team leader.

We spoke with 11 people who used the service and four relatives.

We looked at nine people's care records; records of accidents, incidents and complaints, audits and quality assurance reports and records of residents' meetings including food forums. We reviewed recruitment records for two staff, training and supervision records and staff meeting minutes. We reviewed medicine administration records (MAR) and medicines management.

Following the inspection:
We received feedback from two health and social care professionals on the service and three relatives.

Good

Is the service safe?

Our findings

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

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

Using medicines safely

● Medicines, including controlled drugs, were stored and administered safely in line with best practice. Records were kept of medicines given and there were no gaps in recording. Management of medicines was audited by the local management team.

● Staff responsible for administering medicines were competency checked to ensure they were safe to administer them.

● As needed medicine (PRN) protocols were in place. People told us, "The medication is always on time."

● However, we found minor concerns with some processes and documentation related to medicines management for people given medicines without their permission, covertly, due to their cognitive impairment.

● The pharmacist had not signed the documentation to confirm the list of medicines to be given covertly; and the method of giving the medicines had not always been stipulated by the pharmacist.

● We discussed this with the registered manager and service manager who confirmed that a draft policy had been set out and was due for full implementation at the end of June 2019. There was provision in this to clearly set out these discussions and evidence pharmacist involvement. Appropriate changes had been made at the time of writing this report.

● At the time of the inspection the service could show they were in the process of changing the pharmacy support they received to assist with improvements to medicines management. Staff training was two yearly and the new pharmacy service would check staff competency on an annual basis.

Staffing and recruitment

● Staff recruitment was safe with references and appropriate checks in place, including Disclosure and Barring Service criminal checks. This meant staff were considered safe to work with vulnerable people.

● The majority of people told us there were enough staff to meet their needs. However, two relatives and one person told us they thought there were not always enough staff at weekends. The registered manager and service manager told us they were reviewing staffing levels and were increasing staffing levels at busy times.

● Although the service relied on agency staff to supplement their rota, this was not viewed as a concern by any people we spoke with, nor relatives or staff. Staff told us of agency staff, "Yes, but they are regular staff so that helps us and the service users."

● We were told that agency staff were distributed throughout the building and always worked jointly with a member of staff familiar with people.

● The service also worked with specific agencies to improve continuity of care.

● The registered manager and deputy manager sought feedback from people on their experience of agency staff and told us they had, on occasion, refused the return of some agency staff as a result of poor feedback.

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. The service had made appropriate referrals to CQC and the local authority in the period since the last inspection.

● Staff could speak confidently regarding safeguarding and were able to tell us the different types of abuse and what they would do if concerned. We saw that a group supervision had taken place on safeguarding to embed learning further. Also, new staff had leaflets available to remind them of the key issues relating to safeguarding. Staff told us, "It's about giving people choices but reducing their risk of harm." We saw the service had investigated an allegation made against a member of night staff appropriately.

● People told us, "I am happy here, there is nothing to worry about." Family members confirmed "Security is good" and "Yes she's safe."

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

Assessing risk, safety monitoring and management

● Care records had risk assessments in place. These covered areas such as moving and handling, nutrition and hydration, managing behaviours that challenge and skin integrity.

● Detailed information regarding people's mental health needs had not always been recorded, however, we witnessed staff managing people's behaviours very effectively and in a caring manner. It was clear staff understood and shared information on how to work with individual people.

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

Preventing and controlling infection

● The service was clean on the day of the inspection. The registered manager could show us audits of hygiene and people and their relatives told us it's "very clean" and "Yes, it's clean and odourless."

● Food was stored safely, covered and labelled and the service had recently been awarded five stars by the Food Standards Agency , the maximum rating for food hygiene.

● Staff wore personal protective equipment when providing care, handling food and cleaning.

Learning lessons when things go wrong

● The service recorded all accidents and incidents and records showed that trends were recorded, for example, falls at night, or during busy times during the day. This was helpful to understand how to minimise further falls.

● We found actions identified following incidents, for example, equipment to minimise further falls, had been ordered, and they had. This showed lessons were learnt from incidents.

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.

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
● Prior to a person moving in, the service carried out a comprehensive assessment 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. For example, if people preferred a bath or a shower, how they wish to be communicated with and how best to move and handle them when providing care.

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.
● Staff understood the importance of gaining consent and people told us staff asked their consent before providing care.
● We saw there were capacity assessments on care records which gave guidance to staff. Not all showed sufficient detail, for example, if family members needed to be involved in the decision making process. The deputy manager told us they were reviewing these.

Staff support: induction, training, skills and experience
● People and their relatives spoke highly of the staff and told us they felt they had the skills and experience to care for them.
● New staff received a comprehensive induction, including shadowing and training. The local management team had systems to record when supervisions took place and when they were due. Appraisals took place and staff were invited to provide feedback on their manager. Staff told us, "Supervision? Yes, it is helpful" and "We discuss concerns, aspirations, training and they [local management team] do their best to help."

● Group supervisions took place to check staff understanding of specific areas of learning. For example, bowel care and how this was recorded on the electronic system. Staff also used group supervisions to discuss individuals and how best to care for them. This was a useful tool to ensure staff were up to date with best practice and that knowledge was shared across the staff team.
● The local management team also had their own system to check staff training was up to date. Staff were trained in key areas including moving and handling, safeguarding, infection control and MCA. One staff member told us, "Training is brilliant."

Supporting people to eat and drink enough to maintain a balanced diet
● Lunch was a happy relaxed meal with people supported as they needed. People were offered different plates of food so they could choose what they wished to eat. We saw staff were friendly and relaxed with people.
● The service provided food in line with kosher dietary requirements. People told us, "You can get what [food] you want." Family members confirmed, "There is a choice" and "She can always get a cup of tea."
● '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.
● Where people were at risk of dehydration or low weight their food and fluid intake was recorded. People were weighed regularly and the chef could show us they had a list of people who needed fortified meals to maintain a healthy weight.
● The kitchen also kept a log of people who required a specialist diet and this information was also available to staff during meal times.

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. 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
● Records showed the service worked in partnership with health and social care colleagues to meet people's health needs. Health professionals confirmed this was the case.
● People and their relatives confirmed easy access to health professionals as required.
● We saw evidence of involvement with district nurses, tissue viability nurses and speech and language therapists. The provider also employed trained professionals such as physiotherapists which the service could refer people to. A staff member told us, "Hoists and slings arrive really quickly and people get access to occupational therapy and speech and language therapists very quickly." This was positive for people at the service.

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.

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

- We asked people and their relatives if staff were kind and caring. People told us, "Yes, they are very caring" and "Yes, they are very nice." Family members confirmed, "They are kind and compassionate" and "They are. They know mums likes and dislikes." A relative told us, "They are kind and caring to me as well as my mum." Another relative said, "[Registered manager] is very approachable and kind, thoughtful and caring."
- The service was run for people of Jewish faith, and people were supported to observe their faith and attend services and celebrations as they wished. 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.
- Feedback from people and their relatives included, "They are respectful of religion here" and "They take mum down to Shul, we can visit when we like. We had my daughter's bar mitzvah here and they arranged a tea party for us. They always celebrate birthdays and festivals."

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

- Residents' meetings took place regularly and people attended food forums to give their views. A relative told us, "They had a meeting yesterday. They talk about all sorts. Someone said the cutlery was too heavy for some people. They have arranged to get lighter ones. They talk about what is going on here. The garden and planting ideas. [Registered manager] has the minutes."
- People who were able to communicate with us, and their relatives told us they were involved in their care. One person stated, "We are." Another person told us, "We were due to have a meeting with [registered manager] today."
- Electronic care planning prompted reviews of all care plans. Yearly reviews of care took place which involved the person and their relatives or representatives if appropriate. The registered manager told us some reviews were overdue but they had reminded relatives at the last meeting to make their availability known to book in reviews. The local management team had a system to plan and co-ordinate reviews taking place to ensure people and their relatives were happy with the care and to provide an opportunity to discuss any issues they may have.

Respecting and promoting people's privacy, dignity and independence

- Care records highlighted what people could do for themselves and staff spoke confidently about the importance of maintaining people's independence for both their physical and mental health.
- One person told us, "Friends and family can visit when they want." A relative told us, "We can come and visit any time of day or night." This indicated the service was run for the people and their relatives. The service had a relaxed homely atmosphere.
- We saw that staff treated people with dignity and respect. For example, quietly and privately attending to

their toileting needs; diffusing one person's loud behaviour firmly but kindly and with respect. Staff were able to tell us how they treated people with dignity and respect. One staff member explained, "By knocking on the door and asking 'Can I come in?' When starting personal care by drawing the curtain, offering choices for example, a bath or shower. People can be independent to wash even their face."

● Care records indicated people's background including their profession, family members and personal history. This helped staff understand people and what mattered to them, even when they could no longer communicate verbally.

Good

Is the service responsive?

Our findings

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

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 service had implemented an electronic care planning system. We found care records were up to date, personalised and comprehensive. There were some areas in which the registered manager and deputy manager told us they had further improvements to make. Care records were available on hand held devices for staff to read and update. Agency staff were shown how to use the 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. A family member told us, "They know my mother very well."
- We could see that care was person centred and we had positive comments from everyone we spoke with regarding the quality of the care provided.
- The service operated a keyworker system. This meant specific staff had time to get to know individual people's needs and were allocated time to spend with them. The registered manager told us they tried to suitably match people with specific staff. For one person she ensured their key worker spoke their first language which was a comfort to them.
- The service ran a broad range of activities taking place at the service from music, art, outings, gardening photography and film. People could access activities across several sites on the same campus.
- We saw people enjoying activities including music and exercise with enough staff to support them to be involved. One person told us, "I have tried new activities since I have been here. I like the bingo, gardening, I sing in the choir competition." Relatives confirmed, "They have lots of activities" and "The activities are very good and act as a wonderful stimulus to the residents."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. There had only been two complaints in the last 12 months. Both of these we could see had been dealt with in a timely manner and the outcome was recorded. We saw there were lots of compliments about the service.
- People told us they had not needed to make a complaint but knew how to do so. A family member told us, "Never had to complaint. I think they do a wonderful job. We are lucky to have them." Another relative said, "The manager is always on hand and open to any questions." A third added, "[Registered manager] is extremely responsive."
- 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

- 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 service showed us they had been awarded Platinum Award in the Gold Standard Framework in Care Homes (GSF). GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers. This showed that the service had prioritised training for staff and was providing high quality care for people at the end of their life. At the time of the inspection one person was receiving end of life care and support at the service.

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.

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 local management team had in place a broad range of processes and actions to plan and promote person-centred care. For example, the registered manager attended staff handover each morning to ensure they were fully up to date with people's needs and could delegate activities and actions for that day such as to progress health appointments or follow up on required actions.
- Audits were carried out in a number of areas by the local management team, to check the quality of care provided. These included medicines, hygiene, care plans and daily walk arounds to check the health and safety of the building.
- The local management team held regular 'flash' meetings which involved members of the management team to ensure that information was shared and co-ordinated. We found the service was very organised and were able to show us evidence they had effective management systems in place.
- The provider had various targets they had to meet, that the local management team reported on. These included the number of people who had falls, safeguarding information and complaints. This showed the provider also checked quality measures.
- 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 was in the process of remodelling local services, and with the imminent closure of a 'sister' service the service manager and local management team were open regarding the plans, and the impact this could have on the service, with all involved.
- 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

- We found the registered manager, deputy manager and staff were all clear regarding 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. The provider was taking remedial action to

address recruitment concerns at a provider level.

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

● Staff, people living at the service and relatives and friends had the opportunity to be involved in the running of the service.

● People were involved through residents' meetings and food forums and told us they attended them. There was evidence of the registered manager taking on board comments from people and their relatives and changing systems to make improvements. For example, the laundry was managed on each floor to minimise loss of clothing, and relatives told us the laundry service was good.

● People told us, "I am happy here" and said the service was "well run." Relatives told us, "The management are a completely committed team" and "We would recommend this care home. We looked at several others."

● A survey of 22 relatives' responses in 2017-18 found that three were satisfied and 19 were very satisfied with the care at the service. The registered manager said, "The culture is important at this service." A relative told us, "The registered manager chooses her staff very carefully."

● People spoke well of the local management team and health professionals confirmed that in their view the service was well led.

● Staff were positive about working for the service. Feedback included, "Very good staff team; it's a nice place to work. Yes, I could talk with registered manager and deputy about any issues." A staff member commented on how positive the recruitment process had been which helped them settle into the service.

Working in partnership with others

● The provider was committed to running a range of services locally for the Jewish community and this meant that people could meet with others and access activities across the provider's other services.

● 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.

● Health and social care professionals confirmed that the service worked well in partnership with them.