Jah-Jireh Charity Homes

Jah-Jireh Charity Homes Leyland

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Jah-Jireh Charity Homes Leyland (Jah-Jireh) is a residential care home registered to provide accommodation and personal care for up to 36 people. At the time of the inspection 25 people were living in the service. The home is established and run for the benefit of dedicated, baptised Jehovah's Witnesses.

People's experience of using this service and what we found
The service was not safe. Risks to people's health, safety and wellbeing were not consistently assessed or planned for. We reviewed seven care files and found inconsistencies or missing information in all of them. We found concerns with the cleanliness and maintenance of the environment. We observed staff not following good practice guidance around infection prevention and control including the use of Personal Protective Equipment (PPE). We found recruitment records were not always complete and we have made a recommendation around this.

The service was not always effective. Not all staff had completed the necessary training to keep people safe. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found a lack of signage and adaptations to orientate people to the building, we have made a recommendation around this.

The service was not well-led. At this inspection we found failures in the provider's quality and assurance systems. Records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. This could have compromised the quality and safety of the service provided.

We found the management team receptive to feedback and keen to improve the service. There have been some changes in the staff team, roles and responsibilities since the inspection. Following the inspection visit a change was made to the nominated individual. They, along with the newly appointed chief executive officer took immediate action to start addressing shortfalls we identified.

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

Rating at last inspection
The last rating for this service was Good (18 July 2019).

Why we inspected
We received concerns in relation to quality assurance, risk management and people's safety. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jah-Jireh Charity Homes Leyland on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the registered provider to understand what they will do to improve the standards of quality and safety. We will work alongside the registered provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our safe findings below.	**Requires Improvement**
Is the service well-led? The service was not well led. Details are in our safe findings below.	**Inadequate**

Jah-Jireh Charity Homes Leyland

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team was made up of two inspectors who visited the home. The lead inspector then completed desk-based follow ups to review the evidence received.

Service and service type
Jah-Jireh Charity Homes Leyland 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. On the day of inspection, the registered manager was not available to assist with the inspection process.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with eleven members of staff including the business manager, senior care workers, care workers and domestic staff. We also spoke with the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We carried out observations of care to help us understand the experience of people who could not talk with us We walked around the building to look at the environment to check on the suitability of this.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who had recently visited the service.

Inadequate

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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were not consistently assessed or planned for. We reviewed seven care files and found inconsistencies or missing information in all of them.
- One person was being given a specialist diet without input from a professional team. It was not clear in the care records what diet this person was to be given and this changed daily with no guidance to follow documented.
- We found one person's care plan and risk assessment said that their skin was intact. This person had multiple areas of pressure damage. It was not clear what actions staff were taking to mitigate this risk as there were no documented guidance and supplementary records were inconsistently completed by staff.
- We found three people who were assisted with moving and handling using equipment. Documentation for these people did not always provide clear guidance for staff to follow. We were told that no professional advice had been sought to assess the risk. It was not clear how the decisions had been made. When people are using equipment such as slings these need to be individual to that person and measured to avoid the risk of injury from incorrect sizes or techniques being used.
- We found one person had consistently lost weigh over a period of five months and there had been no professional support requested. Documentation did not include any information on how to manage this risk. Additionally, this person was then not weighed for four months and in that period had lost further weight.
- Fire safety was not adequately risk assessed and planned for. We found the fire risk assessment was not specific and did not include all the required information. We found five fire doors that did not close properly. People did not have individualise personal evacuation plans to aid safe evacuation in the event of an emergency. We referred the home to Lancashire Fire and Rescue Service and the provider took immediate action to address some of these concerns.
- The provider was unable to evidence that lessons were learnt following accidents and incidents. We viewed the records of accident and incidents which did not always include details of any lessons learned. The documented action taken following the incidents was brief, when we discussed some of the incidents with the management team, they were not able to assure us of the actions they had taken in response to the accident or incident.

We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● Medicines were not always managed safely. Medicines Administration Records (MARs) were not always completed fully.
● Protocols to support the safe administration of 'when required' medicines a were not in place. We could not be assured people had received their medicines when they should have.
● Boxed medicines such as creams or eye drops were not dated when first opened. Medicines have an expiration date and using them past this date may change the effectiveness over time.
● Quantities of medicines were not always recorded, and we found instances where medicines could not be located. This resulted in people not receiving their medicines as prescribed.
● We found an inappropriate method was being used for disposal of medicines and records were not kept for these medicines.
●The issues we found with medicines practices made it difficult or impossible to audit the safe administration of medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
●The provider had not adequately assessed, and managed risks related to the prevention and control of infection. During the inspection, we found the environment was unclean in several areas. We found equipment in communal bathrooms to be soiled. Peoples personal equipment such as walking aids were visibly unclean.
● We found the premises were not well maintained. We saw paintwork was chipped in some areas which could prevent adequate cleaning.
● We observed staff not following good practice guidelines around the use of PPE. Additionally, staff were not always following social distancing guidelines linked to the Covid-19 pandemic.
● The completion of cleaning tasks was not always checked and documented. We viewed recent environmental audits which had not recognised the issues we found. We referred the home to the local Public Health Authority and the provider took immediate action to address some of these concerns.

We found concerns with regards to preventing and controlling infection. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● The provider had failed to protect people against the risk of abuse or improper treatment. The service had procedures to minimise the potential risk of abuse or unsafe care. However, we found these were not always followed. We found incidents that had not been reported to safeguarding in line with current guidance. These included repeated falls, unexplained injuries and a pressure injury.
● The provider had failed to implement internal safeguarding processes to ensure investigations were carried out to identify areas of improvement and risks of abuse. For example, we found staff had not shared incidents of unexplained injuries with relevant safeguarding authorities. The sharing of information would enable robust and transparent investigations to take place.
● We found not all staff had received specific safeguarding training. Management and staff did not show understanding of how to safeguard people and were not clear about when to report incidents and safeguarding concerns to other agencies responsible for progressing and investigating safeguarding matters.

● We found people were subject to restrictions which could restrict their liberty without the relevant documentation in place to support this practice. This included the use of bedrails and sensor mats which alerted staff to the movements of people.

There was a failure to report safeguarding concerns to authorities and protect people from abuse and inappropriate treatment. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● The service did not have a systemic approach to calculate the number of staff required. We spoke to the business manager about this. They confirmed they could not provide evidence staffing levels were determined based on people's individual needs and in line with best practice guidelines.

● We looked at recruitment and found some recruitment files were incomplete, we found gaps in employment were not explained and missing references.

We recommend that the provider reviews recruitment processes to ensure all the relevant schedule 3 information is evidenced as required.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement.
This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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). At the time of our inspection one person living at the home was subject to restriction under 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 had the appropriate legal authority and were being met.
- Staff were not always working within the principles of the MCA. Staff had not completed capacity tests to check whether people could make specific decisions or required decisions to be made in their best interest where they lacked capacity. There was a lack of MCA training which impacted on staff knowledge and understanding of the principles.
- Restrictive practices were not well managed. These restrictions had not been risk assessed or care planned, and it was not evidenced if any other less restrictive options had been considered.
- Whilst we observed staff seeking people's consent and giving them choice, the practices in the home did not always consistently promote choice and individualised approach to care.

The provider had failed to seek people's consent and had failed to follow the code of practice. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
- The provider had failed to adequately support staff with training into their roles and responsibilities. The provider had a system for inducting staff at the beginning of their employment, however we found this had not been effectively implemented and they could not demonstrate whether staff had successfully

completed induction into their role as some of the staff were not on the training records.
● The provider had not adequately established and operated a robust system for ensuring staff were provided with training. Staff had not been provided with training in key areas in line with people's needs. This included infection prevention and control, dementia care and pressure area care among other areas. People at the home required support in these areas and the lack of trained staff could put people at risk of harm.

We found evidence that the lack of training and staff knowledge put people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet;
● People were not consistently supported to maintain a balanced diet. While some people had been referred to specialist professionals to monitor risks associated with nutrition, risks with eating and drinking were not always monitored and reviewed regularly.
● There had been a period where people's weights had not been consistently recorded to track people's weight and the risk of unintentional weight loss. People had lost weight and actions had not been taken to review the impact on their well-being. We asked the provider to take immediate action to address this and identify people at risk.

We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate nutritional safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
● We walked around the home to check it was a suitable environment for people to live. We saw the decoration of the home was dated and there were marks on the walls and woodwork.
● There were adequate spaces for people to spend their time on their own or to share with others. People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
● There was very little signage to orientate people in the home.

We recommend that the service seeks guidance and follows best practice for supporting people living with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● The provider had failed to assess people's needs and choices in line with standards and guidance. We observed staff giving people choices. However, the registered manager and their staff had not consistently followed current legislation, standards and best practice guidance to achieve effective outcomes. This included national COVID-19 guidance on allowing visitors into the care home.
● We saw evidence staff had worked with healthcare professionals to ensure people's healthcare needs were met. They worked with local GPs and Nurses to meet people's health needs. However, improvements were required to ensure people were referred to other specialist professionals in a timely manner when their needs and risks had increased. We found this had not happened for six people.

Inadequate

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 deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not well-led, there were significant shortfalls in the oversight and leadership. Systems to assess, monitor and improve the service had not been implemented and operated effectively. We found no systematic approach to audits and many of the checks we were told were completed were not evidenced. Arrangements in place had not effectively identified and dealt with some of the emerging and ongoing risks to prevent deterioration.
- We found some inconsistencies in documentation. These included out of date and/or incomplete information. During the inspection the issues we found had not been recognised by the registered manager or provider. The registered manager and provider needed to improve their understanding of quality performance, risk and regulatory requirements.
- We found the registered manager and provider had not followed required standards, guidance and their own policies in various areas. They had not exercised their responsibility to ensure staff had up to date training and knowledge linked to the specific needs of people in the service. Staffing deployment had not been assessed or monitored to ensure people's safety and assessed risks were minimised.
- The provider had failed to implement systems for learning from incidents and near misses. The registered manager and the staff could not demonstrate whether they had reviewed what could be learnt from significant events such as repeated falls.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This is a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider had systems for promoting person-centred care however, they had not been consistently applied to support the process. Systems for supporting staff including training were not adequately implemented to support the delivery of safe care.
- The provider had submitted some statutory notifications to CQC; however, we found a number of incidents of injuries that had not been notified and safeguarding concerns had not been shared with the local authority. The registered manager and provider had not documented or evidenced that action had been taken in line with their duty of candour responsibilities when things had happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were not routinely involved in the development or management of the service. Staff and the management team were not promoting or championing people's rights in this way.

● The service worked with external health and social care professionals. We saw evidence of people being supported to take part in meetings with professionals including their doctors.

● Following the inspection visit a change was made to the nominated individual. They, along with the newly appointed chief executive officer took immediate action to start addressing shortfalls we identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met: The provider did not have suitable arrangements to ensure the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. (1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The provider failed to ensure robust safeguarding procedures were in place. (1)(2)(3)(4)7(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: The registered provider had failed to ensure staff were suitably qualified and competent to make sure that they can meet people's care and treatment needs. Reg 18 (1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: The registered provider had failed to establish effective governance systems, including assurance auditing systems or processes to assess, monitor, drive improvement and ensure compliance. The documentation did not always contain a complete and accurate record of people's needs. (1)(2)(a)(b)(c)(e)(f)

The enforcement action we took:

Warning notice served against provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The registered provider had failed to establish effective governance systems, including assurance auditing systems or processes to assess, monitor, drive improvement and ensure compliance. The documentation did not always contain a complete and accurate record of people's needs. (1)(2)(a)(b)(c)(e)(f)

The enforcement action we took:

Warning notice served against provider