

Jah-Jireh Charity Homes

Jah-Jireh Charity Homes Blackpool

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 26 October 2015 and was unannounced. At the last inspection in December 2014 the registered provider did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and was rated as 'Inadequate'. During this inspection visit we found legal requirements had been met.

Jah-Jireh is a detached building located in central Blackpool. The home is registered to accommodate up to

36 people who require assistance with personal care. Jah-Jireh cares for people who are Jehovah's Witnesses. All care staff are also Jehovah's Witnesses. At the time of our visit there were 29 people lived at the home. Accommodation was arranged around the ground, first and second floor. There was parking to the front of the building and a garden area to the rear. There was a passenger lift for ease of access and the home was wheelchair accessible.

Summary of findings

There was a registered manager in place. 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 registered manager was aware of and met their responsibilities and the regulations. Procedures were in place to protect people from abuse and unsafe care. Risks to people were minimised because risk assessments were in place. People told us they felt safe living at Jah-Jireh and liked living there. One person said, "I feel safe here with my brothers and sisters. We are all together."

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration. Records we checked were complete and accurate and medicines could be accounted for because their receipt, administration and disposal were recorded accurately. However we found best practice for administering medication was not always followed. We have made a recommendation about the management of medicines.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at the recruitment records of five members of staff. Suitable arrangements were not in place to ensure safe recruitment practices were followed. We have made a recommendation about the effective procedures for recruitment and selection.

People said there were enough staff to support them well and give them help when they wanted this. One person said, "The staff are kind and gentle and there are always enough of them." Another person told us, "There are enough staff to care for us properly and we are hardly ever kept waiting when needing help." We saw since the last inspection, additional staff had been appointed to work in the morning and at mealtimes. We could see there were sufficient staff available to support people and staff were not rushed when providing care.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. The

environment was well maintained, clean and hygienic when we visited. There were no unpleasant odours. People told us the home was always clean, tidy and fresh smelling. One person said, "It is lovely here, and nice and clean."

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. One person said, "The staff are well trained and know what they are doing. They are excellent."

We saw the registered manager and management team had improved the care provided to people living with dementia and significantly enhanced their experiences in the home. The management team had also made the home more dementia friendly with new furnishings, special equipment and signage to assist with orientation around the home. A member of staff told us, "The management team have worked tirelessly to improve things since the last inspection. Through them we are doing more for people."

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The registered manager discussed applications she had submitted. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

People were offered a choice of healthy and nutritious meals. Staff made sure people's dietary and fluid intake was sufficient for good nutrition. People told us the food and drinks were generous and varied and drinks were frequent along with snacks. One person said, "The food is good and I can always get a change if I don't like the meal. We get more than enough to eat and drink and the staff all treat me well." Another person told us, "The food is very good and, if they find that you used to like something, they soon get some in."

People we spoke with told us staff were caring and helpful. One person said, "I am happy here now because just about everything about this home is very good." Staff frequently interacted with people. They were supportive and attentive, responding to any requests for assistance promptly. A relative said, "The staff and management really care about the residents and show enormous patience and gentleness even when due to confusion some folks get uncooperative."

Summary of findings

Staff knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. We saw staff talking with people in a friendly, polite manner. Staff were aware of people's individual needs around privacy and dignity and made sure they respected these. People told us they felt staff valued and respected them because of the way in which they supported them.

People were fully supported in their spiritual needs. It was evident people who lived and those who worked in the home had a special bond sustained by their faith where 'brothers and sisters' were recognised and valued. Spiritual support was a major part of life within the home and people were given every opportunity to sustain and strengthen their faith. One person told us, "I think there is real love here and those who work here obviously don't see it as just a job. I can think of no better place for myself or for others who find themselves in a similar situation."

Staff recognised the importance of social contact, companionship and activities. As well as the spiritual support, social and leisure activities were available. Staff were very welcoming to people's friends and relatives. A relative said, "I am made very welcome whenever I visit, even when I am not expected."

People knew how to raise a concern or to make a complaint if they were unhappy with something. One person told us, "I love it here and I have no need to complain about anything." A relative commented, "The staff have been wonderful and caring and if I mention any concerns about [my family member's] care, these are addressed quickly."

Everyone we spoke with told us the registered manager and staff team were approachable, caring and supportive. One person said, "They are superb, so committed and listen to everyone. They are so easy to talk to." A member of staff said, "The manager is approachable, very supportive and will help whenever needed. She will always listen and help if you have a problem."

The registered manager was able to demonstrate the views of people who lived at the home and other stakeholders were encouraged and welcomed. We saw a number of examples of changes and developments within the service, which had been made as a result of people's suggestions and comments.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, 'residents meetings' and care reviews. Overall satisfaction with the service was seen to be very positive.

Summary of findings

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 always safe.

People told us they felt safe living at the home but suitable arrangements were not consistently in place to ensure safe recruitment practices were followed.

We reviewed medication administration and practices at the home and saw appropriate arrangements were in place for storing, recording and monitoring people's medicines. However we found best practice for administering medication was not always followed.

Staffing levels were sufficient to meet the needs of people and staff were appropriately deployed to provide safe care.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Requires improvement



Is the service effective?

The service was effective

Procedures were in place to enable staff to assess people's mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good



Is the service caring?

The service was caring

Because of the nature of Jah-Jireh people were fully supported in their spiritual needs. The staff shared the same beliefs and values as the people they cared for.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

Good



Is the service responsive?

The service was responsive

Good



Summary of findings

People experienced a level of care and support that encouraged them to enjoy a good quality of life. There was spiritual guidance and support to sustain and strengthen their faith and well-being. Social activities arranged to interest people encourage interaction.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

Is the service well-led?

The service was well led.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

People who lived in the home, their relatives and staff were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and willing to listen.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Good



Jah-Jireh Charity Homes Blackpool

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 26 October 2015 and was unannounced. The inspection team consisted of an adult social care inspector, an adult social care inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Jah-Jireh had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider about incidents that affected

the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, a senior member of staff, six members of staff on duty and eleven people who lived at the home. We also had contact either in person or by email with nine friends and relatives.

We looked at care and the medicine records of three people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People said they felt safe and cared for at Jah Jireh. One person said, “The carers are kind and I do feel safe. I have nothing to worry about so I enjoy watching old films,” Another person told us, “I feel safe here with my brothers and sisters. We are all together.” Relatives told us their family members were in a safe and caring home. We saw people were comfortable and relaxed with staff.

We saw people relaxing in the lounges and dining areas of the home or their bedrooms. They told us they were free to move around the home as they wanted. They said staff supported them to get about the home if they needed help.

There were procedures in place to protect people from abuse and unsafe care. Risk assessments were in place. These provided guidance for staff and assisted them in providing care safely. Accidents or incidents, complaints, concerns, whistleblowing and investigations had been discussed and evaluated for lessons learnt.

Staff were aware of how to raise a safeguarding concern and where relevant had done so. We asked staff how they would deal with unsafe care or a suspicion of abuse. They were able to tell us the steps they would take to reduce the risk for people from abuse and discrimination.

We talked to staff about how they supported people whose behaviour may challenge services. They told us they would make sure they had support and training to support the individual if anyone developed behaviour that challenged. If they felt they were becoming unable to meet someone's increased needs they discussed this with the person, relatives and staff team. From this they agreed a suitable planned move for the person and provided appropriate information to the new service.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at records for five members of staff. Staff had completed an application form however the form could be improved to ensure a full employment history was captured. For three staff members there was no evidence any gaps in employment history were explored and explained for each person. References were obtained before people started work however not always sought from the last employer.

We saw Disclosure and Barring Service (DBS) checks had been undertaken before staff had started work. A DBS certificate allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. This prevents people who are not suitable to work with vulnerable adults from working with such client groups.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. People said there were enough staff to support them well and give them help when they wanted this. One person said, “The staff are kind and gentle and there are always enough of them.” Another person told us, “There are enough staff to care for us properly and we are hardly ever kept waiting when needing help.”

We also talked with relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. On the last inspection staff were not deployed safely. By this inspection, additional staff had been appointed to work in the morning and at mealtimes. We saw staff were working effectively and supporting people when they needed them. From people's views, our observations and records we could see there were sufficient staff available to support people. We saw staff were not rushed when supporting people and maintained a cheerful approach throughout.

We looked at how medicines were administered. We saw people's medicines needs were checked and confirmed on admission to the home. Where new medicines were prescribed we saw evidence the medication records had been amended to ensure medication was administered as prescribed. Pain monitoring was in place where needed and written guidance was in place for medicines prescribed 'when required', to help ensure consistency in their use. We spoke with people about the management of their medicines. One person said, “The staff see to my medicines and they do it very well.” Another person said, “I don't have to think about my tablets now the staff give them to me. It has taken a load off my mind.”

Staff said people could manage their own medication if they were able. Four people told us they managed some of their medication themselves. Staff had risk assessed this and discretely monitored this was being managed safely. One person told us, “I see to my own medicines which I like to do.”

Is the service safe?

Only trained staff administered medication. This was confirmed by talking to staff members. We saw staff competency assessments and regular medicines audits were completed to help ensure should any shortfalls arise, they could be promptly addressed. However this had not been fully effective in ensuring the home's procedures for the administration of medicines were always followed correctly.

There was one person who received medicines covertly. The use of covert administration of medicines is used in such instances when a person may refuse their medication but may not have the capacity to understand the consequences of their refusal. We saw best practice had not been followed to ensure covert administration only took place in the context of legal and good practice frameworks. This protected both the person who received the medicine(s) and the staff involved in administering the medicines. We spoke with the registered manager about how this person's medication was managed. The registered manager told us it had been identified that best practice had not been followed. They were able to provide us with confirmation of the further advice they had sought from both the General Practitioner and the pharmacist.

Medicines were safely kept and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). Storing medicines safely helps prevent mishandling and misuse. However we did note the fridge used to store medicines at a cold temperature was operating at a high temperature. Not storing medicines at the recommended temperature can affect the efficiency of the medicines. The registered manager told us the medicines fridge was faulty and a new fridge had been ordered. However whilst they were awaiting a new fridge air conditioning had been added to the room to reduce the overall temperature of the room.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly. People told us staff assisted them whenever they needed help. One person said, "The staff come quickly whenever we ask for help." Another person said of the staff, "We rarely have to wait if we call them."

The environment was well maintained, clean and hygienic when we visited. There were no unpleasant odours. People told us the home was always clean, tidy and fresh smelling. One person said, "It is lovely here, and nice and clean." A relative told us, "The presentation of the home is one that is clean, comfortable and welcoming. There have been great efforts to ensure the odour common to many homes I have visited is not apparent at Jah Jireh. I believe this speaks volumes to the attitude and care and is of great credit." We saw there were regular audits to check the cleanliness of the home and safety of equipment.

We recommend that the service seek advice and guidance from a reputable source, about management of medicines.

We recommend that the service consider current guidance to operate effective recruitment and selection procedures.

Is the service effective?

Our findings

People told us their needs were met by the staff team and they were confident staff were well trained and knew what they were doing. They said staff knew how each person wanted to be cared for and did this. One person said, “The staff all treat me well and they are friendly and efficient.” Another person said, “The staff are well trained and know what they are doing. They are excellent.” A relative told us, “[The registered manager] and her team of very kind co-workers are always willing to go the 'extra mile' to provide a safe haven for the elderly ones in their care. They place the needs of their charges along with training and development of their staff at the highest level. Another relative said, “My own experience of the home and its management team is one of consistent good practice.”

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. They told us they had completed a lot of training recently. This included Mental Capacity Act and Deprivation of Liberties training, dementia training, infection control, end of life care and safeguarding vulnerable adults. We saw the training matrix which was available for all staff to view. This identified when training had been completed and when training needed renewing.

At the last inspection dementia care was not satisfactory. Since then the management team had worked tirelessly to improve this. The registered manager had completed ‘train the trainer’ dementia training and had been cascading this to staff. They had observed care to monitor good practice and any shortcomings. They had arranged for specialist support to go into the home and assist with changes. They had also contacted dementia organisations for advice and information.

Dementia training for all staff was arranged for the week of the inspection. Staff were being supported to develop the skills and experience to care for people. These measures had changed the care provided in the home and significantly improved the experience of people living with dementia. A member of staff told us, “The management team have worked tirelessly to improve things since the last

inspection. Through them we are doing more for people.” Another member of staff said, “We have had lots of training since the last inspection. It has changed the way we work for the better.”

We saw the registered manager and management team had made the home more dementia friendly. Doors had been painted and signs provided to inform people which rooms were which. They had moved one dining area so staff were better able to support people with higher care needs. People felt this room was brighter and pleasanter to be in, than the other room, which was turned into the office. A lounge had been refurbished to provide a bright, cheerful, dementia friendly space. Dementia friendly equipment, furniture, furnishings and flooring had been placed in the lounge. Furniture in the other two lounges had been rearranged to provide a more sociable environment. People were complimentary about these changes and staff felt they improved the way they worked with people.

We saw a reminiscence table with objects for people to pick up as they walked around the home and pictures to enjoy. There were also ‘fidget’ bags placed around the home. These bags were filled with everyday items and staff encouraged people to look in them and where possible discuss the items in the bags. We saw people using these. Staff told us these had proved very popular and people were engaging more frequently looking through them.

One member of staff told us, “I think the changes have been brilliant. The environment is more dementia friendly which is better for people. The signs on doors help and the little fidget bags are really good at getting people thinking. We are doing more activities with people as well.”

Staff received supervision and appraisal and felt supported by the management team. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. A member of staff said, “I feel really positive about supervision. It is really helpful.”

People told us the home had three cooks who shared the cooking over the course of a week and they all made very good meals. They told us the food and drinks were generous and varied and drinks were frequent along with

Is the service effective?

snacks. One person said, “The food is good and I can always get a change if I don’t like the meal. We get more than enough to eat and drink and the staff all treat me well.” Another person told us, “The food is very good and, if they find that you used to like something, they soon get some in.” We saw tea and water was freely available to people and they told us they were rarely thirsty as there were always drinks available.

We observed staff interaction and support given to people during the lunchtime meal in both dining rooms. The dining rooms were both pleasant and welcoming and the atmosphere was cheerful and relaxed. Communal prayers were said and a Bible reading was read aloud before the meal. This celebrated the shared spiritual beliefs of people.

There were daily menus on all the tables. The options on the inspection visit were a choice of a vegetarian dish, turkey croquettes, or casserole, mashed potatoes, peas, and ratatouille. People told us the meal was tasty and enjoyable and they had enjoyed the meal, as usual. We saw support at mealtimes for people living with dementia had significantly improved since the last inspection. There was specialist equipment and contrasting crockery to assist people with their meals. Additional staff were deployed at mealtimes to assist people. Staff supported them in a calm and unhurried way and gave choices wherever possible. They talked with them throughout the meal and gently encouraged them to eat their meal.

One of the inspection team also ate with people. They said the meal was very good and at a good temperature. It was followed by a variety of fresh fruit, all peeled and prepared. This was popular with most of the diners. Several people remained in the dining room in conversation for a while after most had departed to their rooms or to the lounge. This gave us the opportunity to talk with them. They were very positive about the dining experience and the care and support they received at Jah-Jireh.

The menu for the evening meal included soup, sandwiches, and a choice of desserts, hot or cold. We saw specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. There was information about each person’s likes and dislikes and staff were familiar with each person’s dietary needs.

Special diets were provided where needed and staff were aware of people who for example had diabetes or needed fortified foods to assist them to gain weight. Records

showed one person was losing weight. Staff were fortifying the person’s food with extra calories. The person was often not eating their main meals. To combat this staff were providing a snack box with finger foods and fruit between meals to increase the food eaten.

People told us they had regular health checks. They said they could see a doctor whenever needed and staff acted on and monitored any health issues. Care records seen confirmed General Practitioners (GP’s) and other healthcare professionals had visited. We saw where needed staff were persistent in getting the correct care for people. The reason for the visit and any treatment was recorded. One person told us, “The staff are very good. They get the [district] nurse to come in a check me.” Another person said, I don’t usually need to see a doctor much but I can if needed.” A relative said, “I am confident that the staff look after people and make sure they get any treatment needed.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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). The MCA DoLS require providers to submit applications to a ‘Supervisory Body’ for authority to do so

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. The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the Mental Capacity Act and DoLS. We spoke with staff to check their understanding of these. They understood the procedures to follow where people lacked capacity.

Is the service effective?

Staff determined people's capacity to take particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. People we spoke with told us they had the freedom they wanted to make decisions and choices. They said staff gave sufficient time if they were being asked to make any decisions. They said staff did not restrict the things they were able, and wanted, to do. One person said, "I like my room and my routine, I have a fridge and my own drinks and snacks, manage my own medication and it suits me. It is like home from home and I feel safe, lucky, and well supported here." Another

person told us, "The staff are helpful and good. They let me get on with my ministry as I want to." The management team had put risk assessments and management plans in place to keep people safe if they were out alone.

The registered provider informed us they had made DoLS applications for people who had dementia and restrictions placed on them for their own safety. Once the DoLS had been authorised, they had informed CQC as required and the staff team were complying with the conditions applied to the authorisation. This showed us staff were working within the law to support people who lacked capacity to make decisions and manage risk.

Is the service caring?

Our findings

Everyone we spoke with told us the staff were kind and compassionate and they felt they were treated with respect. They told us they were comfortable and enjoyed living at Jah-Jireh. A relative said, “This is due to the tireless efforts of the staff. Their prime goal is to promote the well-being of those in their care.”

Because of the nature of Jah-Jireh people were fully supported in their spiritual needs. The staff shared the same beliefs and values as the people they cared for. One person told us, “I think there is real love here and those who work here obviously don’t see it as just a job. I can think of no better place for myself or for others who find themselves in a similar situation.” A relative told us, “There is a pleasing feeling that this is really a home, that those who live there can really call it ‘their home’.”

Staff clearly knew people well and had a good, easy, relationship with them. One person told us “The staff are wonderful.” Another person said, “I am happy here now because just about everything about this home is very good.” A relative told us, “The place where [my family member] has chosen to be cared for is a place of security and loving care. They would not wish to be anywhere else.”

We spent time in all communal areas of the home. We saw good interactions and communication between staff, people who lived at the home and their relatives. People received the support they wanted and staff were attentive and patient. A relative said, “The staff and management really care about the residents and show enormous patience and gentleness even when due to confusion some folks get uncooperative.”

Staff knew and understood people’s history, likes, dislikes, needs and wishes. They were also familiar with people’s background and their family members. They knew and responded to each person’s diverse cultural, gender and spiritual needs. People felt they could trust staff, who treated them respectfully. A relative told us staff were caring and looked after their family members physical and spiritual needs. We saw staff responded to requests for support quickly. We saw before providing any personal care or support staff explained what they planned so people knew what was happening.

People looked cared for, dressed appropriately and well groomed. People told us the hairdresser visited regularly

and staff often assisted them with nail and hand care. A visitor told us, “I have always found the residents to be well presented, washed and in clean clothes rather than dishevelled and unkempt. The visitor went on to say, “Staff encouraging and assisting people to have a shave if they want one treats them with dignity and cannot be underestimated.” We looked at care records which showed people were supported to bathe regularly.

We saw staff talking to people in a friendly, polite manner. Staff were aware of people’s individual needs around privacy and dignity and made sure they respected these. Staff knocked on bedroom and bathroom doors to check if they could enter and shut doors and curtains when providing personal care. People told us they felt staff valued and respected them because of the way in which they supported them.

The management team and core staff had worked in the home for a long time and were familiar with the individual needs and behaviours of people. They took into account people’s individual needs and wishes and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual’s unique qualities, abilities, interests, and preferences in the way they were cared for. One person said of the management team, “They are making changes and improvements and nothing is too much trouble for them.” Another person told us, “I have been here a while it was not too bad before but over the past year things have really started to improve. The managers are moving things forward very well. Everything is better, the staff, the food, the atmosphere. I enjoy the activities and especially the trips out.”

Information about independent advocates was available if people required their guidance and support. Two people had advocates involved with them to assist with making decisions. This meant they could be represented by someone independent of the home to act on their behalf if needed.

We had responses from external agencies including the local authority contracts and commissioning team and health care professionals. Links with health and social care services were good. Comments received from other professionals were positive about the service. They told us they had no concerns about the home and they had improved the care and support provided. They added,

Is the service caring?

people seemed to be happy and relaxed and staff listened and knew what they were doing. These responses helped us to gain a balanced overview of what people experienced living at Jah-Jireh care home.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a calm and relaxed atmosphere when we visited. Staff spent time with people making sure their care and spiritual needs were met and they were able to socialise together. One person told us, “It is good to be with ‘brothers and sisters’ and feel so supported spiritually.”

It was evident people who lived and those who worked in the home had a special bond sustained by their faith where ‘brothers and sisters’ were recognised and valued. Spiritual support was a major part of life within the home and people were given every opportunity to sustain and strengthen their faith. Communal prayers were said before meals, Bible readings and spiritual guidance was available on a large screen in one lounge and there were frequent opportunities for private or shared prayer and bible study. This celebrated the shared spiritual beliefs of people.

People were supported to attend the local Kingdom Hall meetings to worship. Where people were unable to attend in person, they were able link into the meetings from the home. One person was supported to continue door to door ministry. Staff made sure they were safe, while assisting them to continue sharing their faith.

Staff offered choices and encouraged people to retain their independence wherever possible. One person said staff were always ready to assist if they were needed but supported and encouraged them to do as much as possible for themselves if they wished.

People were treated as individuals and assisted to follow routines they wanted. We saw people were able make choices about the time they rose in the morning, the food they would like, the activities to be involved in and when to retire at night. A relative told us [Our family member] has odd sleep patterns, which means that they may be more awake at night than in the day. This has been accommodated by the staff for which I am eternally grateful.”

People visiting the home said there were no restrictions to them visiting their family member or friend. They told us

there was a relaxed atmosphere and they always felt welcome by the registered manager and staff team. A relative said, “I am made very welcome whenever I visit, even when I am not expected.

The people we spoke with were satisfied with the activities available. They had moved into the home because of their shared spiritual faith and values. People we spoke with told us were happy to consider the regular religious get-togethers as the main activities. Staff also supported people to engage in activities and interests in the home and short trips out in the local community. We saw they had increased the activities they offered people. We observed staff encouraging people to get involved in social and leisure activities. These included a daily crossword, crafts, painting, music, board games, TV particularly old films, jigsaws, fidget bags, knitting, armchair exercises and singalongs. The hairdresser visited each week as did a person selling ‘old fashioned’ sweets. An alternative therapist visited regularly to provide massage to people. People told us of a recent Blackpool illuminations trip, which they said they enjoyed.

We spoke with the registered manager about how they developed care plans when people were admitted to the home. She told us care plans and risk assessments were completed soon after admission with the person and their relatives, if appropriate. We looked at the care records of three people we chose following our discussions and observations. Each person had a care plan in place that gave details of their care needs, likes and dislikes. Risk assessments including nutrition, falls and pressure area management had been completed. These were informative and person centred. They were regularly reviewed and amended as people’s needs changed.

People were confident the care provided was focussed on their individual needs. They said they and their relatives were able to become involved in care planning. A relative told us they and their family member had been involved in the planning of care. They knew the staff well and were certain the staff had a good relationship with their family member and knew their likes and dislikes.

We looked at the complaints procedure and saw people had been given information on how to complain. We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us, they were happy to discuss any problems with staff. They said if they had any concerns staff would listen to

Is the service responsive?

them and take action to improve things. One person said, “I know the staff are very good and I am too happy to complain about anything.” Another person told us, “I love it here and I have no need to complain about anything.” A relative commented, “The staff have been wonderful and caring and if I mention any concerns about [my family

member’s] care, these are addressed quickly.” Another relative told us, “I get on well with the staff and can always discuss concerns with them if I have any.” The registered manager informed us there had been no complaints over the last year.

Is the service well-led?

Our findings

We saw since the last inspection the management team and staff, under the registered manager's leadership, had improved and developed the care and support provided in the home. Action had been taken on all the issues raised at that inspection. Most actions were completed and were embedded in practice. A small number of minor improvements were still being worked on.

Comments received from people being supported, their relatives and staff were positive about the registered manager's leadership. One person said, "There is a good atmosphere and the management are very hands-on." A relative told us, "My own experience of the management team is one of consistently good practice."

Staff were praising of the way the registered manager and management team have improved the care in the home. A member of staff said, "We have done a lot of work. We now have more time with residents. We have more staff to help people get up, and at mealtimes and after breakfast we have activities and again in the afternoon. The care plans are also better. There has been a massive improvement to people's quality of life." Another member of staff told us, "We have made changes for the better and we can see improvements. We are more person centred and are into the new way of working now and we are able to spend more time with people." Other comments included, "There is a lot more professionalism. We have more responsibility which is good. We have 'champions' for different areas of care, including falls and dementia and it has improved the care." And "We have had a lot of support from the management team. They have been here so much making sure we get things right and helping us."

Everyone we spoke with told us the registered manager and staff team were approachable, caring and supportive. One person said, "They are superb, so committed and listen to everyone. They are so easy to talk to." A relative told us they were always kept up to date and they felt the leadership of the management team was active and appropriate. Another relative said, "The management team maintains an open door policy to residents, friends and relatives who wish to discuss any changing needs."

The registered manager described Jah-Jireh Blackpool's sole purpose was to provide loving, spiritual and physical care for those in the community of Jehovah's Witnesses

who find themselves needing to be cared for by others, due to old age or infirmity. During our visit we observed the registered manager and staff acted according to these values when providing support to the people in their care.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability.

Staff we spoke with explained there was an open culture within the service, where their views were welcomed and valued. They told us the registered manager was 'very approachable' and they were encouraged to discuss any aspect of their role. One member of staff said, "The manager is approachable, very supportive and will help whenever needed. She will always listen and help if you have a problem." Another staff member said of the management team, "We definitely have good support; they are helpful and caring and help you improve."

Staff attended handovers at the change of each shift. This gave them the opportunity to discuss people's support needs and any day-to-day operational issues. Staff told us that at handovers they were encouraged to discuss anything that might cause them anxiety during their day. They told us this open approach helped them to feel valued and supported.

Staff also attended regular staff meetings where the whole team could meet together. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to.

Since our last inspection the provider had introduced systems and procedures to monitor and assess the quality of their service. These included seeking the views of people they supported through the 'residents' meetings, satisfaction surveys and support reviews. We saw 'residents' meetings were held regularly and any comments, suggestions or requests were acted upon by the registered manager. People told us they attended residents' meetings where progress and any problems were discussed. People told us they were confident about making suggestions for improvements and knew they would be listened to.

People felt their needs and wishes were met and they had input to how the home was run and managed. They told us

Is the service well-led?

staff were very approachable and they could talk with the registered manager and staff team at any time. People were confident about making suggestions for improvements. One person said, "All the staff are easy to talk to and they ask if we are happy with everything." A relative told us, "I get on well with the staff and can always discuss concerns with them if I have any."

We also noted that since our last inspection the service had worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. We saw the support provided was based upon best practice evidence. For example the registered manager had actively engaged with support from Blackpool Council to ensure best practice was achieved for people living with dementia.

The management team had an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the service. Records

reviewed showed the service had a range of quality assurance systems in place, to help determine the quality of the service offered. These included health and safety audits and audits of medication, care records, incidents and accidents. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

A representative of the provider visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the registered manager and identified any necessary improvements or good practice observed.

The registered manager described the senior management team of the organisation as supportive and confirmed that the resources necessary for the effective running of the service were always made available.