

Jah-Jireh Charity Homes

Jah-Jireh Charity Homes

Wigan

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Jah-Jireh Charity Homes Wigan provides accommodation, personal and nursing care for people who are baptised members of the Jehovah's Witness faith. The accommodation is divided over two floors and is located in a residential area of Wigan. The home can accommodate up to 47 people. At the time of inspection 45 people were living at the home.

People's experience of using this service and what we found

Medicines had not been managed safely on a consistent basis. We identified issues with training and competency checks, the management of topical medicines and with the administration of some people's medicines.

Staff spoke positively about the training and support provided, however refresher training and supervision sessions had not always been provided in line with company policy.

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 management of the DoLS process required strengthening to ensure applications had been submitted timely.

Some quality monitoring systems and processes had been used, however there was not a clear audit schedule in place, to ensure regular checks had been completed and issues identified consistently.

People and their relatives spoke positively about the care provided at Jah-Jireh Charity Homes Wigan. Staff were described as kind, caring and thoughtful. Staff ensured they knew people well and provided support in line with people's needs and wishes.

People told us they felt safe living at the home and enough staff were deployed to support them safely and effectively. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been referred to the local authority as per guidance.

We found the home to be clean, odour free with effective cleaning and infection control processes in place. Safety checks of the environment and equipment had been completed in line with guidance.

People and relatives were complimentary about the food and drink available, telling us they received a range of daily options choice and enough was provided. People requiring a modified diet received these in line with guidance.

People's healthcare needs were met with referrals made timely to professionals when any issues had been noted. Equipment was in place to support people to stay well, such as pressure relieving mattresses and

cushions, for people at risk of skin breakdown.

Care files contained personalised information about people, their lives, preferences and how they wished to be supported and cared for. Peoples' social, recreational and spiritual needs were met through the home's activities programme.

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 (report published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Jah-Jireh Charity Homes

Wigan

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.

Inspection team

The inspection team consisted of an inspector 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.

Service and service type

Jah-Jireh Charity Homes Wigan 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 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nursing staff, senior carers and carers.

We reviewed a range of records. This included five people's care records, four staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information supplied relating to training, supervision and quality monitoring.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication training along with an assessment of nursing and senior care staff's competency to administer medicines, had not been refreshed in line with NICE guidance, which suggests an annual review is completed.
- We found no clear schedule for the regular auditing of medicines. Audits had only been completed in February, April and August 2019. We found a number of issues with medicines during the inspection, which a more robust auditing programme would have likely identified.
- People's topical medicines, such as creams had either not been applied in line with prescribed guidance or documentation had not been completed correctly. For example one person's cream should have been applied twice daily but records indicated it had only been applied eight times in a two month period between August and November 2019. We identified no impact on people's skin integrity, which suggest this may have been a recording error.
- One person's MAR had not been updated to reflect a change in regime. As a result a controlled drug had not been administered until we alerted the home to this error. Counts of two other people's medicines also identified discrepancies, which indicated they had either been given too much or too little of their medicines on one occasion within the last week. Neither person had been adversely affected.

The above examples demonstrate the provider had failed to manage medicines safely. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Where people were at risk of skin breakdown, pressure relieving equipment was in place, such as air flow mattresses and cushions. Not everyone identified at risk had skin integrity care plans, however those that didn't did have wound care plans, which covered their needs.
- People assessed as requiring a modified diet, received these in line with guidance. Dietary information within the kitchen was accurate and up to date, however documentation in care plans required strengthening to ensure it clearly detailed people's needs.
- The home had systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for utilities, hoists, the lift and fire equipment, which had all been serviced as per guidance.
- Accidents and incidents had been documented consistently, with a log used to record what had occurred and action taken. Reviews had taken place to consider ways to minimise future risk and keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Jah-Jireh Charity Homes Wigan. Comments included, "Very much so, the doors have a code and a lock on" and "Oh yes [I feel safe], we are all brothers and sisters and here to help each other."
- Relatives also had no concerns about the safety of their loved ones. One stated, "[Relative] feels safe here. The home has the door locked with codes, 24 hour staff and [relative] has a buzzer they can use anytime."
- Staff had all received training in safeguarding and knew how to identify and report any safeguarding issues or concerns. Safeguarding's had been reported in line with local authority guidance.

Staffing and recruitment

- Enough staff had been deployed to meet people's needs. People and staff we spoke with confirmed this. Comments included, "If I ring my buzzer, they come quickly" and "There is always someone around to help me."
- The home used a system for determining staffing levels, which calculated the number of care hours people required and the amount of staff needed to meet these. This system showed current staffing levels exceeded people's level of need.
- Safe recruitment procedures were in place. Personnel files contained references, proof of identification, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Preventing and controlling infection

- The home was clean and free from odours with appropriate infection control and cleaning processes in place.
- Bathrooms and toilets contained liquid soap, paper towels and hand wash guidance. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- Staff spoke positively about the training and support provided. Comments included, "We get enough training, we do a lot of online training, they monitor completion" and "We have supervision every two to three months and have annual appraisals."
- Despite staff's comments, we found the matrix; used to record training completion, contained a number of gaps and not all staff's training had been refreshed in line with company policy. Similarly, not all staff had completed supervision sessions as per company policy.
- Plans were in place to address these shortfalls, with confirmation received following the inspection, all staff were up to date with their training and a more robust system for monitoring supervision completion had been implemented. We will follow this up at the next inspection.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had initially been submitted as required, however the system in place to monitor expiry dates and submit reapplications required strengthening. We noted at least two people's reapplications had only been submitted after their current DoLS had expired.
- Care files contained consent forms, signed by the person or their legal representative, such as a Power of Attorney (POA). Where people lacked capacity and had no POA in place, the best interest process had been used.
- The home used a record of involvement form, to capture the names of people who had been involved in the care planning process and making decisions about the care provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments had been completed before people moved into the home, to ensure their needs could be met, risks managed, and the environment was suitable for them.
- The home had captured people's likes, dislikes and preferences to ensure care provided met their needs and wishes.
- People told us they were happy with the care provided and were supported to make choices.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke positively about the food and drink provided. Comments included, "We get plenty of food and it is all good food" and "We get two choices, if you don't like them, they will get you something else."
- We found mealtimes to be a positive experience. The dining room was spacious with food served hot direct from the kitchen. Staff were mindful of people's support needs, providing these in a patient and caring manner.
- Hot and cold drinks, along with a variety of snacks were offered throughout the day, to ensure people received enough nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were happy with the support they received to access a range of medical and healthcare services, such as GP's, Speech and Language Therapists (SaLT) and dieticians. One stated, "The doctor comes every Thursday, the podiatrist comes to do our feet. I'm supported go see the audiologist too."
- Where concerns had been identified, such as issues with skin integrity, swallowing or unplanned weight loss, referrals had been made timely to the correct professionals. This ensured people received the necessary care and minimised risks to their wellbeing.
- The home used recognised monitoring tools, to assess people's risk of malnutrition, obesity and the development of pressure sores, so timely action could be taken.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the people who lived there. Since the last inspection a new wing had been created for people living with dementia, which catered for their specific needs.
- Themed areas had been created, corridors decorated with pictures relevant to people's faith to act as talking points, doors were brightly coloured with large pictorial signage in place.
- People were happy with the environment and with the standard of their bedrooms, although acknowledged some areas of the home would benefit from redecoration. One stated, "My room is lovely and just how I like it, visitors say it is a nice room" Another added, "It is lovely [the environment], but is due to be redone."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the standard of care provided. One told us, "They [the staff] are very, very kind, whatever you need they do it for you." Another said, "Everything they do is caring." A relative stated, "When you watch the staff with people, you can see they don't treat it as just a job."
- Throughout the inspection we observed lots of positive examples of good care. Staff were caring, attentive and displayed an excellent understanding of people's needs. For example, one person who was diabetic requested a slice of cake, staff kindly explained the risk of eating this and offered alternatives.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People's spiritual needs were actively promoted, with faith and worship playing a large part in people's daily routine.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect, providing personal care in private and in the way they wanted. Relatives confirmed this was the case. Comments included, "They wrap me in a big towel and I am showered in private" and "They knock on my door, ask if I would like a shower, after they put a towel on me and put cream on my back and legs."
- Staff were clear about the importance of maintaining people's dignity and privacy and how this could be achieved. One staff member stated, "We always knock on doors, make sure people are covered up when providing personal care. Make sure people look presentable, are wearing clean clothes, hair done, teeth done."
- People told us staff encouraged and supported them to maintain their independence. One stated, "The staff say, if you don't do it, you will lose it. They keep an eye on me to make sure I can cope. If I want to try doing something, there are there with me."

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

- People received care in line with their wishes from staff who knew people well and what they wanted. People told us they were regularly asked for their views and encouraged to make decisions.
- Relatives also felt involved in their loved ones care and that staff listened to their views to ensure support provided was suitable. One told us, "They came to discuss some changes to [relative's] care. We said they weren't right for [relative], so they didn't make them."
- Views and feedback were also sought through monthly questionnaires, which asked people and relatives for feedback on all aspects of the care and support provided. Questionnaires were also circulated to staff and professionals to capture their views and opinions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care which was personalised and met their needs and wishes. Care files contained a 'my life story', which detailed people's life history to help staff understand them as individuals.
- Information about people's current level of need, their likes, dislikes, what was important to them and their wishes for future care had also been captured, to ensure care provided was person centred.
- People told us they had been involved in the care planning process and had a copy of their care plan. Comments included, "They review this, ask if I would like to go through it and see it's up to date" and "I helped write my care plan, they review it to see if it's still the same."
- The home was part of the Hospice in Your Care Home (HiYCH) programme, who supported the home with the provision of end of life (EoL) care. The home had recently been awarded 'Care Home of the Year' for EoL care at the 2019 Hospice awards, which was testament to the high quality care and support people received at this time of their life.
- People had cultural, religious and palliative care plans, which clearly set out their wishes, this included documentation relating to the use of blood related products and medical treatments, to ensure people's religious views were adhered to.

Meeting people's communication needs

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

- Information was available regarding each person's communication needs, any difficulties they may have and how best to communicate with them. These included details of any aids or equipment they used, such as glasses or hearing aids.
- Information was available in a range of formats, including easy read and pictorially, to support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home was in the process of recruiting an activities co-ordinator, to replace one who had left the home. This had impacted on activities provision in the short term, however key activities around people's spiritual needs had been maintained, which they told us was what was important to them.
- One person told us, "We have something planned for most days. I love the Watchtower meetings." Another discussed the weekly schedule, which included letter writing, visiting or listening to talks from Kingdom Hall,

bible reading and pamper sessions such as manicures and hairdressing. The home also organised outings. One person told us, "We went to Martin Mere and a canal trip, I love going out."

- External providers were used to enhance the social and recreational opportunities within the home. A sensory session was held twice weekly. The facilitator told us, "I have been coming here for about three years. Everyone is really nice, staff are helpful and understanding, it's a really nice home, very welcoming."

Improving care quality in response to complaints or concerns

- The complaints procedure was clearly displayed within the home, to ensure people knew what to do, should they wish to raise any concerns.

- People and their relatives told us they knew how to complain and would feel comfortable doing so. Comments included, "I would speak to the manager as their door is always open, we can speak to them anytime" and "I would call for one of the nurses or carers."

- We found complaints had been handled as per policy and procedures. A log had been used to detail complaints received, action taken and outcomes.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We noted some systems and processes were in place to assess the quality and performance of the home and care provided, however these were not easy to navigate, had not been completed regularly and had not consistently identified the issues we found during the inspection.
- We discussed with the registered manager the benefit of a clear audit structure and schedule, which was implemented following our visit. We will follow this up at the next inspection.
- People, relatives and staff told us the home was well led and the managers were approachable. One person said, "We can approach them and have a chat with them." A relative stated, "They are always thinking of ways to improve the home for the residents."
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- To help promote learning and continuous improvement, information generated through monitoring was added to an action plan and fed back to staff via meetings and handover, so they knew which areas required addressing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the home to be an inclusive environment, with people and staff's opinions sought and acted upon. The management and provider tried to involve everyone in making decisions about how the home was run.
- Staff told us they enjoyed their job and felt the home was a positive and supportive place to work. Comments included, "It's the best job I have ever had, challenging but fulfilling", "It's very family orientated, more like a home than a place of work" and "They [management] encourage and support me, without them I couldn't do my job."
- Quarterly meetings for people and their relatives had been held, during which they were asked for their views and opinions about the care and support provided to them and involved in discussions about activities and events.
- Both people and relatives told us they would happily recommend the home to others and found it to be a

wonderful place to live. One person stated, "We are well looked after, we are safe. I am here with my brothers and sisters, I am very happy here." A relative stated, "It's a nice spiritual environment with likeminded people."

- Staff meetings had been held bi-monthly, with staff telling us they were happy with the frequency and were able to contribute to the agenda. Minutes had been taken so those unable to attend knew what had been discussed and any actions generated.

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 manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and their relatives had no concerns about the openness of the home or its staff. Effective communication was maintained through regular meetings, monthly questionnaires, discussion when visiting the home and the open-door policy.

Working in partnership with others

- We noted some examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- The registered manager was a member of a number of local initiatives and groups, such as the care home providers forum and Wigan registered manager's network. These meetings were used to seek advice, discuss good practice and form working links with other homes in the borough.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines had not been managed safely on a consistent basis. We identified issues with training and competency checks, the management of topical medicines and with the administration of some people's medicines.