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Jah Jireh Maryport

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place over two days - 14 and 15 April 2016. This was an announced inspection conducted by an adult social care inspector.

Jah Jireh provides care for up to 20 people. This service is privately owned and is not part of the wider Jah Jireh group of homes. The home mainly caters for older adults but can also take younger adults with care needs. This is often done because people who live in this home are Jehovah's witnesses who want to live within this community. On the day of our visit there were 15 people in residence.

The home had a registered manager. 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.

People were protected from harm and abuse because staff had suitable training and understood how to protect people. Staff understood how to report concerns.

The staff undertook risk assessments and management plans so that any assessed risks would be reduced.

The home was suitably staffed to meet people's needs. New staff were only given access to people in the home once all the relevant checks were made. Staff received suitable levels of training and supervision and their competence checked.

The home was clean and orderly with good infection control measures in place. The home had been adapted and extended to give people a comfortable and safe environment.

The provider was aware of responsibilities under the Mental Capacity Act 2005. Arrangements were in place to apply for Deprivation of Liberty authorities. People were asked for their consent before any intervention. Restraint was not used in this service.

People told us they were happy with the choice of food provided. Arrangements were in place to monitor people who had problems maintaining their weight. Health eating was encouraged.

We observed kind and caring staff who supported people in a respectful and dignified way. People were encouraged to be as independent as possible.

End of life care was managed with support from health providers. The home had good support from local community nurses and GPs. Medicines were appropriately managed.

Assessment of need and ability was on-going. Care plans were simple narratives that set out people's

strengths and needs. Staff followed the guidance contained in these plans.

People in the home were all Jehovah's witnesses and told us they were happy with the way their spiritual needs were met. Hobbies and activities of a more secular nature were being developed.

Concerns and complaints were managed appropriately.

The home had a suitably qualified and experienced provider manager. The vision and values of the service were in line with the teachings of the church and were also reflective of good care practice.

The home had a simple quality monitoring system and people told us that their opinions were valued and appropriate changes made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood how to protect people from harm and abuse.

There were suitable staffing ratios to give people good levels of care.

Medicines were suitably managed.

Is the service effective?

Good

The service was effective.

Staff received suitable levels of training and supervision.

People received good levels of nutrition and hydration.

Good health care support was in place.

Is the service caring?

Good

The service was caring.

Staff were polite and discreet and treated people with dignity and respect.

Independence was encouraged where possible.

End of life care was managed appropriately.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and detailed.

Suitable activities were provided to meet spiritual needs.

Concerns and complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The home had a suitably trained and experienced provider manager.

The provider had a suitable quality assurance system in place.

The culture and values of the home were reflective of best practice.

Jah Jireh Maryport

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 14 and 15 April 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

Jah Jireh provides accommodation with care for up to twenty people. This service was also registered to provide the activity 'Personal care' to people in the community. They had done this so that they could provide personal care to people who lived in the flats and cottages in the grounds of the home. We had evidence to show that no one was currently in receipt of personal care.

The inspector spoke with thirteen of the fifteen people in residence. We read five care files in depth after speaking to these individuals. We also looked at daily records, assessments and charts related to care delivery. We checked on all of the medicines managed on behalf of people in the home.

We spoke with the provider/manager, her deputy and to other members of the provider's family who make up the senior team in this service. We spoke to six members of the staff team and read their training and personnel files. We also looked at supervision records.

We looked at a range of files kept in the service. These included maintenance, infection control, fire and food safety documents. We checked on quality assurance records covering care delivery and management of the home.

We walked around the home and looked at the standards in shared and individual spaces.

We spoke with representatives of health and social care before our visit. There were no concerns about care delivery.

Good

Is the service safe?

Our findings

We asked people if they felt safe in the home. One person said, "I am very safe here because I am not only protected by the home and the staff but by the church and the elders." People told us that there was, "Nothing whatsoever to worry about in this house" and that, "Everyone is kind and treats us well."

People told us that they felt safe and protected in the building and that the house was kept free from infection and was secure and well cared for. One person said, "The staff help you so that you don't take risks either in your bedroom or in any part of the house."

We learned that the people who lived in the home, and the staff team, felt that, "There are always plenty of staff around and staff and management come in whenever they are needed."

We asked a number of members of staff about their understanding of safeguarding. The staff team knew what was abusive and had a common sense approach to how to protect people from harm and abuse. Both the staff and people who lived in the home told us "The is nothing abusive happening in the house."

Staff had received training about safeguarding in the past and team members who were working on care qualifications had done some research on protecting vulnerable adults. The provider gave us evidence to show that an external trainer was booked to deliver further training on safeguarding. The provider also said that she was going to ask for some question and answer sessions with one of the local authority safeguarding officers.

The house was orderly and good assessments of the environment were in place. The building was secure and we saw no obvious hazards during our visits. The provider had an emergency plan which covered any eventuality.

The staff we spoke to had no concerns about the care and treatment given to people in the home. The staff felt that there would be no need to take any concerns beyond the provider level because as one person said, "She is very approachable and cares so much about the people we look after here." The staff team also told us that the provider cared about them and that any issues were quickly solved. The provider said that anyone who worked in the home could approach any of the elders of the church if they were unhappy. Staff also had access to contacts in the local authority and a number of staff said that they would contact the Care Quality Commission if necessary.

We looked at accidents and incidents in the service and we saw that there had been few incidents and accidents in this service compared with other similar homes. The provider and the deputy manager discussed strategies that they would put in place if they were concerned about any incidents.

We asked for copies of the last four weeks of rosters. The service had 15 people in residence. Some people had quite complex needs but others were supported to be fairly independent. The minimum number of staff on duty at any one time was two. During the day there were extra staff on duty and the provider and the

deputy manager were very much 'hands on'. We also learnt from people in the service that members of the team came to the home whenever necessary. We judged that this flexible approach meant that there was always enough staff on duty to give people appropriate levels of support.

We looked at recruitment files for new staff. The provider had taken up suitable references and had completed checks on new recruits. It was obvious that most of the staff were already known to the provider because they were members of the wider church community. We noted that even when new staff were long standing members of the church checks were still completed.

The service had disciplinary and grievance procedures in place but these had not been used. The provider told us that she could access human resources support if necessary.

We looked at medicines held on behalf of people who lived in the home. Medicines were stored in a locked room within locked medicine cabinets and trolleys. The provider and the more senior members of staff controlled the management of medicines. Routine checks were completed on a monthly basis. We observed medicines being administered correctly and we saw some medication that was due to be returned to the pharmacy. Controlled drugs were managed appropriately.

On both days the home was clean, neat and orderly. Personal protective equipment was readily available and staff understood how to prevent cross infection. There had been no outbreaks of any infectious diseases in the home. We spoke to staff who took pride in, "Keeping everything really nice and making sure that the home is safe for our residents."

Good

Is the service effective?

Our findings

People said, "The staff are very good and I think they understand what we need and they have a good knowledge of how to help us." One person said, "I think the staff have lots of skills and they understand what they need to do."

On the first day of the inspection we shared lunch with people in the home. People told us that the food was, "very good" and "well-prepared and plenty of choice." One person said,"I am quite a fussy eater and they do try their best to get me things that I want."

We asked people about the health care support they received. One person told us, "The district nurses come in and because of the good care [the provider] and the staff gave me I have made a good recovery [from a health problem] and it has healed well." People told us that, "The doctor comes every week and you can see him or you could go to the surgery. If you need the dentist or the optician that is done too. The chiropodists comes in and I think we get good support."

On both days we met with a committed and effective staff team. Staff responded to people's needs quickly, quietly and efficiently. We spoke with staff on both days and they displayed a good range of knowledge about health and safety, safeguarding, nutrition, medicines and care delivery. Some staff had worked in the home for a number of years and had extensive experience of life and of the care sector. Other staff were only beginning their career in social care. We noted from the rosters that each shift had a good mix of skills and experience.

New staff told us that they had received induction training and that they felt they received good levels of support from their peers and from senior staff. One relatively new person said, "The provider is here all the time and is a very supportive person, checking out with me all the time about how I am managing the work." We saw written records of induction and we discussed ways of recording more of the informal support in staff files.

We looked at staff files of experienced, long-standing members of staff and more recently appointed members of the team. We saw that some members of staff had received comprehensive training about all aspects of their role. Staff told us that they could access e-learning, that some staff members had attended external courses in mental health and end of life matters and that the local community nurses had given staff 'on-the-job' training.

We looked at a record of training delivered and we noted that some refresher training and some new training for one or two individuals was a little out of date. The provider said that she had picked this up in her quality monitoring and gave us evidence to show that a full and comprehensive training plan was in place. The provider had taken her time to find the right external trainer to deliver the care and this person telephoned during our visit to confirm the full programme of training. We judged that this action meant that suitable training was in place.

Staff said that they received formal supervision and that they also had the opportunity to talk, "All the time… Every shift" about their practice, the care needs of individuals and the practical skills they needed. We saw that people received formal supervision and this was recorded quite well in each person's file. The provider and the deputy manager told us that they hoped to develop individual portfolios for each member of the staff team. The deputy manager had a background in training and was working on a staff development plan but had only been in post for a short time. We look forward to being informed of how this plan was being executed.

Some staff had received training in understanding the Mental Capacity Act. The provider told us that the local mental health specialist team visited every month and that they helped the staff team to interpret this legislation. There had been recent best interest reviews held and consideration was being made to apply for a deprivation of liberty authority. Where people lacked capacity the staff team were careful about protecting them and the provider was completing an application in respect of these limitations.

Wherever possible people signed their contracts and their care plans. People told us that they were always asked for consent before any interaction There had been no incidents where restraint was necessary and the provider said that they would not restrain any person. Staff did not receive training on restraint. The provider said that they were careful about taking new people with behavioural challenges but that if there were concerns they could easily access the full support of mental health practitioners.

We spent some time simply observing people who lived in the home. People looked to be well nourished and they told us that they were "Very well because I am well looked after and well fed." People were assertive and engaged in the life of the home. They expected their needs and wishes to be met by the staff team.

People ate well and were offered a range of choices. The kitchen was well stocked with fresh produce and food preparation was done in a professional manner. We learned that there was a range of options at breakfast time, lunch was always home-made soup, sandwiches, salads and fruit. There was home baking everyday and people could have snacks and drinks at any time. The main meal of the day was served in the early evening and on both days there were three choices. The staff team were aware of people's needs and preferences and some people preferred to follow a vegetarian diet. There were good options available for everyone in the home. Staff sat with people and mealtimes were sociable and leisurely.

No one on the day appeared to be malnourished. Some people felt that they were a little overweight and were being supported to eat as healthily as possible. People's weight was monitored by the staff. If people had lost weight the GP and community nurses did some testing and screening of their health. The dietician had been used in the past to help the staff team support people who were having problems maintaining a normal weight. There were no problems of this type during our inspection but the staff team kept a watching brief on each person in the home and encourage healthy eating.

The staff team told us they had a good relationship with the local surgery. One of the GP's came to the home every week and it was obvious that he knew the people in residence very well. He supported the staff to help people formalise their preferences not to accept blood products. Good documentation was in place that would go with a person if a hospital visit was necessary. Staff and people in the home told us that the provider would always accompany anyone who was taken into hospital and that she and other members of the team would visit people in hospital on a regular basis. We noted in files that people had regular health checks, health care prevention was in place and that medicines were reviewed routinely. We met people who were well cared for and whose health care needs were supported appropriately.

Jah Jireh is an older property that has been adapted and added to over the last 15 to 20 years. There is a relatively new bedroom wing which was added to increase the bed numbers. In the past some of the larger bedrooms in the older part of the house were shared by two people but these rooms are now single occupancy. The house was warm, clean and well appointed during our inspection. Suitable adaptations were in place to help people with physical issues. Some staff had attended a training course on dementia care and had discussed some ideas with the provider. This had resulted in changing the colour of bathroom and toilet doors so that people could easily find them. There were plans to improve signage in the home and a small building project was being planned to improve disabled access in some areas. We judged the home to be comfortable and appropriate for the needs of the people in residence.

Good

Is the service caring?

Our findings

We spoke with people who lived in the home and they told us that the staff team were caring and considerate. At the time of our visit everyone living in the home was a Jehovah's Witness and they considered themselves to be part of this wider "family". People spoke about "brothers and sisters" and considered that the staff team were part of the wider congregation of their faith.

We saw caring and considerate interactions. Staff responded to people in a measured and patient way. Staff took time to stop and talk to people. Explanations and support were given in a timely fashion. People were given information in a way that suited their needs.

People told us that they were consulted on a daily basis, that their care needs were reviewed and that the provider consulted them as a group. This was done in an informal way that people were satisfied with.

People told us that they had no need for external advocates because elders of the church and other people in the congregation could advocate for them if necessary.

We observed staff and people in the home interacting and we saw polite and dignified care and support. People told us that staff respected their privacy and they had no concerns about any breaches in confidentiality. The staff on duty during our two days treated people with discretion and privacy was maintained. We looked at care planning and daily records and we noted that these were written in a respectful, factual way and that nothing disparaging was recorded on file.

We noted that the provider and other members of the management team provided role models for attitude and approach. We learned from the provider that staff received induction training that covered the expectations of care delivery. We also learned that staff and people who lived in Jah Jireh were aware of the values of the church. This value base was called "Fruits of the Spirit". This covered concepts like love, joy, peace, kindness, long-suffering, self-control, patience and faith. We judged that these moral values were working in practice in the service.

Staff told us that they studied matters of equality and diversity to complete their qualifications and that they tried to apply these broader concepts within their faith. Some staff were not members of the church and we spoke to them about the values. We were told that they judged the values to be relevant to good care delivery.

When we looked at care plans and assessment of need we saw that independence was promoted. People were supported and encouraged to go out alone, where appropriate. Some people kept some of their own medication, people were encouraged to manage their own money and we were struck by the independence of belief and spirit that people had in this service. People still went out into the community to 'perform the ministry' and felt that they were valued members of the church.

We had evidence to show that this staff team sought the support of the local community nurses when

people were at the end of life. People in the service had been asked about their wishes and had said that, where possible, they wished to end their life in their own home. We saw that the provider and her team worked well with the local GP and other health professionals. We saw a good 'end-of life' care plan on file and we also observed staff supporting someone who was approaching this stage.

Good

Is the service responsive?

Our findings

We spoke to people about how responsive they judged the staff team to be. People told us that, "They listen and try to do their best for us." One person said, "They asked me about what I need help with and what I can do for myself and it is written down in my care plan."

People told us, "I am satisfied with the meetings and study groups we have in the home and wanted to come here so that I could easily get to the Kingdom Hall [the meeting place of the Jehovah's witnesses]." People also told us that, "I can go out to the shops with staff and we have been out to some other activities."

We asked people about how easy it was to make a complaint or to voice concern. One person said, "I would just talk to the staff but the [provider and the senior staff team] would probably already know because we are all very open here."

The provider completed an assessment form for any new person coming to the home and also spent time getting to know this person's needs and wishes. Where there had been social work involvement a social work assessment was available.

We looked at all 15 care files and read five of these files in some depth. These files give us evidence to show that after the initial assessment there was on-going assessment of people's needs, strength and wishes. Care planning was kept under review with monthly checks but we also noted that care plans were adapted and rewritten as soon as a person's needs changed.

The care plans in this service were written as a simple narrative. These showed what the assessed need was and gave staff detailed guidance of how to meet these needs. People's preferences were included in the care plans. We judged that the care plans gave a holistic picture of each person and guidance for staff was clear and easy to follow. We read care plans that gave detailed guidance of complex psychological, physical and psychiatric needs. We also read one care plan that guided staff about their role in the care of a pet. The care plans clearly showed what people could do for themselves and what they needed support with. We read plans that were under review because the person's needs had changed. In a number of cases the review showed that the care plan had worked and improvement to the person's condition had been made. We judged that these simple, yet effective, narrative plans meet people's needs very well.

On the day of our inspection visits everyone in the home was a Jehovah's Witness. The provider said that it was no longer necessary for a person to be a member of this church but that at this time everyone in residence was a Jehovah's Witness. The activities on offer were centred around the Kingdom Hall which was in the grounds of the home. We saw weekly activity plans and these included meetings in the Kingdom Hall and study groups in the home.

On the second day a study groups was held in the afternoon. Elders of the church led the group but we observed people being involved in the discussions. People were encouraged to read from the Bible, talk about the meaning behind the words and discuss with other people the impact of these words on their lives.

Several people told us how important it was for them to attend the Kingdom Hall.

A number of other people spoke to us about going out into the community to spread the word about their faith. The staff team and the elders of the church supported people to go out into the local community to 'perform the ministry'. We spoke to people who told us how this allowed them to continue what they saw as their lives' work and made them feel that they were still important members of the church. People attended activities organised by the church and went to conferences and meetings where possible.

We also heard about other hobbies and activities that people enjoyed. Some people in the home had their own laptops and they used these not only for study but also for online shopping and banking. People told us that they could go out with staff into Maryport or further afield. The staff team felt that they would like to introduce more activities of a more secular nature and were working on developing opportunities. People we spoke to said that they were satisfied with the activities on offer and would consider becoming involved in new activities.

We heard staff asking people about options and choices. We saw these written into care plans and we had other evidence to show that people's individuality was respected. People told us that they were always given choices. We spoke to two people who told us about the effort staff made to help with some requests they had made.

No one had any formal complaints on the day. There had been no formal complaints received by the service. The local authority had not received any complaints. People told us that they felt confident that any issues they had would be dealt with by the staff, the provider or by other senior members of the Jah Jireh team. The home had a formal complaints procedure which was given to people on admission.

Good

Is the service well-led?

Our findings

People who lived in Jah Jireh told us that the provider was well known to them as were other members of the Hindmoor family who made up the full management team of the service. One person said, "I have known all of them for many years and that was one of the reasons I decided to come in to this home." Another person said, "I have a lot of trust in [the provider] and I know that I can go to [other members of management] at any time."

This service was managed by a provider manager. She was suitably qualified and experienced to manage a home for older adults. Staff told us that she was in the home every day. She was supported in this by a senior team who undertook a number of different tasks in the overall management scheme. She had recently appointed a new deputy manager with a view to future planning for the service. We met the new deputy manager on both days of our inspection. We had a discussion with the provider and her deputy about these plans. The deputy manager was tasked with working on staff development. Her background was in training and development and we saw that this had already started to be put in place.

The service had a simple quality assurance system in place. The management of medicines was monitored on a monthly basis, care planning was also audited every month and the provider completed a monthly audit of all aspects of the service. The provider and the deputy manager were planning to send out questionnaires to people who lived in the home, their relatives and other stake holders. The provider tried to do this annually and we saw some examples of previous improvements after the analysis of questionnaires.

People told us that they had regular group meetings which were primarily for Bible and 'Watch Tower' study but that after these meetings there was time to talk to the management team about anything that concerned the group as a whole. We also saw that individual care and support needs were reviewed routinely and we spoke to some people who were very assertive about their needs. Staff told us that the management team tried very hard to meet individual needs.

We spoke to staff who confirmed that the manager checked everything in the service on a routine basis. They told us that they were expected to complete checklists related to care delivery, health and safety, domestic tasks and infection control. Staff also showed us the quality audits in place in the kitchen. We discussed the quality monitoring system with the provider and the deputy. We judged that this simple system did allow for quality monitoring and we learned that the management team were re-visiting the effectiveness of the system as part of their future planning.

We saw examples of changes that had been made or were being planned because of the monitoring of quality. Some of these changes related to menu planning, activities and to improving access to one part of the building. The routine monitoring of quality meant that change and improvement were constantly on the agenda.

People who lived in the service and most of the staff team were members of the church and followed the beliefs and behaviours promoted by all Jehovah's witnesses. The vision and values of the church were also

evident in the home. These were discussed with people who lived in the home and with staff. People told us that they were all "brothers and sisters of one family" and that they shared the same values.

When we spoke with people in the home we learned that they were part of the wider community of Jehovah's witnesses. They had contact with other churches and with individuals throughout Britain and beyond. People told us that this was their choice and preference but that they also went out into the local community to attend events or to shop or attend appointments. People were satisfied with the community contact they had.