

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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 01 and 02 March 2016 and was unannounced.

We last inspected Jah Jireh Wigan on 25 and 26 March 2015 when we rated the home as requires improvement overall and found four breaches of the regulations. The breaches of the regulations were in relation to staffing levels, medicines management, safety of the premises and monitoring the safety and quality of the service. We issued a warning notice in relation to our concerns around staffing, and the provider sent us an action plan to tell us how they would be compliant with the other regulations breached.

We found action had been taken to make improvements and the provider was meeting the requirements of these regulations. At this inspection we identified two breaches of the regulations, which were in relation to following safe procedures in the recruitment of staff and in relation to assessing risk. You can see what action we have told the service to take at the back of this report.

Jah-Jireh provides accommodation, personal care and nursing care for up to 45 people who are baptised members of the Jehovah's Witness faith. The care home is a purpose built two storey building with bedrooms on both floors. It is situated in a residential area of Wigan close to shops and public transport links. At the time of our inspection there were 33 people living at the home.

There was a registered manager in post at the time of the inspection. 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 due to retire shortly after our visit and an existing member of staff had been successful in applying for the manager's post.

The day prior to our inspection visit the service had changed the function of some of the communal areas to create a new quiet dining area and a larger lounge-diner. This appeared to have worked well and we received positive comments from people living at the home.

The meal-time experience was positive and we saw people were supported to eat and drink as required in a dignified manner. The home was catering to meet people's dietary preferences and requirements.

The environment at the home was clean and safe. People told us they felt safe living at the home, but some people commented that they thought more staff were required. Two people we spoke with told us there could be delays in receiving support. We found some people were not supported to get up from bed until around 10:30, which staff told us was due to their support needs. Other than this, during the inspection we saw people received support in a timely manner. Staff told us changes had recently been made to procedures and staff were allocated to provide support to certain individuals. The registered manager told us they were also encouraging staff to take breaks in the communal areas to help ensure there was sufficient

cover for these areas.

People told us their spiritual needs were well met by the service. A range of spiritual activities took place including letter writing with the local congregation, and a 'link-up' with services at the Kingdom Hall.

Improvements had been made to make the environment more accessible to people living with dementia. This included directional and pictorial signs, and some people had their photos on the door of their bedroom to help them identify it. Further improvements were planned and the service was seeking guidance on developing the service for people living with dementia from an external professional. Staff had received training in dementia care and we received positive feedback from a health professional who told us they had seen a positive change in staff attitude and approach following this training.

Staff told us the provision of activities for people living with dementia had improved. There were 'rummage boxes' and staff told us they would hold reminiscence sessions and do activities such as ball games. However, during the inspection we saw limited interaction and stimulation for people living with dementia who did not join in with the spiritual activities held.

Most interactions we observed between staff and people living at the service were positive and friendly. Staff were responsive to people's needs and we saw staff ensured people were comfortable, for example, by getting people cushions. However, we observed two instances where there was limited communication from staff supporting people with a hoist.

Medicines were being stored and administered safely. Not everyone had clear guidance in place for staff to follow in relation to administration of 'when required' medicines. The acting manager told us they had audited who was receiving when required medicines and would ensure guidance was in place by the end of the month.

We found planning of end of life care was basic. End of life care plans had not been regularly reviewed and there was no information or guidance in the care plan for staff in relation to observing for symptoms of signs of pain. There had been no recent training in end of life care provided to staff. The acting manager told us the service worked closely with district nurses and Macmillan nurses in the provision of end of life care.

We received positive feedback from the safeguarding team about improvements made by the service in relation to how they responded to accidents such as falls. We found staff were aware of the correct procedures to follow if someone fell. However, we found one person had sustained a recent fall and we found their risk assessment had not been reviewed following two previous falls. This meant not all measures had been taken to reduce the risk of falling to this individual. The acting manager confirmed actions had been taken to make the referral and they told us a new falls audit had been developed prior to the end of the inspection.

The complaints policy was displayed within the home. People told us they had no fears about making a complaint. However, two people said they would be reluctant to make a complaint as they didn't want to offend staff who they said were hard working. We saw feedback was sought from people living at the home through surveys and regular meetings. People had been consulted on planned changes and developments to the service.

Audits of medicines and care plans had been introduced and a supervision tracker had been put in place. This would help the manager effectively monitor the safety and quality of the service. There was no analysis carried out of indicators such as falls or hospital admissions although this was carried out at an individual

level. There were also no recorded checks of window restrictors or bed-rails. The acting manager told us they would add these checks to the regular room checks carried out.

Care plans were in place and had been regularly reviewed. People's preferences were assessed on admission and recorded within care plans. Care plans showed evidence of input from families and a range of health and social care professionals. Records showed staff followed the advice given as a result of any healthcare assessments.

One person's care plan we looked at lacked detail in relation to the requirement of staff to assist them with re-positioning to reduce the risk of pressure sores. Staff told us they did support this person to re-position and the registered manager told us they would put the appropriate documents in place to ensure this was monitored correctly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Not all aspects of the service were safe.

During the inspection we saw there were sufficient numbers of staff provide people with support when they required it. However some people told us there could be delays in receiving support to use the toilet or be assisted to bed at busy times of the day.

The environment was clean and safe for people living at the home. Checks of the environment and services such as water, gas and electricity were carried out as required.

Prior to the inspection we received positive feedback about improvements the service had made to how it monitored and responded to accidents such as falls. Staff were aware of procedures to follow and accident reports had been completed as required. However, one person's falls risk assessment had not been reviewed following recent falls.

Medicines were kept safely. Some improvements were required to records kept in relation to medicines

Is the service effective?

Good ●

The service was effective.

People received prompt and effective support over meal times. The meal time was a relaxed and social experience for people. The service catered for people's preferences and dietary requirements.

Staff received an induction upon commencing employment and their competence to work unsupervised was checked by the registered manager at the end of the induction period.

There were records of the involvement of a range of health care professionals in people's care. Records showed that staff followed the advice of other professionals.

Is the service caring?

Requires Improvement ●

Not all aspects of the service were caring.

We observed positive, friendly interactions between staff and people living at the home. We could see that staff knew the people living at the home well. Staff were attentive and made sure people were comfortable.

Communication by staff was generally clear, and good explanations were often given by staff when supporting people with care. However, on two occasions we observed a lack of communication from staff supporting people when using a hoist.

We found the planning of end of life care to be basic. End of life care plans had not been regularly reviewed and there was no guidance in place for staff in relation to observation of symptoms or signs of discomfort.

Is the service responsive?

Good ●

The service was responsive.

People told us the home was good at meeting their spiritual needs. A range of spiritual activities took place such as letter writing, and there were links with the local congregation. The home had improved activities available for people living with dementia. However, we observed limited activity and stimulation for people living with dementia during the inspection.

Care plans were completed and regularly reviewed. They contained details of people's preferences in relation to their care and support.

People told us staff met their preferences in relation to decisions such as when they got up and went to bed, or when they were supported with bathing. However, we saw some people were not supported to get up till late in the morning, which staff said was due to people's support requirements.

Is the service well-led?

Good ●

The service was well-led.

We found the service had listened to feedback from CQC and other agencies and had made improvements to the home. Staff demonstrated an enthusiasm to continue to make improvements.

Audits were carried out of areas of practice including hand hygiene and medicines. People's feedback was sought on the quality of the service and this was fed into the annual business

plan.

Staff had a good understanding of the ethos and aims of the home.

Jah-Jireh Charity Homes Wigan

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 01 and 02 March 2016 and was unannounced.

The inspection was carried out one adult social care inspector and a specialist advisor who was a registered nurse specialist in nutrition.

Prior to the inspection we reviewed information we held about the service. This included copies of previous inspection reports and notifications the service had sent us about safeguarding incidents, deaths, serious injuries and other significant events. We sought feedback about the service from Wigan Council quality assurance and safeguarding teams, Wigan Healthwatch and the clinical commissioning group. Healthwatch are the national consumer champion in health and care. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received a copy of the service's PIR during the inspection and reviewed this shortly after.

During the inspection we took a tour of the home and visited areas including the kitchen, the laundry and communal areas of the home such as the lounges. We spoke with seven people who were living at the home and two relatives who were visiting at the time of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 members of staff including: Six care staff; the registered manager; the acting manager; a

senior carer and two agency nurses. We reviewed records relating to the care people were receiving including, six care files, nine medication administration records and daily records of care provided. We looked at other documents related to the running of a care home including records of servicing and maintenance, minutes from staff meetings, records of audits and checks and six staff personnel files.

Is the service safe?

Our findings

At our inspection on 25 March 2015 we identified concerns with how the provider was maintaining a safe environment for people living there. We found hazardous substances (COSHH) were not always stored securely, there were missing sections of carpet in a hallway and a loose man-hole cover and water temperatures were not being tested despite issues with temperature regulation.

We found the provider had made improvements and was meeting the requirements of the regulations. We found the home was in a good state of repair and did not observe any hazardous substances stored incorrectly. The missing carpet had been replaced, and records indicated staff were testing water temperatures before supporting people with bathing.

At our inspection on 25 March 2015 we identified concerns in relation to the safe management of medicines. We found there were no protocols in place to inform staff when they should administer 'when required' medicines; we found a tablet in a downstairs toilet, and we observed one person spit out a tablet, which was not observed by the person administering the medicines. We found this to be a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was meeting the requirements of the regulation. We checked stocks of medicines and found there were sufficient quantities of medicines available. Medicines were kept securely and at an appropriate temperature. Some medicines needed to be kept in the fridge and we saw fridge temperatures had been recorded on a consistent basis.

We found accurate records had been kept of administration, although in one instance a medicine had not been signed for on the administration record. We checked the stocks of this medicine and saw the tablet was not there, which indicated it had been administered as prescribed. The nurse told us they would look into this error. Medicines received were not booked in on the administration records, which would make it more difficult to track what medicines were kept in stock. However, the majority of medicines were administered from monitored dosage system packages, which would reduce this risk. We found some people now had protocols in place for 'when required' medicines. However, there were no protocols in the medicines file for three people who were prescribed 'when required' medicines. We saw there was some guidance in relation to the administration of these medicines in people's care files. We discussed this with the acting manager who later told us they had documented everyone who was administered 'when required' medicines and they told us they would put protocols in place by the end of the month.

We recommend the service reviews national good practice guidance in relation to the safe administration and management of medicines.

At our inspection on 25 March 2015 we found records did not always demonstrate that shifts were being covered when staff were off work. People told us this had an impact on the care they received. We found this to be a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had made improvements and was now meeting the requirements of this regulation, although further improvements in relation to deployment of staff were required. We reviewed rotas and found all shifts had been covered as planned. A procedure for covering any staff absences had been put in place, which included contacting agencies to provide staff if necessary. A dependency tool was used to help inform staffing requirements and the service was providing staff support above the required hours indicated.

Three people and one relative we spoke with told us they felt more staff were required at the home. One person said they would like extra staff to enable them to be supported to appointments, and one person told us there could sometimes be a delay in them receiving support to go to bed when they were uncomfortable. A relative we spoke with told us staffing could seem stretched at busy times such as meal-times and said that their relative had had to wait 20 to 30 minutes for support to use the toilet one lunch time.

During our inspection we saw people received support promptly when they requested it. The acting manager told us a new system had been put in place where staff were allocated to primarily support certain individuals throughout the day and they told us this had been working well. We observed that all the lounges could frequently be left without staff support, and on two occasions we became aware that people wanted support but were not aware how use the call bell to request it. We discussed this with the registered manager who told us there was a frequent flow of staff through and past the lounges. They also said they were starting to encourage staff to take their breaks in the lounges, which would help ensure there was adequate supervision, as well as encouraging interaction between staff and people living at the home.

We looked at records relating to the recruitment and employment of staff. There was evidence in staff personnel files that showed procedures had been followed to help ensure people were of suitable character to work in the role in which they were employed and with vulnerable people. For instance, we saw staff had completed an application form, references had been sought and a Disclosure and Barring Service (DBS) check had been carried out prior to commencement of employment. A DBS check provides information about criminal convictions and whether an applicant is barred from working with vulnerable people. However, none of the personnel files we looked at contained proof of the staff member's identity as is required. The registered manager told us they had been unaware of this requirement. This was a breach of regulation 19(3) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Prior to our inspection we were made aware of concerns relating to appropriate actions being taken following accidents, such as falls. We received positive feedback from the safeguarding team about the changes the home had made to improve procedures and to ensure people were protected from risks associated with falls. Staff we spoke with were aware of procedures to follow in the event that someone had an accident such as a fall. They told us they would make sure the person was safe, use the emergency call bell to alert other staff and call emergency services if required. They also told us any accidents would be documented and post-incident observations carried out. We saw evidence of accident report forms and post-incident observation records having been completed following incidents such as falls.

During the inspection we saw that one person had extensive bruising on their face, which we found was related to a recent fall. We looked at this person's care records and found they had sustained two further recent falls in January 2016. The falls risk assessment had not been reviewed following these earlier falls. Had the falls risk assessment been reviewed, this would have prompted a referral to the falls clinic. This had

not been done at the time we raised this issue. The acting manager confirmed this action had been taken prior to the end of the inspection, and told us a new audit had been developed to help monitor the frequency of falls.

Another care plan we reviewed showed the person was at risk of developing pressure sores. There was no clear guidance in this care plan as to the support they required with repositioning, and there was no clear record of any such intervention. Staff told us they did support this person to reposition and the acting manager told us they would put in place the required forms to ensure this was recorded.

These gaps in the assessment of risk were a breach of Regulation 12 (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with were aware of how to identify potential signs of abuse or neglect. One staff member told us if they had any safeguarding concerns in relation to another member of staff's conduct that they could raise this directly with the staff member concerned as the staff team was 'very close'. We raised this with the registered manager who told us they felt staff would discuss any minor difficulties they had with one another between them. They said they were confident that any concerns that constituted a potential safeguarding concern would be reported appropriately. The home had notified us of any safeguarding incidents as required and we could see appropriate actions had been taken to act on and reduce risks following any incidents.

Risk assessments had been undertaken in relation to risks posed to individual's such as risk of falls, mobility, pressure sores and malnutrition. Where people required support with moving and handling there were plans in place to inform staff how this should be done safely. One person's risk assessments we looked at had not been reviewed since 21 December 2015, and review of the risk assessment in relation to the falls discussed above was overdue. However, all other risk assessments we saw had been reviewed recently and on a regular basis.

During the inspection we observed that offensive waste such as used continence pads were being placed within the standard waste stream in black bin bags. We queried this with the registered manager as large quantities of such waste are usually handled separately from other domestic waste. The registered manager provided information that showed there were separate contracts in place for the handling clinical waste and hygiene products. They told us they were consulting with the local authority and the waste management company to determine whether alternative arrangements were required for the handling of waste such as continence pads.

We looked at records of service and maintenance. Records indicated the required checks and servicing had been undertaken in relation to gas, legionella and electrical safety. Lifting equipment had been inspected and serviced by a competent person as required.

Is the service effective?

Our findings

Since our last inspection the provider had made improvements to make the environment more accessible to people living with dementia. We saw pictorial signs had been put on doors and people's photos were displayed on bedroom doors where this would be of benefit to assist the person to locate their room. Staff we spoke with had undertaken training in supporting people with dementia and were able to explain how they provided effective support to people living with dementia.

The registered manager talked about plans that were underway to help improve the service provided to people living with dementia. This included creating a separate area of the home on the first floor that would be dedicated to supporting people with a higher level of care and support needs in relation to dementia. The home was seeking advice from an external professional in relation to developing this service and the environment for people living with dementia, and senior staff we spoke with were aware of good practice guidance in this area. We saw plans had been discussed at a residents meeting and the acting manager told us they would be writing to people's relatives to involve them in discussions about potential changes. Staff had undertaken training in dementia care and there was additional dementia training being carried out at the time of our inspection. We spoke with a professional who told us they were aware lots of training in dementia had taken place at the home. They said they had seen a positive change in staff member's attitude and approach towards people with dementia as a result of this.

The home was clean and tidy and there were no malodours present. There was a large amount of communal space for people to use. This included a dining room, a large lounge-diner and three additional lounge areas, including a quiet lounge. These areas had a homely feel and were decorated with ornaments and paintings. The corridors were wide enough to allow easy access for people who used wheelchairs and were free from any clutter or obstructions.

The day prior to our inspection visit staff had turned one of the small lounges into a second separate dining area. The lounge chairs from this room had been moved into the large dining area. People we spoke with told us they had been consulted about this change and spoke positively about it. One person said; 'I quite like it as it's quieter'. The change in the layout of the dining areas meant that there was more room for staff to effectively support people who required assistance with eating and drinking. It also created a 'quiet' dining area for people who required or preferred to eat in such a setting.

We observed the mid-day meal on both days of our inspection and found it to be well organised and relaxed. Staff told us procedures had been changed so that they were allocated to support groups of people. Our observations showed that this worked well. People received effective support to eat and drink that was delivered in a dignified manner and a pace that was comfortable to the individual.

We received mixed feedback in relation to the food provided. One person said; "The food generally speaking, they go through bad patches, but it is generally to a high standard." Another person told us; "I find there is too much toast at lunch." A third person told us they found the food was good and said that staff had accommodated their specific dietary requirements. However, they also said that they had found the meal that day was not substantial enough, but had not wanted to request anything else as they could see staff

were busy.

People told us they received a sufficient amount to eat and drink. People said they received a choice of at least two meals and they were able to request an alternative such as a sandwich should they prefer. We observed that people were offered a choice of meal visually and were provided with an alternative if they didn't want the food on the menu that day. We saw there was a list in the kitchen of people requiring special diets, such as pureed meals and that people were provided with meals in accordance with guidance contained in their care plans. People's weights were being recorded on a regular basis and we saw referrals to other health professionals had been made if there were any concerns in relation to an individual's weight. Intake of food and fluids was updated on appropriate records throughout the day.

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). 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 registered manager was aware of circumstances when a DoLS application would be required. We found 13 applications had been made and the registered manager was tracking and following up the status of the applications with the supervisory bodies (local authorities). We found two of the DoLS applications had been authorised, and one of these had conditions attached to it. We found steps were being taken to ensure the conditions were being met, although it was not clearly documented in the care plan that this person had an authorised DoLS or what this meant in relation to the support and care staff should provide.

Staff knowledge of DoLS was variable. Whilst more senior staff demonstrated a good understanding, two care staff we spoke with told us they had not heard of DoLS. Staff had a reasonable understanding in relation to capacity and told us they would support people to make decisions themselves whenever possible and would check people's care files for guidance if they were uncertain whether a person was able to consent to care or not.

People we spoke with told us staff always asked for their consent before providing care or support. We saw consent forms were present in people's care files in relation to consent to support with personal care, medicines, records and photos. We saw examples of these forms signed by the individual where they had capacity or a representative if they lacked capacity. It was not always clear however if representatives had legal authority to provide consent and in one care file the consent form had not been completed. We saw documented evidence of best interests decisions having been made where a person lacked capacity to make a decision. For example, one person had a best interests decision in place in relation to the provision of pureed food at meal times.

We looked at records of training and saw staff had undertaken training in subject areas including health and safety, dementia; first aid, medicines and moving and handling. However, there were gaps in the training provided to staff in MCA/DoLS and safeguarding. Records showed that of 42 care staff; 60% (25) had not completed training in MCA/DoLS and 36% (23) 55% had not completed training in safeguarding. The staff member with responsibility for overseeing training told us this was due to difficulties booking staff onto local

authority training. It was agreed with this staff member that interim training from another source would be beneficial whilst staff were awaiting local authority training. It was also highlighted that staff would cover topics such as safeguarding and MCA/DoLS as part of induction training or as part of other qualifications. Staff we spoke with confirmed this was the case.

We saw new staff followed an induction schedule that would help ensure staff received certain essential information during this period. The induction schedule covered areas including policies, phones, the nurse call system, care of residents and specific health needs. New staff followed a course of training and observed practice in line with the standards of the care certificate. The care certificate is a set of minimum standards that should be covered for any new care workers. We spoke with one staff member who had recently started working at the home who told us they had felt adequately supported through their induction, and able to seek advice or assistance if required. We saw the registered manager had signed to indicate they were confident that staff had the required competence to undertake their role at the end of the induction period.

Since our last inspection a supervision tracker had been introduced. This showed that staff had received between one and three supervisions since the tracker started in June 2015. Staff told us supervisions were useful and we could see from records that responsibilities and expectations were discussed with staff as well as reviews of policies and practice. This would help ensure staff were competent and would enable to discuss and receive guidance in relation to any concerns they may have. Staff had received an annual appraisal, which covered topics such as their performance, attendance and development needs.

Records in people's care files showed a wide range of professionals had been involved in people's care and support. For example, in one person's care plan we could see that a dietician, GP and tissue viability nurse had been involved in assessing and planning the person's care needs. There was evidence in the records kept that the home was following the advice provided by these professionals and that care provided had had the desired outcome, such as the healing of a pressure ulcer.

During the inspection we saw eight people who were assisted using a hoist who were left with the hoist sling in situ all day and whilst sitting in lounge chairs for example. This could potentially cause people discomfort and could increase the risk of pressure sores developing. We asked staff the reason for this practice and it was explained that this was to reduce the need for moving and handling that could cause potential discomfort or distress. We also saw the service had risk assessed the practice and put in place practical measures such as pulling the sling tight and regularly checking skin condition to reduce any risks or discomfort. Staff also told us they were in the process of ordering specially designed slings that were more suitable to be left in place throughout the day.

Is the service caring?

Our findings

People told us they liked the staff at the home and said they knew the staff that provided support to them. One person told us they could have a joke with staff and said; "Staff are brilliant. There are none I could complain about." They also told us; "When people talk about it being a care home, it really is, because we really are cared for." Another person we spoke with talked about the home being like a family, which they said was in part due to having a shared religion with other people living at the home and the staff working there. Staff we spoke with made similar comments about having close supportive relationships with people, which were strengthened by having the same religion.

There were three vacancies for nursing staff at the time of our inspection. The service was using regular support from agency nursing staff. The registered manager told us they had been able to use the same agency nurses on a regular basis to help improve the consistency of the service offered to people. We saw two different agency nurses working during our visit. It was clear from our observations of interactions between these nurses and people living at the home that the nursing staff knew the people living at the home very well. We observed positive interactions between these staff and people living at the home.

During the inspection we observed good interaction between staff and people living at the home. Communication was natural and relaxed and we observed people laughing and chatting with staff members. We also saw people living at the home interacted sociably with one another. This was particularly the case over the meal-times we observed. Staff were attentive to people's needs and we saw staff getting people cushions and supporting people to re-position in their chairs to ensure they were comfortable.

People told us their privacy and dignity was respected by staff. One person said; "Your own room is your own room. If you want to, you can shut the door. They [the staff] will knock on the door at coffee breaks." Staff told us they knock on people's doors before entering and would communicate clearly with people to ensure they understood their wishes. We observed staff speaking respectfully and politely with people. Staff were discreet when approaching people to offer support with personal care.

We found staff generally communicated well and explained what they were doing to the people they were supporting. For instance, we observed one of the nurses communicated clearly with the person they were supporting with a percutaneous endoscopic gastronomy (PEG). A PEG is a tube that enters a person's stomach, often to provide food and fluids to people who might find it difficult to take food and drink orally. They used the individual's name and talked them through everything they were doing. We also observed staff supporting people with tasks such as hoisting people to assist them to transfer to and from lounge chairs. This was generally done respectfully and with good communication from the staff. However, on two occasions, we observed a lack of communication when staff supported people with the hoist. On one occasion a staff member approached a person who was sleeping. They uncrossed their legs and started to hoist them without any clear explanation or consultation. We discussed this with the registered manager and acting manager who said they would address this with the staff and carry out a spot check of practice.

Relatives we spoke with who were visiting at the time of our inspection told us there were no restrictions on

when they could visit. One relative told us; "I'm impressed and don't have anything bad to say about it [the home]. Staff are pleasant and make you welcome." Care plans provided guidance to staff in relation to how they should effectively support people's relationships with people important to that individual. For example, one care plan detailed that an individual should be allowed time to be with their husband who also lived at the home.

We saw evidence in care plans that people's families had been involved in the planning of care when appropriate. One relative we spoke with told us they hadn't been involved in care planning, but that another family member had. One person we spoke with told us they had not been involved in care planning but told us their family had been through their care plan and they were happy with this arrangement. We saw families had completed 'reminiscence workbooks' in some people's care files. This provided information on their relative's former working life, holidays and family members. This would help staff get to know people and enable them to know some of the things that were important to that person and help generate topics of conversation.

Staff informed us that there were people living at the home who were receiving end of life care at the time of our visit. We reviewed the care plans for one of these people and found care planning in relation to end of life care was basic. There was a 'dying' care plan in place, however there was no evidence this had been reviewed since February 2014. There was also no information in the care plan in relation to any spiritual intervention or discussion with the individual, although it was acknowledged this was likely to have occurred. There was no guidance in the care plan for staff in relation to observing for any symptoms or signs of pain for example to help ensure the individual was comfortable.

We found there had not been any recent training provided to staff in relation to end of life care and the home was not following any specific model of end of life care. We spoke with the registered manager and acting manager about the provision of end of life care. They told us they worked closely with district nurses and Macmillan nurses in providing end of life care.

Is the service responsive?

Our findings

People told us their spiritual needs were well met by the service. Some people told us the ability of the home to meet their spiritual needs was their main reason for choosing the home. There were a range of spiritual activities arranged, which included letter writing, which was assisted by members of the congregation, and frequent visits to the local place of worship (the Kingdom Hall). For those people who were not able to attend the Kingdom Hall in person, there was a service that allowed them to listen to the services over the phone. There was also a large projector screen in the main lounge/dining area, which staff told us was used to show content from a religious website.

People we spoke with told us they had enough to do to keep them occupied at the home. Many activities were religious activities such as visits to the Kingdom Hall and readings of religious texts. One person we spoke with told us they enjoyed living at the home and said they spent time; "writing letters for the brothers to give to people they met". During our inspection we observed members of the congregation supporting people with a letter writing activity and at another point during the inspection a film was shown on the projector screen. However, we saw little in the way of activity or stimulation for people with a higher level of support needs, such as people living with dementia. We discussed this with staff who told us they thought provision in this area had improved. They told us they had rummage boxes with tactile objects in them for people living with dementia. Staff also said they would carry out reminiscence sessions and ball games, although we did not observe this during the inspection.

At the time of our visit, Jah Jireh Wigan was supporting three younger adults and some people were cared for in bed. We talked with the staff and the registered manager about how they were meeting the social and recreational needs of these people. Staff told us they would put music on and read religious passages to people cared for in bed. Staff detailed various activities that younger adults had been supported to take part in. This included cinema visits, and one person regularly went out with the congregation. The registered manager told us it was accepted that the service was not able to effectively meet the needs of all age groups and said in the future the home would only be accepting referrals for people over the age of 60.

We saw people's needs had been assessed prior to them moving to the home. This included an initial assessment of preferences and support needs. Care plans covered a range of social and health-care support needs including areas such as mobility, communication, sleep, eating and drinking, personal care, activities and specific support needs in relation to any health-care requirements. Preferences in relation to these areas of care had been recorded. Care plans had been reviewed regularly on a monthly basis.

During the inspection we saw people moving freely around the home and between the lounges and their bedrooms. People told us they were able to make day to day choices about the support they received, such as when they were helped to go to bed, or when they were assisted with bathing. However, we found a number of people were still in bed at 10:30am and had not yet received their breakfast. Staff told us this was due to the level of support needed for the people they were assisting, but that they would support anyone to get up who had specifically requested assistance. This also meant there was a very short gap of around one and a half hours between breakfast and lunch for some people.

We asked staff provide examples of ways in which they provided personalised care that met the needs of the individual. One staff member talked about one person having an interest in football and they told us they arranged to watch matches on the TV with them.

Regular residents meetings were held. Minutes from these meetings showed topics including activities, health and safety, and management of the home were discussed with people. There was also evidence that people had been consulted on changes to arrangements such as those in relation to provision of support over meal times. We saw large print versions of the minutes from these meetings had been left in the lounge areas and were accessible to people.

We saw the complaints policy was displayed around the home. No-one we spoke with reported having made a complaint, and there had been no complaints recorded within the past 12 months. Whilst all people we spoke with told us they would be confident to raise a complaint if required; two people we spoke with expressed that they would be reluctant to raise concerns. They said this was as they were concerned about offending staff members and as they could see staff members were hard working.

Is the service well-led?

Our findings

At our last inspection on 25 March 2015 we found adequate systems were not in place to monitor the quality and safety of the service provided. There was no overview of supervisions carried out and no audits of medicines or care plans. We found this to be a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made and the provider was now meeting the requirements of this regulation. A supervision tracker had been introduced and recent audits had been undertaken of areas including the environment, medicines and hand hygiene. A new system of auditing care plans had been introduced and we saw examples of completed care plan audits that had identified where actions or improvements were required. The registered manager told us there was no high level analysis of areas such as falls, weights or hospital admissions, although these were monitored at an individual level within people's care plans. The acting manager told us they had developed a falls audit prior to the end of our inspection.

We saw there was a schedule in place to help staff in management positions to plan and ensure regular checks of the quality and safety of the service were undertaken. This included required checks of services such as gas and electrical systems. Regular checks of the environment were made, although there were no routine checks of window restrictors or bed-rails in place. The acting manager told us they would add these areas to the regular room checks being carried out.

There had been a recent audit by the provider carried out in February 2016. This audit included feedback from staff, people living at the home and others with involvement in the home such as members of the congregation. We also saw that consideration was given to the environment, staff practice and documents such as care plans had been reviewed. The audit provided feedback and identified actions that needed to be taken to help improve the quality and safety of the service.

The views of staff and people living at Jah Jireh had been sought through a recent survey. The survey was based on CQC's key lines of enquiry, which look at whether services are Safe; Effective; Caring; Responsive and Well-led. The findings of the survey had been used to feed into the annual business plan. People we spoke with told us they were happy living at the home. One person said; "It's a good home. It could be even better if there were more staff."

There was a registered manager in post at the time of our inspection. The registered manager was due to retire approximately one month after our inspection visit. One of the existing members of nursing staff (the acting manager) had been successful in their application to take over the role and they were in the process of taking over certain duties from the registered manager as part of a managed handover. The newly appointed manager demonstrated an enthusiasm to continue to make improvements to the service.

We found actions had been taken to make improvements within the home based on feedback provided

from the last CQC inspection. We also received positive feedback from the safeguarding team about changes implemented following recent safeguarding investigations. The registered manager told us the service had over previous years, learned to take on board and act on feedback received. The acting and registered managers were responsive to feedback we provided at the inspection and actions were identified to make improvements where it was indicated this was required.

From our discussions with staff, including management staff, it was clear that staff members were committed to providing a good quality service to people. By law, services have to provide CQC with an up-to-date 'statement of purpose', which gives information about the service including the type of service it offers and the aims and objectives of the service. The primary objective of Jah Jireh Wigan was stated as being; "To maintain the spiritual life of Jehovah's Witnesses should they meet infirmity, old age, vulnerability, or general incapacity." All the staff we spoke with demonstrated a good understanding of this aim and the ethos of the home.

Staff meetings were held on a regular basis and covered areas such as health and safety, dementia care and policies. We saw feedback had been provided to staff from the last CQC inspection and staff had been given the opportunity to raise and discuss any concerns they may have. Staff told us they were happy working at the home and said they felt they were valued for the work they did. Staff were aware of the forthcoming change in management and spoke positively about the changes that were taking place within the home.

We spoke with two agency nurses who were working at the home. One of the nurses told us they thought the home was "a notch above" any other home they had worked at. The registered manager had put in place a file for agency staff that contained important information, such as information on the daily routine at the home, procedures to follow in the event of any incidents and templates of important forms. The agency staff nurse told us they found this file very useful and had referred to it many times.

Since our last inspection a new set of policies and procedures had been introduced within the home. We saw evidence that the implementation of the new policies had been discussed at management level and with staff. The home was displaying the rating from its last inspection on-line and at the home as is a legal requirement.

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 did not take formal enforcement action at this stage. 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
Treatment of disease, disorder or injury	The provider had not ensured there was sufficient assessment of risk to people using the service. Regulation 12(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	There was no evidence of staff identity held on staff files as required under Schedule 3. Regulation 19(3).