

## Jah-Jireh Charity Homes

# Jah-Jireh Charity Homes Leyland

### 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

We carried out this inspection on 17 and 18 October 2016. The inspection was unannounced. We last inspected this service in February 2014. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Jah-Jireh Charity Homes Leyland provides accommodation for up to 36 people who require personal care. There were 33 people living in the home at the time of our inspection. The home is in a residential area of Leyland, close to local shops and facilities.

The home is provided by and for people who are baptised Jehovah's Witnesses. It is one of four homes provided by Jah-Jireh Charity Homes. The provider describes their objective as, 'Our sole purpose is to provide loving, spiritual and physical care for those in the community of Jehovah's Witnesses who find themselves needing to be cared for by others, due to old age or infirmity.'

At the time of our inspection the home provided permanent accommodation and planned short-term care for people who required it.

There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

Everyone we spoke with told us that this was a good home and said they would recommend it to other people. People told us the home was a "lovely" place to live and said living at the home was "like being cared for by family". People received safe, compassionate care that met their physical and emotional needs and they had a choice of activities to support their spiritual needs. People were cared for in a manner that met the registered provider's stated purpose for the service.

People made choices about their care and maintained their independence and control over their lives. They agreed to the care they received and their rights were protected. Where people had made advance decisions about their care, these were clearly recorded and known to the staff in the home.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and how to protect people's rights.

There were enough staff to provide the support people needed. The staff had the skills and knowledge to provide a high quality of care. The staff took time to spend with people and understood this was an important part of their role.

Visitors were made welcome in the home and people could see their friends and relatives as they wanted.

The home had a guest room and visitors could stay in the home to be close to their relative or friend if they needed.

People were supported to maintain good health. They received their medicines as their doctor had prescribed and received support from appropriate health care services.

People received a choice of meals, snacks and drinks that they enjoyed. Mealtimes were pleasant and sociable occasions. Visitors could enjoy a meal with their relatives if they wished.

The home was well managed to ensure people were safe and received a high quality of care. The atmosphere in the home was friendly and inclusive. The registered manager set high standards and assessed the quality of the service to ensure these were met. People were asked for their views about the service and actions were taken in response to their comments.

The registered provider had a procedure for receiving and responding to concerns or complaints. People knew the registered manager and could speak to her if they had any concerns about their care. People could be confident any concerns or complaints would be investigated and action taken to resolve them.

## 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.

People were protected against the risk of abuse and avoidable harm.

There were enough staff to provide support as people needed.

Medicines were handled safely and people received their medicines as their doctor had prescribed.

### Is the service effective?

Good ●

The service was effective.

People received a choice of meals, snacks and drinks that they enjoyed. Mealtimes were pleasant and sociable occasions.

Staff were trained and supported to ensure they had the skills and knowledge to provide a high quality of care.

People agreed to the care they received. Where people had made advance decisions about their care, these were clearly recorded and known to the staff in the home.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and people's rights were protected.

### Is the service caring?

Good ●

The service was caring.

People were well cared for. The staff knew people well and were kind and caring to people who lived in the home.

People were supported to maintain their independence and their privacy and dignity were protected.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People were included in planning and agreeing to the support they received.

Visitors were made welcome. People could see their families and friends as they wished. The home provided a guest room where people could stay if they needed.

There was a procedure for receiving and handling complaints.

### **Is the service well-led?**

The service was well-led.

People were asked for their views and were included in developing how the service was provided.

The registered manager set high standards and carried out checks to ensure these were maintained.

There were appropriate arrangements in place to ensure the effective management of the home.

**Good** ●

# Jah-Jireh Charity Homes Leyland

## **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 checked 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 17 and 18 October 2016 and was carried out by one adult social care inspector.

Our visit to the home on 17 October was unannounced. At that visit we focused on speaking with people in the home, their visitors, care staff and visiting health care professionals. We arranged to return to the home on 18 October to look at records relating to how the home was managed.

During our inspection we spoke with 16 people who lived in the home and seven people who visited the home regularly. We also spoke with five members of the care team, three ancillary staff, the registered manager and two members of the home's management team. We observed care and support in communal areas, spoke to people in private and looked at the care records for four people. We also spoke with two health care professionals who were visiting people in the home and looked at records that related to how the home was managed.

Before our inspection we reviewed the information we held about the service. We also contacted local social work and commissioning teams to obtain their views about the home.

# Is the service safe?

## Our findings

Everyone we spoke with told us that people were safe living in the home. People who lived there told us, "I feel very safe" and said, "It's lovely here". One person told us that they knew some people could be anxious about moving to a residential care home. They told us, "I'd say to people, not to be frightened, it's lovely here".

The visitors and health care professionals we spoke with said they had never seen or heard anything that caused them concern. One person told us, "I've never seen anything of concern, people here are very well looked after".

Everyone we spoke with said they would be confident speaking to the registered manager or a member of the care team if they saw anything that concerned them. One person said, "I'd speak up if I saw something that wasn't right, but I've never needed to, people are always treated nicely here".

Some people who lived in the home could not easily share their views with us. We saw that people who were living with dementia were comfortable and relaxed around the staff who were supporting them.

All of the staff we spoke with told us that people were safe living in the home. They told us the staff in the home were committed to providing people with high quality care. All of the staff told us they would report any concerns and would challenge another staff member if they saw poor practice. One staff member told us, "People deserve the best care we can give. If I saw anything at all that I thought wasn't right I'd challenge it and tell [the registered manager]". People were protected from the risk of abuse because the staff employed understood their responsibility to report any concerns.

Everyone we spoke with told us that there were enough staff to provide the support that people needed. Throughout our inspection we saw that staff were unhurried and patient when supporting people. We saw people were provided with the support they needed promptly and no one had to wait for staff to assist them.

The health care professionals we spoke with told us there were always sufficient staff in the home when they visited. They told us they had not observed people waiting to be assisted. One told us, "There are always staff around whenever I come".

People's care records included information for staff about how to assist individuals to remain safe. Risks to people's safety had been identified and actions taken to manage the hazards. We observed that the staff on duty knew the actions to take to protect people from the risk of harm.

All the staff we spoke with told us they had received guidance and completed training around keeping people safe. They said information about keeping people safe was in individuals' care records. They told us they had training in safeguarding people from abuse, moving people safely, fire safety and infection control. All of the staff we spoke with told us they were confident people were safe in the home.

The registered provider carried out checks on all new staff to ensure they were suitable to work in the home. All new staff had to provide evidence of their good character and were checked against records held by the Disclosure and Barring Service. This helped to ensure people were only employed if they were suitable to work in a care service.

People told us they received the help they needed in managing their medicines. Staff who were responsible for administering medicines had received training to support them to do so safely. Medicines were stored securely to protect people from them being misused. People received their medicines safely and as their doctors had prescribed.

The staff in the home carried out regular checks on the premises and equipment to ensure people were safe. We saw that checks had been completed on equipment to protect people in the event of a fire, equipment used to assist people to move safely and on the safe use of bedrails. The management team in the home took advice from appropriate external agencies to ensure the safety of the home including the local fire and rescue service. People were protected because the safety of the environment and equipment were checked.

Throughout our inspection we saw that all areas of the home were clean and hygienic. All of the visitors we spoke with told us that they had always found the home to be clean and fresh smelling. We spoke with two housekeeping staff who were on duty during our inspection. They told us that they were given the time, equipment and support they needed to ensure the cleanliness of the home.

## Is the service effective?

### Our findings

Everyone we spoke with told us that the staff employed in the home provided a high standard of care and were "good at their jobs". People told us they staff "know what they are doing" and said, "She [named staff member] is very good".

Visitors to the home told us, "The staff are marvellous, they really are just very, very good". One health care professional told us, "People receive high quality care, the staff here know how to support people".

All of the staff we spoke with told us that they were provided with a range of training to ensure they knew how to support people. One told us, "We have lots of training".

We saw that, as well as attending training, staff were given guidance about how to support people at staff meetings and during individual meetings with one of the senior staff in the home. Where the registered manager identified that staff needed to update their training we saw that this had been arranged. People who lived in the home received a high quality of care because staff were trained and supported to carry out their roles.

Some people in the home were living with dementia and were not able to make important decisions about their care and lives. The registered manager of the home had a good understanding of the Mental Capacity Act 2005, (MCA) and how to protect people's rights. The 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.

We saw that the staff in the home assumed that people were able to make choices about their daily lives and respected the decisions that people made. People chose what time they wanted to get up, where they spent their time and whether they wanted to take part in the activities provided. We saw that the staff gave people guidance and information to make choices about their lives and respected the decisions they made.

Where people had made formal advance decisions about their health care we saw these were clearly recorded and known to the staff supporting them. Information about the advance decisions people had made was available in the records that had been prepared to pass to health care services and hospitals.

Some people who lived in the home required some restrictions to be in place to ensure their safety. We saw that these were clearly detailed in their care records and the registered manager had applied for DoLS to be authorised. This helped to respect people's rights, as the applications ensured an appropriate person would

consider the restrictions and check that they were suitable and in the individual's best interests.

People told us that the staff in the home supported them as they needed to maintain their health. They told us they were able to access appropriate health care services including their GPs, district nurses and their opticians, as they needed. Where people had complex needs they had been supported by appropriate specialist services such as the Speech and Language Therapist.

Health care professionals who were visiting the home told us the staff made appropriate referrals if people needed support and acted on any advice they gave.

Everyone we spoke with told us they enjoyed the meals provided in the home. They told us that meal times were happy, sociable occasions that they enjoyed. One person told us, "The meals are excellent, there's always a choice". Another person told us, "At breakfast I choose what I like. There's always a choice of fruit juice out, I just help myself".

We saw that the dining area provided a pleasant environment for people. Tables were laid with appropriate cutlery, crockery and condiments so that people could season their own food as they wished.

Some people chose to spend some time in their rooms. We saw staff took drinks and snacks to people to ensure they received enough to eat and drink during the day. Throughout our inspection we saw that people received meals, snacks and drinks that they enjoyed.

## Is the service caring?

### Our findings

Everyone we spoke with told us this was a good home and said people were well cared for. One person told us, "This home is just lovely, the staff are so very caring". Another person said, "It's like being cared for by family". We were also told, "The staff here know people well, and they look after us well". Visitors we spoke with said, "This is the best home in the area".

The home was provided for, and staffed by, people who were Jehovah's Witnesses. People who lived in the home told us that this was very important to them. One person told us, "I wouldn't have looked at any other home, it had to be a Jehovah's Witness home". Another person said, "I was lucky to get a place here, I'd heard it was a lovely home and it is".

The staff we spoke with told us they tried to care for people as they would wish their own relatives to be cared for. One staff member told us, "I want to provide the care I'd want for my own Mum". Another staff member told us, "We [Jehovah's Witnesses] call each other brother and sister, so everyone here is like family. We care for people as we'd care for our own family". One staff member told us, "You can feel the love here".

Throughout our inspection we saw that people were treated with kindness, consideration and respect. The staff knew people well and took time to talk with people. One staff member told us, "Being with people, chatting, giving my time is one of the most important parts of the job. I have the time to do that here and that's really important".

One person was feeling unwell during the inspection. The staff told us that the person had been seen by their doctor and they were receiving treatment. We heard one staff member offering support to the person. The staff member showed they understood that the person was still feeling unwell and said, "I know, it's horrid when you don't feel well isn't it. Hopefully you should start to feel better soon". They acknowledged how the person was feeling and engaged them in conversation about their plans for the day. We saw that this interaction reassured the person and supported their wellbeing. The staff in the home understood it was important to spend time with people.

Throughout our inspection we saw that people's dignity and privacy were respected. The care staff provided people's personal care in private and ensured doors to bedrooms and toilets were closed when people were using them. Everyone was dressed appropriately and we saw people had been supported to maintain their personal appearance as they preferred. Care plans gave staff details about the things that were important to individuals about their appearance and we saw that people's wishes had been respected. This helped to support people's dignity.

There was a hairdresser visiting the home during one day of our inspection. People told us how important it was to them that the hairdresser visited. One person told us, "You always feel better when your hair's nice, don't you".

The staff supported people to maintain their independence and control over their lives. People were given the time they needed to carry out tasks themselves. Where people needed support or guidance from the staff we saw this was provided promptly.

Most people we spoke with said they had relatives or friends who would support them if they needed assistance to make a decision or to express their wishes. One person told us, "My daughter comes most days, if I had any problems I'd speak to her". Other people told us that they were supported by members of their Jehovah's Witness congregation. All of the staff we spoke with said they would be confident to support a person to express their views if they required support. The registered manager also knew how she could contact local advocacy services if she identified that an individual would benefit from independent support to share their views or wishes.

## Is the service responsive?

### Our findings

Everyone we spoke with said they were asked how they wanted their care to be provided and were included in all decisions about their lives and care. People told us they made choices about their lives and said the staff in the home always respected the decisions they made.

We saw that people chose when to get up, where they spent their time and whether they wished to take part in the activities provided in the home.

People told us they were supported to maintain their faith and to follow activities that were important in this. We saw that people chose if they wished to take part in these activities.

Throughout our inspection we saw that people were comfortable approaching the care staff and members of the home's management team if they required support or advice. We saw that people were given support and advice as they requested.

Visitors to the home told us that they were always made to feel welcome and said they could visit any time they wished. Two visitors told us that they had enjoyed having a meal with their relative. They told us that, when they visited the home, they were always invited to join in any meals being served and offered a drink. They said this was important in making them feel welcome in the home.

The home had a room where visitors could stay overnight if they needed. The registered manager told us this could be used if a person was unwell and a friend or relative needed to stay near them. They said it was also available for relatives or friends who lived some distance from the home and who needed overnight accommodation.

Each person who lived in the home had a detailed care plan. The care plans gave information for staff about the support people needed and about their preferences about their care. We saw that the care plans were written in a respectful way and included information about the tasks that people could carry out for themselves as well as how care staff were to assist them. The care staff we spoke with told us that they knew the choices people had made about their care because these were included in their care records.

Everyone we spoke with told us that the quality of care was very good. No one raised any concerns with us about the care provided to people. People told us they received the support they needed in the way they wished. The detailed care assessments and care records helped to ensure staff knew how to support people and that people received their support as they preferred.

The registered provider had a procedure for receiving and responding to complaints. People we spoke with said they had never needed to make a formal complaint. They said that, if they had any concerns, they would speak to the registered manager and were confident she would take action to address any issues.

Everyone we spoke with told us that the registered manager listened to their views and took action in

response to any requests they made. One visitor said they had experienced some issues with items of laundry being lost and said they had spoken to the registered manager about how they could work together to resolve this issue. They said they were very happy that the registered manager listened to them and was trying to resolve the issue.

We looked at records around how formal complaints had been managed. We saw that any formal complaints were investigated and a response given to the person who had raised the concern. Where possible people had been given the opportunity to sign the complaint record to show if they were happy with the actions that had been taken. We saw that, where people had been able to record their response to the complaint investigation, they had stated they were satisfied and grateful that their concern had been looked into. People could be confident any concerns or complaints would be investigated and action taken to resolve them.

## Is the service well-led?

### Our findings

Everyone we spoke with told us that this was a good service and said they would recommend it to other people. People told us, "This is a lovely place to live" and said, "I can't recommend this home enough".

People told us they knew the registered manager and found her to be approachable and committed to providing high quality care. One person told us, "[The registered manager] is lovely and you can tell she wants the very best care for people". Another person said, "[The registered manager] is very approachable and is easy to speak to".

One person told us that they had attended an activity where they had been sitting next to a member of the registered manager's family. We heard this person tell the registered manager, "I told your Mum you do a good job". This showed that people acknowledged the efforts the registered manager took to provide a good service.

All of the staff we spoke with told us the registered manager and management team in the home set high standards. They told us the registered manager was committed to providing a high quality service that promoted people's rights. One staff member told us, "We all want to provide the best care for people and [the registered manager] would soon do something if a staff member wasn't doing that". Other staff we spoke with told us, "I'm proud of this home" and said, "I'd be happy for my relative to live here".

Health care professionals who were visiting the home told us the atmosphere in the service was always open, friendly and inclusive. They said the staff were very willing to seek and to take their advice. One told us, "I'm always welcome when I come, I never feel that I'm an intrusion or not wanted". Another told us, "The staff ask for advice in an appropriate way. They make appropriate referrals and always act on what I say". The health care professionals also said that there was always a senior person in control of the home when they visited. They told us, "There is always a senior [senior member of the care team] about if I need to discuss a patient". This showed that there were arrangements to ensure the oversight of the home and people's care when the registered manager was not available.

The purpose of the home was to provide "loving, spiritual and physical care for those in the community of Jehovah's Witnesses". During our inspection we saw that this purpose was achieved in how people were supported. Everyone we spoke with told us that staff were loving and caring and provided the assistance they needed with their care. We also saw, and people told us, that activities were provided to support people's spiritual needs.

The registered manager used formal and informal methods to ask people for their views about the service. Regular meetings were held with people who lived in the home where they could make suggestions about how the service could be further improved. We saw that notes from these meetings showed how action had been taken in response to people's comments. One person had suggested that routines in the home could be changed to allow an activity to be provided without interruption. We saw that the registered manager had reviewed the routines in response to this suggestion.

The management team in the home carried out regular checks on the quality of the service provided. These included senior staff working with care staff to observe the quality of the care. Checks were also carried out to ensure the safety of the premises and equipment. The systems used to assess the quality of the service had ensured people received safe care that met their needs.

People who lived in the home, their relatives and the staff employed were consulted about how the service could be developed. The registered provider for the service had asked people who lived in the home and their relatives to share their views of the service by completing an annual quality survey. This helped the registered provider to maintain oversight of the quality of the service. They had shared the results of the survey, and their plans for further improvements in the home, with people who used the service and their relatives.

Throughout our inspection we also saw that the registered manager and staff in the home asked people for their views including if they had enjoyed activities and the meals provided.

Staff in the home had also been asked for their views about the quality of the service. One staff member told us they had suggested a new activity that people may enjoy and said the registered manager was looking into how this could be provided.

Senior staff were included in developing the business plan for the home. They could suggest equipment that required replacing or new equipment that needed to be purchased and these were considered in business planning.

Providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The registered manager informed us of significant events as required, this meant that we could check that appropriate action had been taken.