

## 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

### About the service

Jah-Jireh Charity Home Leyland (Jah-Jireh) is a residential care home registered to provide accommodation and personal care for up to 36 people. At the time of the inspection 33 people were living in the service. The home is established and run for the benefit of dedicated, baptised Jehovah's Witnesses.

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

People were safe living at Jah-Jireh. The practices adopted by the home protected people from harm. We identified some minor shortfalls with the management of medicines, but these were rectified immediately. Enough staff were on duty to meet the needs of people and acceptable recruitment practices were in place. People looked relaxed in the company of staff and relatives confirmed they felt people were safe living at Jah-Jireh.

A wide range of training had been provided for the staff team, which helped to ensure people received the care and support they needed. Community health and social care professionals had been involved in the care and support of those who lived at the home and people's dietary needs were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received good care. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process. Care files were person-centred. Clear guidance was available about how to communicate with people effectively and independence was promoted. People were supported to achieve their goals in life and a range of activities were provided.

The registered manager understood her role and responsibilities and she was open and transparent with the inspection process. There was evidence of community engagement taking place. A range of audits and monitoring was seen. We received positive feedback about the registered manager and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The service was rated good at the last inspection (Published on 08 December 2016).

### Why we inspected

This was a scheduled inspection based on the previous ratings.

### Follow up

The service will be re-inspected as per our inspection programme. We will continue to monitor any

information we receive about the service. The inspection may be brought forward if any risks are identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remained good.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service remained good.

Details are in our well-led findings below.

Good ●

# Jah-Jireh Charity Homes Leyland

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two adult social care inspectors, a primary medical services inspector and an expert by experience. An expert by experience is someone who has experience of the type of service being inspected.

#### Service and service type

Jah-Jireh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any statutory notifications that the service is required to send to us by law, any allegations of abuse or feedback about the service. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

To understand the experiences of those who used the service we spoke with seven people who lived at the home and observed interactions between staff and those who were residing at Jah-Jireh. We also spoke with two relatives, three members of staff and the registered manager of the home who took overall responsibility for the service. We looked at several records. These included six care files, medication administration records, two staff files, training records and associated documentation relating to the operation and management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the home were safe and protected from abusive situations.
- The provider had safeguarding information available for the staff team in line with current guidance from the local authority. This was clearly displayed within the home, so that people would know how to report any allegations of abuse, should this be necessary.
- No safeguarding referrals had been reported or recorded since the last inspection. However, staff had received training in this area and those we spoke with were aware of what to do should they be concerned about the safety or welfare of someone who lived at the home.
- People who lived at the home appeared comfortable in the presence of staff and those we spoke with told us they felt safe at Jah-Jireh.
- Family members confirmed their relatives were safe using the service and told us staff treated them well. We noted a relaxed and friendly environment was created for those who lived at Jah-Jireh.

Assessing risk, safety monitoring and management

- The provider had systems, which protected people from the risk of harm.
- The registered manager had ensured specific risks had been thoroughly assessed, which helped to ensure one person was kept safe whilst travelling abroad.
- The staff team received annual fire safety training. A fire safety policy and risk assessments were in place. Internal checks were conducted regularly to ensure fire systems and fire-fighting equipment was in good working order. One person told us, "We are very well protected. Things are kept very up to date."
- The registered manager had introduced personal emergency evacuation plans for each person who lived at the home. We found these could have been more current and could have provided staff with clearer guidance about individual evacuation procedures. We discussed this with the registered manager at the time of our inspection, who reviewed and updated the plans immediately.
- We checked a random selection of certificates and found systems and equipment were serviced in accordance with manufacturers recommendations to ensure they were safe for use.
- The provider had a policy for the recording and reporting of accidents and incidents and systems were in place for monitoring such events. This helped to ensure any themes or recurring patterns could be easily identified and action taken where necessary.
- The registered manager had conducted a wide range of regular internal safety checks and hazard incident reports had been completed to highlight items in need of repair, such as frayed carpets and inoperable call bells. This helped to ensure people were protected from harm.

### Staffing and recruitment

- Sufficient numbers of staff were employed to meet the needs of those who lived at Jah-Jireh. The home did not use agency staff. This helped to ensure people were supported by staff members they were familiar with.
- Staff members we spoke with and our observations confirmed staff were able to sit and chat with people who lived at the home and assistance was provided promptly.
- The provider had ensured appropriate checks had been conducted before potential staff members were employed. However, we noted a reference for one employee was in part not written in the English language. We discussed this with the registered manager, who obtained a translation promptly, which provided positive feedback about the care worker.
- We noted a gap of three years in one staff member's work history, which had not been explored further. We discussed this with the registered manager, who confirmed she would establish reasons for the gap in continuous employment.

### Preventing and controlling infection

- The registered manager had established good infection control practices and staff had completed relevant training.
- The environment was clean and hygienic throughout. There were no unpleasant odours noted. One person told us, "It is absolutely spotless" and another commented, "The cleanliness is exceptional. The home is well maintained."
- The registered manager conducted regular infection control audits and we saw a good amount of personal protective equipment was readily available within the home.

### Using medicines safely

- The provider had policies for the administration of medicines and audits were conducted regularly. However, we identified some minor shortfalls, which were discussed with the registered manager, who took immediate action to address the issues raised.

### Learning lessons when things go wrong

- We discussed lessons learned with the registered manager during our inspection, who told us any accidents or incidents were analysed and discussed at team meetings. These were focussed on lessons learned following such events. This helped to reduce the possibility of repeat incidents.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had ensured mental capacity assessments had been conducted and decisions had been made in the best interests of those who lived at the home. This was evident in the DoLS applications, but not always in the care files. We discussed this with the manager of the home, who immediately transferred the relevant information into the plans of care.
- People had signed an agreement to plans of care and one person had indicated they wanted their family to sign records on their behalf.
- Care records were person-centred and we observed staff members asking people for their consent during the day. However, formal consent was not evident. We discussed this with the registered manager, who assured us this would be addressed without delay.

We recommend formal consent is obtained from those who live at the home in relation to the taking of photographs, the use of bedrails, the administration of medicines and the care and support they receive.

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

- People's needs were assessed. This helped to ensure the staff team had the resources and training to meet individual needs before people moved into the home.
- Preferences were recorded clearly in care files and the staff supported people to make choices about daily

living experiences.

Staff support: induction, training, skills and experience

- The provider had a well-trained staff team. Staff had the skills, knowledge and experience to deliver effective care and support.
- New staff were supported through a detailed induction programme. The staff team were described by people as 'brilliant', 'amazing' and 'sympathetic'.
- A mandatory training syllabus was available for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance.
- Senior personnel conducted spot checks and staff confirmed regular supervisions and annual appraisals were conducted. This information was supported by records we saw.

Supporting people to eat and drink enough with choice in a balanced diet

- The registered manager ensured people received a well-balanced diet, which met their needs.
- People's nutritional needs were assessed and dietary intake was monitored with specialist advice being sought, as was required.
- People were offered a variety of food and fluid choices throughout the day. Everyone we spoke with provided us with positive comments about the quality of food served.
- The dining experience was pleasant with wholesome food being served and the kitchen was well-organised and clean.

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

- Several community professionals visited Jah-Jireh during our inspection, who provided us with very positive feedback about the home, the staff and the management team.
- People were provided with appropriate and timely support for their individual needs.

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

- The service had been developed to meet the individual needs of people who used the service.
- The home was pleasantly decorated and people's bedrooms were individualised.
- Signage was displayed with pictorial information, which helped to ensure people were able to move around the home safely.
- There were facilities available to accommodate relatives, who were visiting from abroad or from distant areas within the country.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The registered manager and her staff team ensured people were always treated well.
- We observed some lovely interactions between staff members and those who lived at the home. It was clear that people were treated equally and any diverse needs were appropriately met. One person told us, "The staff do their best to keep you comfortable, both physically and mentally."
- Care plans we saw included the importance of respecting people and ensuring their privacy and dignity was promoted, particularly during the provision of personal care.
- People were supported to make decisions about their care and we observed them making a variety of choices throughout the day.

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

- People who lived at the home and their relatives had periodically completed surveys, which provided positive feedback about the service, staff team and support in decision making. A suggestion box and feedback box were in the reception area of the home, so people could provide their comments, should they wish to do so.
- Good information of how to support people's communication needs was recorded and we observed staff members allowing people time to express their wishes in a compassionate way. This supported people to be involved in their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and her staff team ensured people's, privacy, dignity and independence was maintained. We observed people's personal care being delivered in the privacy of their bedrooms or bathrooms and we saw staff knocking on bedroom doors before entering. Staff were observed chatting with people quietly, whilst maintaining their dignity. One family member told us, "The staff are very nice and helpful. [Relative] can do more or less what she wants, within reason" and another commented, "Staff encourage independence."
- A range of policies were available to support staff in ensuring people's privacy and dignity was supported and information relating to advocacy service was on display. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- Care records and staff files were stored in a confidential manner. This supported the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

- We received very good feedback about the staff team and the management of the home in relation to respecting people.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager had ensured care plans were put in place at the time of admission to the home. Sometimes the level of detail on some plans of care was limited, but for others there was a good level of recording.
- The registered manager ensured person-centred care plans had been developed, which provided the staff team with clear guidance about the needs of people and how these needs were to be best met. This helped to support effective delivery of care.
- The care records we saw showed people's preferences and interests had been taken into consideration when planning their care. These had been reviewed regularly, which helped to ensure current information was available for the staff team. Evidence was available to demonstrate that a range of activities were provided and people were supported to achieve their ambitions in life, such as visiting relatives abroad or joining a gym.
- Staff we spoke with understood people's needs well and it was clear those who lived at the home were supported to make choices and to take control of their daily lives.
- The service made use of technology. Computer systems were used to develop care records, to support staff training and to monitoring the quality of service provided.

Meeting people's communication needs

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

- People were provided with good details about the services and facilities available to them. This helped them to make informed decisions about accepting a place at the home.
- There was a wide range of information displayed within the home, which helped people to understand various processes and how to access different support services.
- Care records provided staff with clear guidance about how to meet people's communication needs effectively.

Improving care quality in response to complaints or concerns

- The provider had a policy about how people could make a complaint, should they wish to do so. This was prominently displayed within the home and incorporated time scales for responses and investigations. It also included contact details of relevant external organisations, should people prefer to make a complaint

outside the home.

- No complaints had been recorded since our last inspection. However, systems were in place for documenting and monitoring complaints, should any be received by the home.

End of life care and support

- The provider had policies which enabled the staff team to understand the importance of delivering compassionate end of life care to those requiring this sensitive support.
- There was good evidence to show support planning had been developed around people's individual end of life care needs and wishes. These incorporated clear decisions and showed discussions with loved ones had taken place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Person-centred care and support were promoted through processes adopted by the home. This helped to ensure effective outcomes for those who lived at the service.
- A registered manager was appointed, who clearly demonstrated good knowledge and understanding of the needs of people who lived at Jah-Jireh and who was fully aware of her duties and responsibilities. This helped to support the duty of candour.
- We received very positive feedback about the registered manager from everyone we spoke with. She was described as being open, transparent and fair.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team understood their role, responsibilities and the operation of the service.
- Staff were seen undertaking their roles and duties in a person-centred way and with genuine kindness. Internal observations were conducted every week by different supervisors to check on staff performance.
- The provider had implemented a business continuity plan and had conducted quarterly inspection visits, which focussed on the five key questions, as set out in our inspection methodology. These visits incorporated discussions with those who lived at the home, relatives and staff members. The provider had also checked a wide range of records related to staff training, person centred care and maintenance of the premises. Action plans had been developed, which demonstrated any issues identified had been addressed.
- The management team was very co-operative during the inspection process and information was provided promptly when requested.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture that was person-centred and supported good outcomes for people who lived at the home. One relative commented, "It is better than good [the home]", "You can't beat it. It is spot on."
- Certificates of the services registration and the ratings from the last inspection were on display in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held regular meetings for those who lived at the home, their family and friends, staff members and the management team. This enabled any relevant information to be shared and encouraged open discussions on topics of interest.
- The provider had obtained periodic feedback from any interested parties by using surveys, so that people's views about the quality of service provided could be gathered.

Continuous learning and improving care

- The provider had ensured systems had been developed which supported staff to develop their skills and knowledge. This demonstrated the service was continually striving to improve.
- A good range of updated policies, procedures and guidance were available for the staff team, which supported continuous learning and improving care.

Working in partnership with others

- The service demonstrated good partnership working had been established.
- Records showed various health and social care professionals had been involved in people's care and support as needed.
- The service had developed good working relationships with community professionals and many provided excellent feedback during our inspection.