

Jah-Jireh Charity Homes

# Jah-Jireh Charity Homes Wigan

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Jah-Jireh Charity Homes Wigan provides accommodation, personal and nursing care for people who are baptised members of the Jehovah's Witness faith. The accommodation is divided over two floors and is located in a residential area of Wigan. The home can accommodate up to 47 people. At the time of inspection 42 people were living at the home.

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

We identified issues with the management of deprivation of liberty applications and the provider's audit and quality monitoring process. We have also made a recommendation relating to medicines management.

People told us they felt safe living at Jah-Jireh Charity Homes Wigan. Staff had received training in safeguarding and knew how to identify and report any concerns. Enough staff were deployed to meet people's needs and keep them safe. Accidents and incidents had been logged, although lessons learned and actions taken to prevent a reoccurrence were not clearly recorded. Equipment had been checked and maintained in line with guidance. However, the home could not provide an up to date fire risk assessment. The completion of this was arranged following the inspection. Overall medicines were being managed safely. We have made a recommendation about the medicines audit process, to ensure any errors are picked up and addressed timely.

Staff received sufficient training and supervision to carry out their roles effectively. Assessments were completed prior to people's admission, to ensure the home was suitable and could meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Applications to allow the home to legally deprive a person of their liberty had been submitted. However, systems to ensure reapplications were submitted timely required improvement. People's healthcare needs were being met. Referrals had been made timely to professionals when any issues had been identified. People were happy with the food provided, with choices available at each mealtime.

The service had a clear management system in place with the registered manager being supported by a business manager. People and staff spoke positively about the management of the home, telling us management were a visible presence and they felt listened to and supported. However, the home did not have a clear and robust audit process in place, to ensure any issues were addressed timely and consistently.

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 (and update)

The last rating for this service was requires improvement (published 17 January 2020) and there was one breach of regulation. The service remains requires improvement. The service has been rated requires improvement for the last two inspections.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 and 5 December 2019 when a breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jah-Jireh Charity Homes Wigan on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Jah-Jireh Charity Homes Wigan

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Jah-Jireh Charity Homes Wigan is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety. We announced the inspection on the afternoon of the 7 July 2021 and visited the home on 8 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, business manager, nurse and two care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, audits and training data were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance documents, safety records and meeting minutes.



# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At the last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Overall medicines were managed safely by staff who had received training and had their competency assessed.
- The home used an electronic medicines system (E-Mar) rather than paper records. This had helped to improve the administration process. Stock checks tallied for all but two of the 14 medicines we checked. One person had one too many of one medicine remaining and not enough of another.
- Topical medicines, such as barrier creams, had been applied in line with prescriber guidance. Charts to document application had been regularly checked by senior staff or management to ensure these had been completed appropriately.
- Controlled drugs had been stored, administered and documented safely and correctly.
- However, there was no process in place for identifying issues or errors, such as missed medicines timely, as audits were only completed infrequently; the nurse told us every three months or so. Similarly, stock checks were also infrequent and only sampled a small number of people each time.

We recommend the provider reviews the medicines audit process to ensure this meets best practice and NICE guidelines to enable errors to be identified timely.

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

- The home had assessed risks to people's safety and wellbeing. Guidance around managing people's risks was contained in their care records for staff to follow.
- Accidents and incidents had been recorded. Local authority processes for reporting accidents and incidents (Tier system) had been followed. Completed tier forms explained what had occurred and the action taken.
- However, the home did not have an overarching log or matrix to keep track of each accident or incident, record any lessons learned or changes to practice which had taken place to minimise a reoccurrence.
- Checks of the premises and equipment, such as hoists, slings and the fire alarm had been completed as required, with certification in place to confirm compliance. Each person had an evacuation plan in place, in

case of emergencies. However, the home was unable to demonstrate a robust fire risk assessment had been completed. Following the inspection, we received confirmation an accredited company had been booked to complete this.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and in the company of care staff. One person stated, "I am always looked after here." A relative told us, "The care my [relative] gets is second to none. They are safe, I'm never worried about this."
- Staff were provided with training in safeguarding and knew how to identify and report concerns, as well as how to whistle blow, if concerns had not been escalated.
- We saw any safeguarding concerns had been reported in line with local authority procedures.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service.
- Enough staff were deployed to meet people's needs. People, relatives and staff we spoke with confirmed this. Comments included, "I have to be hoisted from my chair, there are always two staff to do this" and "There's always loads of staff about. Call bell is always in reach and they answer this in minutes."
- The home used a system to determine how many staff were required per day to support people safely. Rotas had been generated based on this system, with any shortages filled by existing staff or agency workers.

Preventing and controlling infection

- We looked at infection control processes and procedures and observed staff practice. We were assured the service were following safe infection prevention and control procedures to keep people safe.
- Current COVID-19 guidance around PPE usage, touch point cleaning and risk assessments was being adhered to.
- Staff had received training in infection control and the safe use of PPE.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Systems in place to monitor expiry dates of current DoLS and submit reapplications, as well as chase up assessments where these had not taken place timely, required improvement.
- At the last inspection in December 2019, we found some reapplications had only been submitted after the current DoLS had expired, rather than 28 days prior to expiry as required. At this inspection we found the same issue had occurred. Two DoLS had expired over a month before reapplications had occurred. A further three reapplications had not been submitted timely.

The provider failed to have a robust system in place to ensure DoLS applications had been monitored and submitted in line with MCA guidance. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place.

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

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.

Staff support: induction, training, skills and experience

- Staff received sufficient induction, ongoing training and support to enable them to meet people's needs.
- A matrix was used to monitor training completion. This showed the majority of staff were up to date with mandatory training or had been booked onto sessions. Training had been affected by the COVID-19 pandemic, with greater reliance on e-learning.
- Staff received regular supervision from a named supervisor. One told us, "I have a one to one session every two months but can have a chat anytime I need to."

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

- People and relatives spoke positively about the meals provided, confirming they received enough to eat and drink. Comments included, "The food is very good, no problems at all" and "There are plenty of choices. We had a meeting and gave the chef all the food we like and dislike."
- The mealtime experience was also largely positive. The downstairs dining room was nicely set out, with each table containing cutlery, china crockery, serviettes and a vase of flowers. Staff were attentive to people's needs, providing support as required.
- However, upstairs only two staff were supporting lunch, one of whom was taking meals to rooms, leaving the other to supervise and support 11 people to eat. As a result, meals sat in front of people untouched for some time, until they could be supported or encouraged to eat.
- Where people required a modified diet, this was provided in line with guidance. Care plans detailed people needs, with kitchen and care staff having access to a modified diet list, which covered the required texture of people's meals and drinks.

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

- People received support to stay well and access medical services as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, district nurses and dieticians. Information following appointments or assessments had been recorded in care files.
- Oral care was provided in line with people's needs and wishes. Care plans explained how each person wanted to be supported, with staff documenting completed tasks within care notes.

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

- The layout of the home catered for people's needs. There was a choice of several lounges and seating areas within the home. People could access the upper floors by staircase or passenger lift.
- Plans had been made to refurbish areas of the home; however, completion of works had been affected by the COVID-19 pandemic.
- Pictorial signage was present within communal areas, bathrooms and toilets throughout the home, to help people locate and identify these. Themed areas relevant to people's faith, created to act as talking points remained in 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to assess the quality and performance of the home required strengthening.
- At the last inspection in December 2019, we found there was a lack of a consistent audit schedule, the audit process was not clear or easy to navigate and what was in place was not done regularly. We found the same at this inspection.
- The home's yearly planner indicated an audit of a particular area was completed each month; however, this meant each area was only assessed annually. The systems in place had not identified the issues we noted with medicine stock discrepancies, DoLS reapplications, incomplete or contradictory information in care plans and the lack of a fire risk assessment. It was not clear from the processes in place, how these issues would be identified and addressed.
- The home had a continuous improvement plan, however, this mainly contained information about planned renovations and made no reference to the audit process and what was being done to address any issues noted.

The provider had failed to ensure systems and processes to monitor the safety and quality of service provision were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. People had no concerns about the openness of the service or its staff. People told us the registered manager and business manager were visible and approachable.

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

- We found the service to be an inclusive environment. People's views were captured through ongoing discussion about their care and support, planned reviews and bi-annual questionnaires.
- People and relatives were complimentary about the home and care provided. One person told us, "I

would definitely recommend this home because we are well looked after, nothing is too much trouble."

- Staff also spoke positively about the service and said they enjoyed working there. One stated, "I am so happy to work here. We have all felt so supported through COVID-19."

#### Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people using the service. The home had recently been nominated for an award at the annual awards ceremony hosted by the local hospice. The registered manager continued to be a member of a number of local initiatives and groups, such as the care home providers forum and Wigan registered manager's network.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity                                             | Regulation                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance                                                                                                                                                                                                     |
| Diagnostic and screening procedures                            | The provider failed to have a robust system in place to ensure DoLS applications had been monitored and submitted in line with MCA guidance and failed to ensure systems and processes to monitor the safety and quality of service provision were robust. |
| Treatment of disease, disorder or injury                       |                                                                                                                                                                                                                                                            |