Jah-Jireh Charity Homes

Jah-Jireh Charity Homes Blackpool

Inspection report

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Date of inspection visit:
07 February 2018

Date of publication:
16 March 2018

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

The inspection visit took place on 07 February 2018 and was unannounced.

At our last inspection we rated the service overall Good. The safe domain required improvement in relation to recruitment and medicines. At this inspection we found recruitment had improved and good recruitment practices were in place. Medicines were managed safely. The service improved to good in safe domain and remained good in the other four domains. We found the evidence continued to support the rating of overall good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Jah-Jireh Charity Homes Blackpool is a care home where Jehovah's Witnesses care for other Jehovah's Witnesses. The staff team and environment caters for people's spiritual needs as well as for their health and social needs, Jah-Jireh provides accommodation for up to 36 people who require personal care, some of whom are living with dementia. There are 30 single rooms and three double rooms. The building has two floors with lift access to the first floor. Car parking is available at the front of the home on a small private forecourt. There are gardens at the rear for the use of residents.

At the time of our inspection visit 32 people lived at Jah-Jireh.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

People we spoke with told us they felt safe and well cared for at Jah-Jireh. People told us they were happy and supported by staff who cared for them and treated them well. One person told us, "No problem with the staff they are so hardworking and kind."

There were procedures in place to minimise the risk of unsafe care or abuse and staff understood their responsibilities to report unsafe care or abusive practices. They knew how to do this if they saw or suspected abuse. Staff had received training on safeguarding vulnerable people.

Care plans were personalised, involved people and where appropriate, their relatives and were informative about the care people received. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Medicines were managed safely. They had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. People received their medicines when needed and

appropriate records had been completed.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. There were sufficient staffing levels in place to provide the support people required. Although there had been some staffing difficulties prior to the inspection, staff had pulled together to make sure there were enough staff on each shift. We saw staff showed concern for people's wellbeing and responded quickly when people called for assistance.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities provided were appropriate for the care and support provided and we found equipment had been serviced and maintained as required. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

Most people told us they liked the quality and variety of meals on offer. We saw people received adequate nutrition and hydration. One person told us, "I enjoy having someone to cook for me. They are all good cooks."

We saw people who lived at the home had access to healthcare professionals. They told us their healthcare needs were met promptly. Staff provided care in a way that respected peoples' dignity, privacy and independence. People told us staff treated them as individuals and delivered personalised care.

People had been 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 who lived at the home and their visitors told us they enjoyed a variety of spiritual and leisure activities in the home and in the local community. These gave people the opportunity to pray and socialise together.

People were told they ways they could complain and were given information about how to complain. People we spoke with told us they felt able to complain and express any concerns. Where people raised a complaint appropriate action was taken. People also had information about support from an external advocate should this be required.

The registered manager assessed and monitored the quality of the service. These included regular audits and ways to seek people's views about the service provided. People who lived in the home and their relatives told us the management team staff were approachable and willing to listen.

Further information is in the detailed findings below.

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 has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Jah-Jireh Charity Homes Blackpool

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

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

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Prior to our inspection visit we contacted the commissioning department at Blackpool local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 07 February 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a background supporting older people and people with dementia.

During the visit we spoke with a range of people about the service. They included seven people who lived at the home and three relatives. We spoke with the registered manager and five staff members. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people and the medication records of five people. We reviewed a variety of records, including care records, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Good

Is the service safe?

Our findings

At the last inspection recruitment practices were not always safe. Neither were medicines where these were given covertly. On this inspection they both had improved and were safe. When we looked at three staff files they showed safe recruitment checks were carried out before staff started to work at the home. We saw and staff told us they had a full employment work history, references from previous employers and they had completed a disclosure and barring check (DBS) prior to being employed. They had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

People said staff supported them with their medicines safely. We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Procedures for giving medicines covertly had been carried out. We observed staff giving out medicines. They were focussed on their task to ensure these were given correctly.

Where controlled drugs were administered the controlled drugs records and correct procedures had been followed. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Maintenance and repairs were carried out promptly. Equipment was serviced regularly. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This assisted staff to reduce the risk of infection to people they supported and themselves when providing personal care.

We asked people who lived at the home if they felt safe in the care of staff. One person said, "I am safe and cared for by brothers and sisters." Another person told us, "We are a family. I feel well looked after and safe." A relative wrote to thank the staff team. They said' Thank you for keeping [family member] safe at a time they felt lost.'

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who were aware of their responsibilities to ensure people were protected from abuse. During the inspection process we contacted the local authority and they told us there had been no concerns raised with them about people's care at the home."

Risks for people were reduced because the registered manager had completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. We saw these provided instructions for staff when consistently supporting people. They were monitored and reviewed regularly.

We looked at how accidents and incidents were being managed at the home. Where any incident, accident or 'near miss' occurred the registered manager and staff team reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

People told us there were usually sufficient staff and where people needed support staff usually provided assistance quickly. The registered manager and staff team told us there had been some staffing difficulties prior to the inspection, because staff had left Jah-Jireh. However staff had pulled together. Also agency staff had been used to make sure there were enough staff on each shift. One person said, "Staff don't take long when you call them." Another person told us, "Whenever I ask for help, our brothers and sisters [staff] are there to help." One person disagreed and told us, "Staff don't answer buzzers as quickly as they should."

We asked the registered manager about any delays in assisting people. She told us they had needed agency staff to assist and it had taken them a little while to familiarise themselves with the home. They felt this had meant staff had initially taken longer to attend to people. They used the same agency staff who had become familiar with people's care needs. Staff felt it had been stressful but everyone worked together and staffing had improved. New staff had been employed and were to start work soon after the inspection. We saw staff attended people promptly when they wanted assistance on the inspection.

Good

Is the service effective?

Our findings

Most people told us they enjoyed the meals provided. One person told us, "The food is very good we get spoilt. There is a choice of two meals, but they do their best if you want something else instead." Another person said, "I really enjoy the food here. Of course there is an odd meal I don't like but the staff will find me something nice." A further person said, "I like some meals more than others but they are all good enough." However one person told us, they were unhappy with the meals recently. "I don't know what is happening there are beans in everything." We asked if they had spoken with staff but they had not. People we spoke with said drinks were plentiful. One person told us, "We can have drinks whenever we want to." A relative said, "[Family member] has a kettle in their room, so we often sit up there and have a brew."

We saw people were able to discuss food at residents' meetings. Comments regarding the food at the meetings had been positive including, 'I have no concerns with the food.' And 'We are all well fed.' And 'I like all the meals but would like more green veg.' The registered manager agreed to check with people again at the next meeting.

Communal prayers were said before lunch and a Bible reading was read aloud. This celebrated the shared spiritual beliefs of people. The atmosphere was cheerful and relaxed. People were given sufficient time to eat and staff gave assistance as needed.

People had been assessed on their nutritional needs and preferences and staff were aware of people's dietary needs. Staff knew people's likes and dislikes. The Food Standards Agency had awarded Jah-Jireh their top rating of five following their last inspection. This is the regulatory body responsible for inspecting services which provide food. They graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

People's healthcare needs were carefully monitored and discussed and agreed with the person and if appropriate their relatives. People told us staff supported them to see GP's and other healthcare professionals. Care records seen confirmed this. The records documented the reason for the visit and what the outcome had been. One person told us, "I just let the staff know and they sort out for the doctor to come." Staff worked with other professionals and provided relevant information and documentation about people's needs so they could give the right care and treatment. The home was involved in a pilot with health professions to contact primary care services remotely using an iPad (hand held computer) when they needed advice or to discuss an individual's health. This enabled them to receive prompt advice.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People we spoke with said staff checked with them they agreed for them to provide care and support. We saw written consent to various aspects of care and treatment was recorded on people's care records. Some people were living with dementia. We saw people's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the

Deprivation of Liberty Safeguards (DoLS). We saw where people were restricted this was done lawfully.

We looked around the building found it was appropriate for the care and support provided. There was a lift which serviced the building and all rooms could be easily accessed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Each room had a nurse call system so people could request support if needed. Aids and hoists were in place to assist people with mobility problems. Clear signs, using pictures and words, had been put in place to assist people to move around the building confidently. For example pictures of toilets on bathroom doors to remind people of their location. People had personalised their rooms with their own choice of belongings. A safe and secure garden enabled people to access outdoor space when they wanted.

Staff told us and records seen confirmed they received regular supervision. These were one to one meetings held on a formal basis with their line manager. They told us they could suggest ideas and training needs and were given feedback about their performance.

We saw staff were trained and knew how to support people. Records seen and staff spoken with confirmed they received regular training relevant to their role. This assisted them to provide care that met people's needs. One member of staff told us, "We have had quite a lot of training. It really helps you understand care and your own role."

Good

Is the service caring?

Our findings

People told us they were happy and well cared for. Comments received from people who lived at Jah-Jireh included; "The care is very good." The staff are good I have been here [several] years." And, "The care is often excellent other times not so quite so." And, "The care is very good generally." And, "The staff are very good they are always trying to help." We also saw the following comment on minutes of a residents meeting. ' Although I have seen people deteriorate and this is sad, what gives me confidence is the carers at Jah-Jireh. They are patient in the care they give and they are gentle.' We also saw written compliments from relatives. One relative wrote to the staff team, 'Thank you for making [name] feel welcome and loved.' And 'We really appreciate all your hard work and care. Your care has been a demonstration of your love.' There have been good and bad days but you have helped [family member] through the rough ones.'

We observed staff interactions with people who lived at Jah-Jireh, visitors and other staff were polite and friendly. They treated people with respect in a sensitive and caring way. They listened to people and gave them sufficient time to ask and answer questions. We saw staff made sure people's information remained confidential. People's records were safely stored in an office and staff knew not to talk about people's personal information in public areas. We saw staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering.

Staff were aware of the importance of supporting people's differences. People's relationships, likes and wishes were recorded in their care plans and staff were familiar with these. This assisted them to receive the support they wanted. A member of staff told us, "I am so pleased to work here. It is so rewarding and I really enjoy listening to people's stories." It was evident people who lived and those who worked in the home had a special bond sustained by their faith where 'brothers and sisters' were recognised and valued. Spiritual support was a major part of life within the home and people were given every opportunity to sustain and strengthen their faith.

Staff assisted people to see and speak with families and friends and the local congregation of Jehovah's Witnesses. People told us staff assisted them to keep in touch with family and so they remained part of the meetings held at Kingdom Hall, including using technology. Relatives told us they had unrestricted access to their family members and staff encouraged and supported them to keep in touch. One person told us, "I speak with my [family] on the phone every week." Another person said, "The staff help me phone my [family] whenever I ask. They live away so they can't always visit but we keep in touch." One person told us they didn't know staff would help them to talk on the phone and would love to talk to [family member] on the phone. We suggested people were reminded of this at meetings. We saw there was information for people about advocacy services. This ensured people's interests would be represented by independent services to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their care needs and available when they needed them. They said they were encouraged to talk about how they wanted their care and support provided. One person told us, "The staff are willing and helpful and listen to what I want them to do." A member of staff told us, "I am so pleased to work here. It is so rewarding and I really enjoy listening to people's stories." We saw care and support that was focused on people's individual care and support needs, routines and choices and staff responded to requests for help promptly.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. Spiritual needs were a major focus in the home and all residents and staff were Jehovah's Witnesses. People had chosen to move into Jah–Jireh because of the spiritual support and friendship of their Jehovah's Witness family. Staff made sure people's spiritual needs were met in addition to their care needs. People were able to pray together, study the Bible and were fully involved with the local Kingdom Hall. One person told us, "The reason I moved here was to be surrounded by my 'brothers and sisters.' It is so important to me." A relative told us, "We really appreciate the spiritual caring and safe atmosphere at the home." People were able to attend Kingdom Hall or take part from a link from the home. This celebrated their shared spiritual beliefs.

There were also other social and leisure opportunities. An activities coordinator had been employed to provide group and one to one social activities. They involved people in various board games and hand eye coordination activities, throwing balls and gentle exercises . A musical was playing on the large screen. One person sat humming along to the songs. They told us "Singers come in and there is flower arranging on a Monday. You can see all the activities on the notice board." Another person said, "There are computer sessions every week and people learn to use emails and things." In addition people went on trips out in the home's wheelchair accessible car.

The registered manager told us there was an increase in the numbers of people living with dementia at Jah–Jireh. At times other residents had not understood how dementia could affect people' behaviour. People who lived at Jah Jireh and relatives were given the opportunity to watch a training DVD about dementia. People told us that it helped them understand more about it and helped them to be more compassionate when an individual was behaving differently.

We saw care plans were personalised and reviewed regularly. One person said they were not involved in care planning. However in the care plans we checked people were consulted and planned their care with staff. In those plans people and where appropriate, their relatives had signed care records to show they were involved. The registered manager said sometimes it took a little while for these to be signed but they involved people in review meetings and they talked to relatives over the phone if they couldn't easily visit. One relative wrote to staff, 'Thank you for answering our questions and for the care you give so willingly.' The registered manager told us of changes they were making to the care plans to make them more informative. A staff member said, "I feel we are improving the care we give and changing our care records is helping that."

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate for themselves.

The complaints procedure was made available to people at Jah-Jireh and their relatives. It was also available in large print. They said they were encouraged to raise any concerns and knew how to make a complaint. Almost everyone we had contact with said staff listened to them and responded quickly if they had a complaint. A relative told us, "We were told at the residents meeting about the complaints procedure and it is also on the wall outside the office."

We saw complaints were listened to and actions taken in response to complaints. The registered manager told us and we saw a complaint had been raised by a person who had been unable to summon staff when they wanted assistance as they did not have their call bell. We saw from the complaint record that the registered manager and all staff involved had each apologised to the person and had followed this up with written apologies. The incident was discussed in supervisions and in team meetings where it was used to learn lessons land improve practice.

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff were aware of these. Several staff had completed 'Six Steps End of life' Programme. They sought advice as needed from the local hospice and Macmillan nurses and there was sufficient information available to them. We saw people had been supported to remain in the home as they headed towards end of life care. This allowed people to remain comfortable in their familiar surroundings, supported by staff who knew them. Surveys and written compliments showed staff provided caring and compassionate end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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. There had been a change of registered manager since the last inspection. The previous registered manager had moved within the organisation. The current registered manager had worked at Jah-Jireh for several years. As she knew the people and systems in the home this reduced the impact of the changes.

People told us the registered manager was visible and active in the home and was approachable and organised. One person said, "The manager is nice and does her job well." Another person told us, "The manager is 'easy to talk to and is willing to change things if we ask." A relative said, "The manager is available when we need to speak with her and involves us in [family member's] care."

People said the management team were available each day if they had questions or concerns. There were residents meetings where they could raise any issues or ideas and people who lived at Jah-Jireh, their relatives and staff were given the opportunity to complete satisfaction surveys. Information was displayed on notice boards around the home. The organisation produced a newsletter several times a year to update people about the Jah-Jireh Charity homes. People told us this was informative and interesting.

There was a clear management structure in place. The registered manager and her staff team were, knowledgeable and familiar with the needs of the people they supported. They understood the legal obligations, including conditions of registration from CQC and those placed on them by other external organisations. Discussion with the registered manager and staff on duty confirmed they were clear about their role and provided a well-run and consistent service.

The management team completed a variety of audits to effectively govern, assess and monitor the quality of the service and staff. Regular audits had been completed. These included reviewing, medicines, care plans, infection control, equipment and the environment. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager and management team.

The staff team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. They told us sought information, advice and guidance from other agencies. These included social services, GP's and other healthcare professionals. They learnt from incidents that had occurred and made changes to care plans in response to these.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015