Jah-Jireh Charity Homes

Jah-Jireh Charity Homes Wigan

Inspection report

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Date of inspection visit:
22 November 2022
01 December 2022
02 December 2022

Date of publication:
26 January 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
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 45 people were living at the home.

People's experience of using this service and what we found
The provider had improved auditing systems since our last inspection where we identified issues with governance and quality assurance systems. At this inspection we found further improvement with audits was still needed. People were supported in a person-centred way and people and relatives felt the providers values represented their faith and religious beliefs. Relatives felt they were kept informed by the provider when things went wrong. People felt in control of their care and support and praised staffs support of them.

People and relatives felt care and support was provided safely. The provider and staff had a good understanding of safeguarding and how to escalate any concerns. Staff were recruited safely with appropriate checks in place. Safety checks had been completed within appropriate timescales. However, some actions identified as part of checks had not been completed in a timely manner. We discussed this with the provider who shared a plan with realistic timeframes to address this issue. Accident and incidents were recorded and the provider promoted good IPC practice throughout the home. Medicines were managed safely and staff received training, we found some gaps in record keeping related to medicines but felt this was related to auditing systems. We have made a recommendation record keeping relating to medication is improved.

Staff received a robust induction programme and compliance with training was good. Some staff felt training would be better delivered face to face than online which was mainly utilised. We fed this back to the provider who provided a training schedule which included face to face training. We found some inconsistencies within people's care plans; however, the system the provider used was robust and the issues noted were minor. We have made a recommendation care plans and related records are reviewed to improve accurate record keeping.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 11 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found some improvements had been made. However, we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has not changed based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement and Recommendations
We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors and 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jah-Jireh is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be on site to support the inspection.

Inspection activity started on 22 November 2022 and ended on 2 December 2022. We visited the location's service on 22 November 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people and 9 relatives to understand peoples experience of care. We spoke with 10 staff; this included the nominated individual, the registered manager, clinical lead, seniors and care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 6 people's care and support plans. We also looked at records relating to the management of people's medicines, daily records and records relating to the management of the service. We looked at staff files, recruitment records and training data. We continued to seek clarification from the provider to validate evidence found after our visit to the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on auditing their medication systems and act to update their practice. The provider had made improvements.

- The management, administration and recording of people's medication was carried out safely. The provider had maintained improvements made at their last inspection and we identified only minor recording issues.
- The provider had a robust electronic recording system (ERS) for the completion of medication administration records (MAR). We found this promoted accurate record keeping in relation to when people had received their medication, whether it had been taken and the time of administration.
- Peoples medicines were stored safely. Fridge and room temperatures were checked regularly and stocks of people's medicines were kept up to date.
- We identified some people's medication records had minor gaps particularly in relation to people's 'as required medication' and application body maps for people who had creams applied regularly and transdermal patches.

We recommend minor recording issues in relation to topical creams, as required medication and transdermal patches are addressed in a timely manner.

Assessing risk, safety monitoring and management

- People and relatives felt care was provided safely at the home. We identified issues in relation to information recorded around risk and safety; however, we found no evidence people had been harmed. Please refer to the well-led section of this report.
- Staff felt staffing levels impacted their ability to monitor people who were at risk of falls effectively. We were unable to identify any clear links between staffing levels and falls which had occurred; however, we fed this back to provider and registered manager so they could assess areas for improvement.
- People had robust risk assessments in place which provided staff with clear guidance on how to mitigate risks associated with the provision of people's care. Related records were sometimes not clear and risk management carried out had not always been recorded. For example, one person's records stated they needed to be repositioned every four hours, we saw two records for repositioning, one stated the person received support in line with their risk assessment and the other didn't.
- We discussed this with the management team and provider who explained information wasn't pulling through from one part of the system to another and addressed this during the inspection. The Registered Manager said, "To avoid duplication and inconsistent information, I have reduced the amount of

interactions staff need to record on Log my Care."
● In response to our feedback relating to falls the registered manager said, "Reducing the amount of electronic checks and paperwork will also allow staff to engage more with the residents and will reduce the amount of time they spend on using their (recording) devices."
● Health and safety checks relating to the environment had been carried out. However, we found actions highlighted in the providers most recent fire risk assessment had not all been completed. Following our inspection, the provider sent a list of actions with realistic timelines which showed when actions would be completed.

Systems and processes to safeguard people from the risk of abuse
● People felt they were kept safe from the risk of harm. Relatives also reported care was provided safely.
● The provider had robust systems in place to manage any safeguarding concerns. Staff had received training in safeguarding and whistleblowing and understood how to identify and report concerns..
● One relative said, "Oh yes [person] is very safe there. Basically because of the care of the staff, they look after them brilliantly."

Staffing and recruitment
● Staff were recruited safely; the provider ensured staff had appropriate checks in place such as references and DBS certificates. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions .
● Where reference checks were unavailable because staff had been recruited internationally the provider had ensured risk assessments were in place to assess their suitability to work with vulnerable people.
● The providers recruitment of staff was based around people's faith who lived at the home. The provider, management team, staff and people all followed the same religion and for staff who were recruited internationally the provider obtained personal references from the congregation.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was supporting people living at the service to minimise the spread of infection.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was responding effectively to risks and signs of infection.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider supported visits to people living in the service and implemented checks to facilitate safe visiting. Relatives reported they were comfortable visiting the home when they chose to and were made to feel welcome. One relative said, "You never feel in the way."

Learning lessons when things go wrong
● The provider had robust systems in place to review accidents and incidents. We saw evidence the provider had reflected when things had gone wrong and implemented different ways of working to improve people's

care.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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 MCA 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).

At our last inspection the provider had failed to implement a robust system to ensure DoL's applications were submitted in line with MCA guidance. This was a breach of regulation 17(2)(a) 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 17.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider had made DoLS applications within appropriate timescales. When DoLS had expired or not yet been authorised the provider was able to demonstrate they were following this up with the appropriate parties.
- When best interest decisions were needed the provider worked with relatives and professionals involved in people's care. People were supported in the least restrictive way possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed and recorded in care and support plans. In some areas further detail was needed and information across related care and support plans wasn't always consistent. For example, in one person's care plan it stated they needed, '1 or 2 people' for repositioning' in a related support plan it stated they needed '2 people.'

● Protected characteristics such as race, age and religion were considered as part of their assessments.

We recommend the provider reviews care plans to ensure information is recorded consistently. Please refer to the well-led section of this report.

● People's likes, dislikes and preferences were clearly identified in their care plans and records. This ensured people received support in line with their choices and staff understood how to include people in their care.

Staff support: induction, training, skills and experience
● Staff received a robust induction programme. This incorporated mandatory training courses, the care certificate and shadowing opportunities. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Staffs compliance with training was good and their skill and experience was recognised by people and relatives. Staff reported feeling confident in their ability to carry out their role but stated a move back to face to face training from online courses would be beneficial.
● One relative said, "The staff are definitely skilled and when you ask (something) they always get back to you with satisfactory results."

Supporting people to eat and drink enough to maintain a balanced diet
● People and relatives praised the quality of food and the mealtime experience at the home. One person said, "The chef is very good, the food is very nice and they'll go and get you shopping, the chef is great."
● People's assessed nutrition and hydration needs were not always detailed in their care plans. However, staff had a good understanding of what people's dietary needs were and kitchen staff regularly reviewed any changes to people's diets.
● Information relating to intake was inconsistent across some records. We were shown records where people's intake had been clearly recorded but in separate records for the same person, date and time different information was recorded.
● We felt any detail lacking from plans was related to wider issues in relation to governance. Please refer to the well-led section of this report.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider worked proactively to access support from external partners such as GP's, speech and language therapists and district nurses when needed.
● People had oral care plans and staff supported in accordance within the guidance recorded. Staff documented support which had been provided into the electronic recording system.

Adapting service, design, decoration to meet people's needs
● The layout and design of the premises was catered to the varying needs of people. There were multiple communal spaces and dining areas were spacious. The first floor was accessible via a lift.
● There were aids throughout the home which were dementia friendly. These included clocks and a calendar. However, we noted the wrong date had been left on the calendar. This was changed immediately. The décor within the home was also completed to make navigating around the home easier for people with dementia.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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

At our last inspection the provider had failed to ensure systems and processes to monitor safety and quality of service were robust. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

● Issues we found during our inspection had not been improved by the providers quality assurance processes. These included inconsistencies in people's care plans, actions from the fire risk assessment which had not been addressed and inconsistent information in records relating to risk management.
● Audits needed further development in some areas. The provider had implemented a robust annual auditing schedule. However, on reviewing audits we identified they were not comprehensive and omitted important areas of practice or record keeping. This included medication audits which had not identified body maps did not have rotation locations clearly marked when people were prescribed transdermal patches.
● Care planning audits had not identified inconsistencies in related records and support plans.
● The provider had a robust improvement plan in place which specified when actions would be reviewed. However, we found multiple entries in the plan which had not yet been addressed. This meant the provider was identifying issues through their auditing systems, but timely action was not always taken to address the issues identified.

The provider had failed to implement effective systems and processes to monitor, assess and manage the quality of the service provided. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider promoted a person centred, inclusive culture throughout the home. People's views were obtained through surveys and people felt their feedback was valued.

● People and relatives felt the person-centred care provided was a reflection on the providers values and the work ethic of staff. One person said, "[Staff]do well, I see [manager] often, I write some letters that are sent out to people. Our faith is built into the home and it's very important. We have our meetings Sunday, Monday and Tuesday".
● A relative said, "[Staff] do everything for [person]. They understand [persons] needs well."

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 provider understood their responsibilities in relation to duty of candour. Relatives reported being kept up to date when things had gone wrong and felt the Registered Manager and staff were proactive in sharing information.
● One relative said, "They always inform me of things by a phone call or by e-mail."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The provider worked in partnership with people, relatives and external professionals. External engagement was evidenced and there were multiple examples within people's records of the provider working closely with partners to provide a multi-disciplinary approach to people's care.
● The home was managed to be part of a wider service to people of the same faith and this was evidenced in the networking the provider promoted. People felt part of a wider community and the registered manager advised celebrating their faith was a key part externally as well as internally was key to their values.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement effective systems and processes to monitor, assess and manage the quality of service provided. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.