

Jah-Jireh Charity Homes

Jah-Jireh Charity Homes Blackpool

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Jah-Jireh Charity Homes Blackpool is a residential care home where Jehovah's Witnesses care for other Jehovah's Witnesses, providing spiritual and physical care and accommodation for up to 36 people. There are 30 single rooms and three double rooms. At the time of the inspection 29 people lived at the home.

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

People were kept safe by enough staff who knew them well and who had the right skills, experience, and knowledge to look after them. People were protected from harm and abuse and treated with respect. There were systems for managing and administering people's medication which were reviewed regularly. The home was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE). Staff were employed following a safe and robust recruitment process. There were no restrictions on when people could welcome visitors into their home.

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.

The registered manager had various methods to assess, monitor and improve the quality of the service. People and staff told us there was a very positive culture at Jah-Jireh Charity Homes Blackpool. The management team positively engaged in the inspection process and the registered manager clearly understood their regulatory responsibilities. The provider and management team had been responsive in implementing positive change and working with health and social care professionals to improve people's quality of life.

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

Rating at last inspection

The last rating for this service was good (published 16 March 2018).

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jah-Jireh Charity Homes Blackpool

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

One inspector and 1 Expert by Experience carried out the inspection. 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 Blackpool is a 'care home' without nursing. 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. 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

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. We used all this information to plan our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 6 people who used the service and 1 relative about their experience of the care provided. We spoke with 7 members of staff including the registered manager, business manager, senior carers, carers, and housekeeping staff. We had a walk around the home to make sure it was homely, suitable, and safe. We observed the administration of medicines and the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and 4 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Jah-Jireh Charity Homes Blackpool. One person told us, "I do feel safe here, I wasn't safe at home. If anything happens, I know I am in a place where I am looked after." A second person said, "I had been here an hour and I felt perfectly safe. It was the genuineness of the staff, the atmosphere in the home and the way they treated you."

Assessing risk, safety monitoring and management

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People lived safely because the service assessed, monitored, and managed safety well.
- There were assessments in place addressing any identified risks associated with the care and support being provided. For example, when people experienced emotional distress.
- People were referred for support from external health professionals when this need was identified.
- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, disclosure, and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the 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.

- The registered manager ensured appropriate staffing arrangements were in place and staff were deployed effectively to meet the assessed needs of people in a person-centred and timely way.
- There was a reliance on agency staff. One person told us, "They are very short staffed. They only take on Jehovah Witness people, so they have to use a lot of agency staff and they don't know the routine." A second person commented, "They [management] might have a problem now and again but they bring in agency staff so everything is always covered, and they can help when needed."

Using medicines safely

- Staff provided the support people needed to take their medicines safely and as prescribed.
- Staff followed safe systems and processes to administer, record and store medicines safely.
- People told us they received their medicines as prescribed. One person told us, "I am aware of what I am taking, and I do get it the same time every day."

Preventing and controlling infection

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

The registered manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Relatives told us they felt welcomed into the home by staff and management. One staff member commented, "Visitors can come in anytime, when they want." One person said, "They [family] have never been stopped from coming in."

Learning lessons when things go wrong

- The registered manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had appropriate quality assurance and auditing systems. These were designed to drive improvements in performance and to maintain effective oversight. However, systems had not ensured the registered manager was alerted when temperature checks related to medicine storage had not been consistently completed. The registered manager reviewed their systems to ensure processes were robust.
- The registered manager was clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified us when required of events and incidents that had occurred at the service.

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

- People said they received person centred care and support. One person told us, "They have a genuine attitude of caring, we are looked on as people not just residents." A second person commented, "They [staff] have a label of carer and they do care. It's a caring home and there is no them and us."
- Staff were consistently complimentary about the management team and their colleagues. One staff member said, "I like the carers, I like the manager and the teamwork is good."
- Watchtower meetings took place to offer people comfort and the opportunity to share and discuss Jehovah's Witness beliefs.
- The provider had chosen to use agency staff who were not Jehovah's Witness' to ensure there were enough staff to meet people's needs.

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 registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished and what improvements needed to take place.
- The registered manager encouraged candour through openness and frank discussions. All the management team were fully participated in the inspection process.

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

- People told us they were consulted on the support they received.

- Staff had the opportunity to formally share concerns through supervisions and appraisals. They received daily handovers between shifts and team meetings, so they were kept up to date with people's needs to be able to provide effective care.

Continuous learning and improving care; Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required. This helped to ensure people's needs continued to be met and their wellbeing enhanced.
- Internal service improvement plans addressed any performance shortfalls. The registered manager had adopted action planning processes that identified accountability and recorded timescales to drive improvements.