Care Quality Commission

Miss Joanna Hindmoor

# Jah Jireh Maryport

## Inspection report

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Tel: 01900813640

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

This was an unannounced inspection that took place on 27 November 2018. The service was last inspected in April 2016 where there were no breaches in regulation seen and the home was rated as Good. We found at this inspection that the evidence continued to support the rating of 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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate up to twenty people. There were nineteen people in residence when we visited. People living in the service are mainly older adults. The home does not provide nursing care.

The home had a suitably qualified and experienced registered manager who had a background in social care and in management. 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.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and spoke to us about how they would identify any issues and report them appropriately. Risk assessments and risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. Accident and incident management was of a good standard.

The registered manager kept staffing rosters under review as people's needs changed. We judged that the service employed enough staff by day and night to meet people's needs and to deliver services like cleaning and cooking.

Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs very well and who had suitable training and experience in their roles.

Medicines were suitably managed in the service with people having reviews of their medicines on a regular basis.

People in the home saw their GP and health specialists whenever necessary. The staff team had good working relationships with local GP surgeries and with community nursing services.

Good assessments of need were in place, and the staff team reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they were very happy with the food provided and people enjoyed a well prepared light lunch during our inspection. Good nutritional planning was in place and special diets catered for appropriately.

Jah Jireh is situated in the village of Ellenborough. The provider had updated and added to the original building to a good standard. It had suitable adaptations and equipment in place. The house was warm, clean and comfortable on the day we visited.

This home mainly, but not exclusively, cares for adults who are members of the religious group known as Jehovah's Witnesses. People attended the Kingdom Hall as the home was next door to this meeting place of the congregation. People continued to lead meetings and participate in community activities that are fundamental to Jehovah's Witness's beliefs and practices. There was no compulsion to follow the religious beliefs of Jehovah's Witnesses and eople were supported to continue to be involved with the religion of their choice if they were not Jehovah's Witnesses.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. No one was currently under an authorisation of the MCA.

People who lived in the home told us that the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure that confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service were aware of their care plans and had influenced the content. The management team had ensured the plans reflected the person centred care that was being delivered. We noted that good attention was paid to spiritual needs as well as personal and psychological care and practical support.

Staff had supported a person who used British Sign language and could access training and support for other forms of specialised communication.

We saw evidence of regular activities and entertainments in the home. People led bible study groups and other forms of learning. The Kingdom Hall is next to the home and people attended or joined in through CCTV.

The service had a quality monitoring system in place that the registered manager and her deputy had developed. People were asked their views in a number of different ways. Quality assurance was used to support future planning.

We had evidence to show that the registered manager and the deputy manager were able to deal with concerns or complaints appropriately .

Records were well organised, easy to access and stored securely.

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

We always ask the following five questions of services.

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| **Is the service safe?**<br><br>The service remains good. | Good ● |
| **Is the service effective?**<br><br>The service remains good. | Good ● |
| **Is the service caring?**<br><br>The service remains good. | Good ● |
| **Is the service responsive?**<br><br>The service was responsive.<br><br>Care plans gave a good picture of each person's choices, strengths and needs.<br><br>Staff had shown they could access specialist communication tools to support people appropriately.<br><br>People in this home continued to teach, lead and follow their faith and culture. | Good ● |
| **Is the service well-led?**<br><br>The service remains good. | Good ● |

Care Quality Commission

# Jah Jireh Maryport

**Detailed findings**

## Background to this inspection

We carried out this 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.

This inspection took place on 27 November 2018 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using services or caring for a person who uses services. The team were experienced in the care of someone who is living with dementia or a learning disability or who is an older adult.

Due to technical problems, the provider was not able to complete a 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. We took this into account when we inspected the service and made the judgements in this report. We also spoke with social workers, health care practitioners and commissioners of care during our regular contact with them. We planned the inspection using this information.

The team met all of the nineteen people in the home on the day and spoke in some depth with nine of them. The team spent time talking with people and the staff. We also spent time in shared areas observing the life of the home. We spoke to a health care professional on the phone during the inspection.

We read four care plans in depth and looked at daily notes related to these care plans. We looked at charts and other records of things like food and fluids taken in a range of care records. We saw moving and handling plans and risk assessments for other interventions. We also looked at records of medicines and checked on the stored medicines kept in the home.

We met the registered manager, the deputy manager and three care staff. We also met two staff in the kitchen who also delivered care on other days. We talked with them in small groups or individually. We looked at four staff files which included recruitment, induction, training and development records. We checked on the details of the supervision and appraisal notes on these files. We saw rosters for the four

weeks prior to our visit and checked on staffing levels in the staff signing in book.

We had access to records relating to maintenance and to health and safety. We checked on food and fire safety records and we had discussions about some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

Good

# Is the service safe?

## Our findings

People remained safe in the home. We asked people about how safe they felt in the home, about medicines administration and about the availability of staff. One person told us, "I feel very safe here, I don't lock my door and every time I press my buzzer they come straight away. I pressed it yesterday just for a coffee and they were here straight away". Another person told us, "I feel very safe. I don't lock my door at all, and I`m very cautious. In fact my [bedroom] door is open all of the time and I don't need to use my buzzer as there is always plenty of staff around, I get my medication on time… I had falls at my previous place but none here".

People were happy with the staffing ratios and the way staff kept them safe and well. People understood why they had medicines and were happy with the arrangements. More than one person said, "I just press my buzzer and they come straight away, there is plenty of staff. I get my medication on time".

Staff were trained in understanding harm and abuse, individual rights and in how to protect vulnerable adults. Safeguarding matters were discussed in supervision and in team meetings. Staff told us they were encouraged to speak up about any concerns. The registered manager understood how to make safeguarding referrals, if necessary. There had been no issues of concern in the service.

We saw rosters for the four weeks prior to our inspection and spoke with staff who told us there were sufficient staff to meet people's needs. People living in the home judged that there were enough staff on duty because they told us the staff responded quickly to the call bell and were "always around". One person told us, "I know they check on me several times in the night...It is reassuring". We saw that staff were competent in caring and in housekeeping tasks. Some care staff also cooked and understood food hygiene issues. We judged that the home had enough staff on duty by day and night to meet people's needs and deliver services.

We looked at recruitment files that showed suitable checks were made. Staff confirmed that background checks were made prior to having any contact with vulnerable people. We learned that the registered manager had recruited new staff who were not Jehovah's Witnesses and this had proved successful because the registered manager had found staff who would follow the values promoted by their faith. The registered manager and the deputy manager told us they were confident in dealing with disciplinary matters, if necessary.

Staff were trained in understanding human rights and matters of equality and diversity. Staff could talk about the balance between individual rights and the duty of care. Detailed risk assessments and risk management plans were in place. We also noted that this was reflected in the way staff worked with people and the way care plans and notes were written. Staff confirmed that they could meet individual cultural preferences and we met a person in the home who was not a Jehovah's Witness who told us they were not treated any differently.

There had been no accidents or incidents that had needed to be reported to the Care Quality Commission. We saw in records and by discussion that any potential incidents were monitored closely and steps taken to

prevent developing further. One relative told us, "One of the reasons why they came in was because of the amount of falls that they had at home...only one minor slip whilst they have been here".

We heard staff discussing minor issues in the home and saw that, together with people, they approached issues in a measured way. If things did not work as well as expected the team took a 'lessons learned' approach and we had several examples of how they had changed and adapted the systems they used. This applied to timing of meals when people wanted to undertake regular church based activities, outings, activities and medicines management.

We checked on medicines kept on behalf of people in the home. They were kept securely and at the appropriate temperature. Controlled drugs were correctly managed. The staff ensured that visiting GPs and pharmacists reviewed the medicines given to people so that medication was optimised. Sedative medicines were not routinely used. Good monitoring of medicines management was in place. 'Just in case' medicines were audited and used appropriately.

Good infection control measures were in place. Individual bedrooms, bathrooms and toilets had hand wash and paper towels. Staff had ready access to gloves, aprons and other equipment. Laundry systems were effective in reducing risk of cross contamination. There were no unpleasant odours anywhere in the building and all areas of the home were clean, fresh and orderly. Good cleaning programmes were in place and closely monitored.

The provider had invested in improvements and updates to the environment. We walked around the building and found it to be safe and secure. The service had a good contingency plan in place for any potential emergency and they also told us that the Kingdom Hall could be used as a place of refuge for the local community if necessary.

Good

# Is the service effective?

## Our findings

The service remained effective. We looked at assessments for people on admission and as part of the on-going care delivery. We noted that the registered manager completed a care needs assessment, often with a social worker or other professional, before a person came to the home.  All aspects of a person's needs and preferences were considered, without discriminating against them. General risk assessments for the building and activities in the building were also in place.

Signed consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. People in the home had also signed forms about their preference not to receive blood products. These forms were all up to date and prominent in their files. People had been consulted and advised and asked for both formal and informal consent, where appropriate. We observed staff asking people and giving them options about their lives. One person told us, "I have control over my life and am supported by the manager and the staff when I need help".

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 so that they can to receive care and treatment with appropriate legal authority when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes, and some hospitals, this is usually through MCA application procedures are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. No one in the service was under these authorisations but the registered manager was aware of her responsibilities under this legislation. People told us they could leave the home as they wished and chose their own preferred lifestyles.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. We looked at the needs of people and at the training the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, the ageing process, health and safety and person centred thinking. Staff had effective induction, supervision, appraisal and training. We met skilled staff who were eager to learn and told us they enjoyed attending training. Staff were supported to gain qualifications in care. One team member said, "I just love learning and I am in the kitchen today learning about food and nutrition".

We spent some time with the staff who were cooking the meals on the day of our inspection. Both of these staff also undertook care tasks so they were fully aware of the care and nutritional needs of everyone in the home. They knew who had special dietary needs and understood how to fortify foods and how to prepare soft diets. The service was very attuned to healthy eating and to providing high quality foods. People could

have real coffee if they wanted, eggs were free range and all other produce was local and organic if possible. We noted that the staff prepared things like homemade soup every day to ensure people had good levels of nutrients.

We had a lot of positive comments about food. Here are some things we were told.

"There is plenty of choice. I have a special diet as I`m a vegetarian and its lovely...You get enough tea to sink a battleship. There is plenty of choice and they regularly do me a special cheese salad which I love and its never the same, each one is different, there is always a variety."

"There is plenty of choice and if you don't like what is on the menu they will do you something else, nothing is a bother".

"I get plenty of food and plenty of drinks. The food is presented lovely and is very `homely' and wholesome and homemade".

Records gave us evidence that showed people saw their GP, opticians, chiropodists, consultants and external specialist nurses when appropriate. We spoke with the GP who visited the home regularly and he told us that the service gave good care and communicated well with other health professionals.

Jah Jireh is an older property that has been adapted, updated and extended. Each person had a single room with ensuite facilities. Several people chose to spend time in their bedrooms studying or relaxing. The main lounge was also used throughout the day and people spent time together in the dining room. The home had a pleasant garden with sheltered sitting areas.

Good

# Is the service caring?

## Our findings

We measured this outcome by observing the life of the home and the interactions between staff and people in the home. We also spoke with people about how caring they found the staff. We had very positive responses when we asked about how caring the team were.

"They are kind and caring, they encourage me subtly, encouraging me with my frame, encouraging me in everything really. I don't care who bathes me, they treat me with dignity, they make everything light and cheerful as they chat away."

"The staff are really good and pleasant. They pop in and have a cup of tea and a chat with me...The staff are very kind and very busy but never too busy to read the bible with you or have a general chat."

One person spoke about a bereavement, "I still get very upset as it seemed so sudden but the girls pop in and give me a cuddle and of course as I`m poorly today they are all around me, supporting me."

One person compared Jah Jireh with another service and said, "I can keep my dignity and privacy here when having a shower. At the other home that I was at I had to put a note on the door saying `Do not come in'. Here they are perfect". This showed that suitable risks were taken when people made their wishes known.

We spent time observing how staff interacted with people. People responded warmly to staff. They made good eye contact with the staff and were relaxed with any interventions we witnessed. People were able to be assertive and the interactions were very natural. Staff used empathy and sensitivity in their interactions. People talked about 'brothers and sisters' and we saw that the caring atmosphere also related to the way each person cared about the other people in the home.

People felt they were valued and respected in this community and that their views were listened to. This also gave people a purpose and a person nearing their hundredth year said, "That is why I am here and well and still interested in life and I can have my say...". We also learned from staff that they felt they learned from the people in the home. A young staff member who was not a witness said, "I learn something special from our residents every day".

Staff could talk about people's preferences and routines. There was good guidance in care plans and staff were fully aware of emotional or psychological need. Personal care and support was done at a pace and approach people were happy with. We observed the staff team and the people in the home supporting a person who had suffered a very recent bereavement in a truly empathic and caring way.

Staff displayed appropriate values when talking about people in the home. The staff team spoke about people with warmth and affection. They were clear and objective when discussing the individuals they supported and no one made any judgemental statements. Care files were written clearly and without judgmental or prejudiced statements. We observed genuine acceptance and caring. Staff told us that the registered manager ensured the team values were in line with the beliefs of the people in the home. Staff

files gave us evidence to show that respect, dignity, compassion and empathy were discussed and promoted in the team.

People could be helped to access independent advocates where necessary. Some people had relatives or members of the congregation of the Kingdom Hall who would act as advocates on their behalf. Care plans and daily notes showed that people were encouraged to be as independent as possible. We saw that people were encouraged to continue to play a part of the life of the Kingdom Hall. Some people led study groups or went out in to the community to 'perform the ministry' as they always had done. Their views and values were very much respected by the staff team. We met with a person who was not a Jehovah's Witness who told us that they had been invited to the groups and that they had declined but this had not made a difference to the way they were cared for.

We heard staff giving people information and choices about decision making. Staff helped people in a manner that reflected each person's needs. The pace, timing and content we observed met each person's needs and choices appropriately. We saw staff communicating with an older person living with a learning disability and we saw that the staff understood this person's needs and wishes on both an emotional and practical level.

Independence was promoted in things like personal care, decision making and in going out. We judged that the team went over and above expectations to include people in the life of the Kingdom Hall. They took measured and appropriate risks to help people stay part of the congregation.

Good

# Is the service responsive?

## Our findings

People in the home told us that staff had an excellent understanding of their social and cultural values and beliefs. This service mainly provides care and support to older people, those living with dementia and people with a learning disability who are also Jehovah's witnesses. This meant that not only did the service provide good levels of care and support but that they also continued to help people with ongoing bible study and attendance at meetings held in the Kingdom hall, which is the place of worship for Jehovah's Witnesses. These are the key activities for people of this faith. We also found that people who were not part of this faith group were treated with the same level of care and attention and that their beliefs were respected and supported. People judged that the staff responded well to their wishes and they received the kind of care and support they wanted and needed to keep them happy and well. One person nearing their hundredth year said, "I was baptised in 1949 and I couldn't live without my faith and here I am given all the care and support I need to be as well as possible and continue to be a Jehovah's Witness".

People in the service told us they had been involved in detailed and person-centred assessment so that their care was well planned even before they were admitted to the home. This ensured the group of people in the home were all compatible and that the staff could meet need and preferences in a planned way. Assessments were detailed and up to date. These included, where appropriate, information about the person's activity within the congregations of any Kingdom Hall they had been part of in the past. The assessments looked at care, health, psychological and spirituals needs. Assessments were strength based and we saw that disability was never a barrier to participation in the life of the home and in individual needs. For example, the staff went out of their way to ensure people were given support to manage their own person care in a risk managed way. We saw a very detailed assessment and an initial care plan of a person who had only been in the service for over a week. We noted that the person had visited the home and discussed their needs and preferences prior to admission. They said, "The staff asked me all about myself before I came and I came for a trial but am not leaving! I am helped to real privacy in my daily routines and they allow me do take my own risks. We are writing a care plan now".

The care planning process of planning ran smoothly, met changing needs and had a very positive impact on the holistic needs of each person. For example, we saw that care planning had supported people to move on to things like supported living or back to their own homes. We noted that plans had helped people to improve their mobility, helped with sight and hearing problems and helped people to maintain strong links with families and friends in other parts of the country. Care plans were reviewed at least monthly with team discussions about progress and consultations with each person and, where appropriate and necessary, with relatives and visiting professionals including social workers, GPs, psychiatrists and the specialist team who support people living with dementia.

Every person had a detailed and personalised plan that gave staff person centred guidance on the delivery of care. Some people, or their families, had written their own life story and their own care plan. A narrative approach to care planning was taken so that people could write or dictate their own plan and that these were easy to follow and understand. These narrative care plans covered all aspects of the person. They were holistic and explained how each person wanted their physical, personal, social, psychological and spiritual

needs met. One person said, "I have a care plan...it's my story. It tells the staff about what I have done, what I can do and what I need help with. I am asked all the time if the care [delivered] is working for me". Another person said, "Yes, they look after me, I can get up or go to bed anytime that I want. My daughter looks after my care plan, although I don't think I need one".

Measures were in place for promoting independence and we saw that staff were working with one person on a planned move back to their own home. Their plan showed how staff were ensuring the person would manage alone. The person told us, "The staff are making sure I can cook and do some chores as well as doing my personal care..." Staff could explain in detail what was in the care plans. A member of staff said, "[The registered manager and the deputy manager] are responsible for the plans but we can influence them. Our brothers and sisters [the people in the home] are as fully involved as possible. They are written so that we and they can understand what we need to do to keep people well and as independent as possible".

This service ensured that spiritual and cultural needs of people in the home were given prime importance. This prevented people being marginalised by disability, frailty or other impairments. People in the home attended worship in the Kingdom Hall which was built by the congregation directly next to the home for this purpose. The provider is part of this congregation and one person in the home told us that this, along-side the influence of attenders from the home, ensured that the needs of people in the home were always considered by the congregation. When people were no longer able to leave the home, they could join in by CCTV link ensuring they were still part of the worship of the congregation. There were regular bible study classes and Watch Tower study groups in the home.

The staff team had a simple, yet specific, dementia strategy in place that could be seen in care planning and in the way staff were deployed on a one to one basis to support people with this disorder. The strategy ensured that staff supported people by careful person-centred planning and by taking advice and support from professionals. People in the service who were living with cognitive impairment were all Jehovah's witnesses. The registered manager was aware that any person without this background might need a different approach and this would be considered for any new admissions. People living with dementia were helped to attend the Kingdom Hall and bible study meetings. The staff team had actively promoted this and held a singing and worship group so that familiar spiritual supports and familiar texts and routines would help them to maintain the spiritual strength that the staff had recognised as being extremely beneficial to people with the symptoms of dementia or other disorders. The registered manager told us they had noted that this helped prevent agitation and distress. We saw an e-mail from a professional who confirmed that this had lessened disorientation and distress. We met people living with dementia, learning disabilities and the challenges of great age who told us that the staff helped them to feel they had a lot to offer their "brothers and sisters" in the congregation of the local Kingdom Halls. We noted that people living with dementia were very calm and settled in the service and showed no distress or restlessness.

Staff were trained and developed to actively support people to play a full part in the spiritual life of their community by leading their own groups and by teaching others. People still went out to share their message with the wider community. Staff used DVDs, Aps and written study guides to help people in the home to keep in touch with the world-wide study that forms a basis of the spiritual life of Jehovah's Witnesses. Several people in the home used new technology to inform their own and other's study. This meant that age or disability was not seen as a barrier to people continuing to be active in their church. One person told us, "I lead a group and look forward to our discussions during the meeting and young staff who are learning add so much to them". Another person said, "I have always been an active member of the congregation and have always studied my bible and our study guides and the staff help me to continue with this despite my failing eyesight".

We judged that the staff team ensured that people had meaningful activities and entertainments beyond these church activities. One of the objectives of the home was to help people continue to go out into the local community and beyond. People said they were encouraged to make the best of themselves and to go, as one person said, "Out and about like I used to". Another person said, "We go to ASDA their toiletries are cheap and to Marks and Spencer to get clothes if we want...The staff will take us". We met a man who said, "I like to look as smart as I did when I was in the air force and they help me keep my moustache the way I always did. I still go to the barber". Women went out to the hairdresser, had reflexology, went for manicures if they wanted, wore jewellery and makeup if they wished. People told the staff what they wanted to do and they went out locally for coffee and meals and had been to the theatre and to other local activities. Entertainments and activities came into the home. Staff had helped people to use new technology not only to connect with information provided by the world-wide community of Jehovah's Witnesses but also to use their smartphone or their laptop to order things to be delivered or to follow other hobbies or interests.

Staff could evidence that they addressed the need to pre-empt and meet specialist communication needs. No one in the home needed complex accessible information tools when we visited but there had been a person with hearing loss who used British Sign Language in the home and we saw evidence to show that staff had received training, used a reference guide and had used Skype to help the person access an interpreter. Notes showed that the special needs of the person had been well met and helped the person to move on after a period of recuperation. People with dementia were integrated into the close-knit group and staff and people alike understood how to re-orientate people because the dementia strategy looked at the needs of the whole group. One person said, "I have learned about the needs of others and I help them to remember and to feel safe". The home had good access to professionals who would give support if there were special communication needs.

Options and choices for every person were supported and respected as part of the routine of the day. People were offered choices of meals and activities. A person who was not a witness said they had the choice to attend groups but had "Never felt I had to...and no difference is made because I don't attend". People had signed consent forms and there were clear forms used for hospital treatment so that people could be reassured that they would not be given blood products.

People were supported to retain their individuality. We saw options and choices offered to everyone in the home and this was reflected in the way people asserted their needs and preferences. No one had any complaints to make to us because, as one person said, "I have no problem with the idea of complaining and I could help my brothers and sisters to complain...but we have [house] meetings and we are asked individually so we don't need to complain".

The staff team were aware that Jehovah's Witnesses could be discriminated against and they were vigilant so that this did not happen. We also noted that the staff team were trained in non-discriminatory practices that would allow people who were not Jehovah's' Witnesses to be part of the group. Staff told us that they were a "mixed group" and that discrimination would not be tolerated by the registered manager. A staff member said, "[The registered manager] has modern ideas about how to run a home like this so that their beliefs fit in with good practice". We were told by staff and by people in the home, "We follow our own faith and our own lifestyle and we respect other people. We are taught not to be judgmental but to help people reach the truth and live a good life".

We had evidence to show that the team helped people to good end of life care by providing holistic care and support. Records showed that the team had helped people to have a pain free and comfortable end of life and had good support from the local health professionals. They held some end of life medicines because one person might have need of these. Care plans and thank you letters from relatives showed that practical,

psychological and spiritual needs were met at the end of life. A person had died the night before our visit and this person' s next of kin was also a resident in the home. The notes showed that practical and physical care had run alongside the spiritual needs of both people. A member of the night staff had sat with the person and prayed with them as they neared the end of life. The person had been admitted to hospital and the registered manager had sat with the person and their relative during the night until the end of life. During the inspection the people in the home and the staff were fully aware of the circumstances of the death and empathic support was given to and by everyone who worked and lived in the home.

Good

# Is the service well-led?

## Our findings

The home had a suitably qualified and experienced registered manager who had managed the home for many years. She was also registered as the provider. She was assisted in the role by her deputy manager. Her parents were also involved in the business and gave support in a managerial capacity. Everyone in the home knew her well and one person said, "She understands my needs and I trust her to lead the staff team". The staff we spoke with were fully aware of the registered manager's role. One team member said, "[The registered manager] is very much in charge and I feel I can go to her with anything. If she is not around it's the deputy. We all know how the home runs".

Staff and people in the home judged that the registered manager created an open culture where they were valued and respected. One person said, "I can go to bed when I want, get up when I want and the place is spotless and the food is great and nothing is too much trouble for the staff. What is there to complain about? They comfort everyone here".

The registered manager was aware of up to date good practice in care of older adults, people living with a learning disability and the care of people living with dementia. She had completed a number of short courses as well as attaining a qualification in care and management. We judged that positive values were present in the service and that the management team ensured they provided a caring service that valued people and followed all the values of their beliefs. One staff member who was not a Jehovah's Witness said, "I never want to leave here. It runs very smoothly and the team are all decent people. They have good values. It's like being part of a loving family."

We had evidence to show that people were regularly consulted about the home and how it operated. People's experiences and wishes were taken into consideration. This applied to small but important things and the more major issues around how people were supported in lifestyle choices. The registered manager met with people individually and in groups; from time to time surveys were given out and quality issues discussed with the people who lived in Jah Jireh and with their representatives.

The home had a quality monitoring system that was used on a daily basis. The system had simple ways of auditing things like fire safety and one person told us about being kept informed about this. "I was afraid of being in a fire at my previous place. Here they even pop in 2 or 3 times during the night. They think I don't know but I do. I`ve heard the fire alarm twice [ drills and instruction] in the 2 weeks that I`ve been here and its so comforting to relax". We saw that fire drills and instructions were up to date and regular checks done.

We noted that care planning, food safety and medication were routinely checked. The registered manager and the deputy manager said they would take time at the end of the year to look at the past year's progress and plan for 2019. They were planning to consult with people and the staff about improvements they wished to make. One of these was to improve their website. The service had a web site and we had also noted that this needed to be updated with more information about the last rating. This was updated on the day of the inspection and the registered manager confirmed that she would ensure any further updates would include the link to CQC's website as well as simply stating that they were rated as good.

Providers of health and social care are required to inform the Care Quality Commission [CQC] of important events that happen in the service. The registered manager of the home had informed us of significant events in a timely way. This allowed us to monitor the service and check that appropriate action had been taken.