



Inspection Report on

Florence Justice Christian Home

**Florence Justice Residential Home
19 Stow Park Circle
Newport
NP20 4HF**

Date Inspection Completed

26/10/2022

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About Florence Justice Christian Home

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| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Martin Phelps |
| Registered places | 27 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

This was a focused inspection and, on this occasion, we only considered the care and support, and leadership and management in detail.

We found people are happy with the care and support they receive. Relatives are complimentary towards the service. They describe the home as a nice place and say staff are lovely. They would recommend the home to others because it feels like a family home. We found the atmosphere is relaxed, people are settled and appear content. There is a natural familiarity between care workers and people.

Visiting arrangements have been reviewed. Visits mostly take place each day between 14:30 and 16:30. If these times don't suit, people can arrange alternative times. Relatives say the arrangements are fine.

The responsible individual (RI) maintains oversight of the service, they visit regularly and keep in contact with the manager.

Since the last inspection, the service provider strengthened their processes in relation to people's care documentation, staff's supervision, appraisals and training. They also improved their quality assurance processes.

Well-being

People live in an environment which feels homely. People have access to adequate space and can spend their day in communal areas or in their own rooms if they prefer. We observed them enjoying each other's company. People can have visitors in their own rooms, in the main lounge or in one of the smaller lounges. We saw care workers cater for people's preferences and, because they know them well, can anticipate their needs. People told us they are very satisfied with the care and support they receive. Relatives spoke positively about the service provided at the home. Relatives and friends visit mostly between 14:30 and 16:30 each day. Relatives told us the arrangements are fine, they understand why visits are encouraged in the afternoon and that if these times don't suit them, they can arrange alternative times.

Care workers and senior staff are aware of the importance of promoting each person's health and well-being. There is care documentation in place which is completed and reviewed regularly. Care workers follow people's care plans. We observed care workers encouraging people to eat and drink well, to take part in activities and to move safely. They and/or their relatives know about any changes made because of regular conversations. There are good channels of communication within the team, as well as with relatives and external professionals. Changes in health and wellbeing are closely monitored and referred to health professionals. Relatives told us the manager keeps them fully informed.

Processes are in place to protect people from abuse and neglect. Care staff are trained in safeguarding vulnerable adults and have policies and procedures to guide them. Since the last inspection, the service provider has strengthened its reporting processes to the local safeguarding team. This includes reporting concerns when health and social care professionals do not attend in a timely manner. Infection control measures are in place throughout the home.

Care and Support

People receive the support they require when they need it. We observed care workers supporting people and noted a natural familiarity between them. Care staff present as encouraging and reassuring. We observed the atmosphere at the home is relaxed, people are settled and appear content. They access services from external professionals on a regular basis. Records show this includes GP and district nurses.

There is documentation in place for each person. It reflects information gathered from them, their relatives and from external professionals. There are personal plans in place for areas in which they need care and support. Where there are risks, these are assessed and steps to mitigate them are listed. We saw people's plans are regularly reviewed. At our last inspection, we noted that their preferences in relation to their bedroom door being shut and staff needing a key to enter was not recorded in their care plans. At this inspection we did not observe staff using a key to enter bedrooms. The manager told us staff no longer use their keys to enter bedrooms as no one has asked for this arrangement. During the inspection feedback the manager and RI confirmed that going forward, people's preferences in relation to their bedroom door and whether staff would ever need a key to enter their bedroom will be recorded in their care plan.

Care workers record the daily care and support provided. People's care and support is also reviewed daily during the staff handover meetings. When people's presentation changes or then their needs change, immediate action is agreed. This may include additional encouragement or support to eat and drink, enhanced supervision or a call to an external professional.

We noted not all records are accurate and up-to-date. This included a check on a person which was recorded when they were not in the home, one fall referred to as a near miss when the person actually had a fall, and conflicting information in relation to one person's mobility and support needs. The manager told us they will review the records. While no immediate action is required, this is an area for improvement and we expect the provider to take action to ensure records relating to individuals are accurate and up-to-date at all times.

We did not review the arrangements in place to ensure that medicines are stored and administered safely because work to move the medication room was taking place on the day of the inspection. We will review the arrangements at our next inspection. .

Environment

As this was a focused inspection, we have not considered this theme in full. We noted both the door to the room where the boiler is located and a fire exit were not secured. We brought this to the attention of the manager and RI. They assured us they will review both. The manager told us work is underway to place people's names on their bedroom doors.

Leadership and Management

There is good oversight of the service. There is a well-established manager in post who is respected in the service and visible daily. There are systems in place to ensure that paperwork and care provision is observed and audited as required. The RI visits the service regularly and engages with people, relatives and staff for feedback. The service provider has made improvements to its quality assurance processes since our last inspection. Regulatory reports are now completed at appropriate intervals and reflect what the service does well, and areas of improvements identified.

There are arrangements in place to recruit, train and support staff. We examined recruitment records. At the last inspection, we advised the service provider that recruitment checks were not always robust enough. We saw they have started addressing the issue. We will fully review the arrangements in place at our next inspection.

Supervision and training records show processes are in place for supporting and developing staff. Since the last inspection the service provider has taken action to ensure staff receive supervision, appraisals and training as required by the Regulations. It has also made some improvements to the way these activities are recorded. All staff (except one) have had a one-to-one supervision in last three months and the next supervisions are all planned. The manager has also scheduled dates for all appraisals. We noted training in relation to 'falls' management was taking place on the day of our inspection. On a day-to-day basis care workers are supported by the manager and/or the deputy manager when they can seek advice from them if necessary. When the manager and/or deputy manager are not present, staff use the on-call system.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 21 | Individual records of people participating in activities and hobbies are to be maintained . | Achieved |
| 36 | The service provider must ensure all staff receive supervision sessions, a yearly appraisal and all training relevant to their role including dementia training. | Achieved |
| 80 | The responsible individual must review the quality of care and support as often as required but at least every six months. | Achieved |
| 21 | The service provider must review its visiting arrangements. These must be in line current guidelines and best practice.The service provider | Achieved |

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| | must ensure it records and carries out a risk assessment when a person chooses to have their bedroom door locked. | |
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Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement | | |
|-------------------------|--|----------|
| Regulation | Summary | Status |
| 59 | The service provider must ensure that records relating to individuals are accurate and up to date. | New |
| 35 | The service provider must obtain a full employment history from each member of staff and must check all reasons why staff left previous employment with vulnerable adults and/or children. | Reviewed |
| 7 | The service provider must keep the statement of purpose under review. | Reviewed |
| 26 | The service provider must ensure allegations of neglect and staff misconduct are reported to the local safeguarding team and to CIW. | Achieved |

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