

Jasmine Care Holdings Limited

# Florence Care Reading Ltd

## Inspection report

16-22 Westcote Road  
Reading  
Berkshire  
RG30 2DE

Tel: 01189590684

Date of inspection visit:  
12 April 2023

Date of publication:  
26 April 2023

### 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

Florence Care Reading Ltd is a residential care home providing personal and nursing care to up to 79 people. Florence Care Reading Ltd accommodates people across two separate wings, each of which has separate adapted facilities. The service provides support to older people, younger adults, people with dementia and people with a physical disability. At the time of our inspection there were 66 people using the service.

### People's experience of using the service and what we found

Risks assessments were clearly written and easy to follow meaning that people were less likely to suffer harm. Regular maintenance checks of the home were undertaken. Medicines were managed safely. People felt there were enough staff at the home and felt safe living there.

The service had an open and transparent way of working to ensure people's safety. The provider was able to demonstrate effective quality assurance systems to ensure the quality of the service was maintained. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 23 February 2022)

### Why we inspected

We received concerns in relation staffing levels and the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Florence Care Reading Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

# Florence Care Reading Ltd

## 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.

#### Inspection team

The inspection was carried out by two inspectors and an 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

Florence Care Reading Ltd 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. Florence Care Reading Ltd 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

This inspection was unannounced.

#### What we did before the 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 reviewed information CQC held about the service and notifications we had received. We checked information held by Companies House, the Food Standards Agency and the Information Commissioner's Office. We checked for any reviews online, and we looked at the content of the provider's website. We used all this information to plan our inspection.

#### During the inspection

We spoke to 9 people who use the service and 3 relatives. We spoke with 5 staff, including the registered manager, the deputy manager, nursing assistant and care staff. We observed care in communal areas, for example, during mealtimes, to help us understand the experience of people who could not talk with us. We reviewed a range of documents, including 5 people's care records and daily notes in the services' online care system. We reviewed a variety of records relating to the management of the service, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

# 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

- All staff had received safeguarding training. Staff were aware of what actions to take if they felt people were at risk, including to contact the outside organisations. One staff member told us, "I would report to nurse in-charge and management immediately. Record everything and make sure that my report has been followed up".
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff reported they felt confident the management team would act on any concerns reported to ensure people's safety.
- People felt safe in the home and liked the staff who supported them. People said, "I feel safe here because there are lots of people around me", "I think it's safe I really do. I get on with the staff, quite friendly staff. They look after you and make sure you are alright and not left on your own". Relatives also agreed and felt their family members were safe.
- When safeguarding concerns had been raised, the registered manager had dealt with them appropriately and recorded all actions taken.

Assessing risk, safety monitoring and management

- People had individualised risk assessments in place to mitigate the risk of harm to people. Examples of risks covered in risk assessments included: pressure sores, falls and nutrition and hydration.
- People had personal emergency evacuation plans in place in the case of an emergency.
- Fire drill records showed staff completed regular fire drills. This meant that both staff and people were aware of what action to take in the case of an emergency.
- The registered manager ensured environmental safety was effectively managed. We saw completed records of legionella checks and electrical checks.
- Routine safety checks were carried out and were within the safe and expected levels, such as monthly water temperature checks on hot and cold taps, and regular flushing of unused outlets.

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.

#### Staffing and recruitment

- Both staff and people felt that there were enough staff on a day to day basis to support people's needs. People said, "There are enough staff around to help you. I look after myself mostly, don't want too many people around me", "Yes there seems to be enough staff around and they are alright to me".
- Staffing numbers were also regularly reviewed by the registered manager and through a calculating system to identify the number of staff required on a monthly basis depending on people's needs.
- We saw staff responded to people's request in a timely manner for support during the day of the inspection.
- We reviewed recruitment records of staff who had recently started working at the service. The registered manager used a thorough recruitment process to employ suitable staff. All staff files contained the necessary evidence including full employment histories and Disclosure and Barring Service checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Detailed and individualised 'when required' (PRN) medication guidance was in place to explain to staff when the medication is necessary.
- Only trained senior care staff were administering medication and their competencies were reviewed annually by both the provider and by an external assessor.
- Where people received controlled medication, the medicine administration records (MAR) chart were signed by two staff administering the medicine as per the provider's medicine policy.
- We reviewed people's MAR charts and no recording gaps were seen. When observing a medication round, people were seen to be supported taking their medication safely and at the correct time.

#### 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.

#### Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance.

#### Learning lessons when things go wrong

- There was a policy in place for recording accidents and incidents and this appeared up to date. The registered manager explained how incidents and accidents would be investigated and how learning from



incidents is shared with staff during team meetings.

- A monthly tracker was in place where the management team reviewed all incidents and accidents that had occurred in the previous month. These were then analysed and used to identify any themes and trends to ensure people were receiving the correct level of support in order to meet their needs.

# 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.

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

- The registered manager had ensured there was an open, transparent and positive culture at the service. Staff felt listened to and supported. Staff told us, "My managers are approachable, and they deal with any concerns effectively", "They [management team] take our ideas into consideration. Sometimes they [management team] have different views, sometimes agree with us. But its well-balanced".
- We observed a positive and caring culture amongst staff at the service. Staff knew people they supported well and were regularly observed having friendly and person-centred conversations with people.
- People and relatives told us they felt listened to, "I have spoken to them when they have a moment in the office. If I have complained about anything they ask if there has been any improvement. When they come to my room they don't just come in and out they stop for a chat".

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 ensured required notifications had been promptly submitted to us. We identified one incident which had occurred the week before our inspection which had not yet been submitted to CQC. The registered manager immediately ensured a notification was submitted.
- The management team worked to establish and maintain an open and transparent communication with people's families, for example, around changes to visiting guidance during infectious outbreaks.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

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

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular reviews of documents including Medicine Administration Records (MAR) and care plans.
- The registered manager had developed several trackers so they could monitor various key performance indicators monthly. This included weight loss and staff medicines competency checks.
- The management team had a clear plan on additional areas requiring improvement. This included the continued improvement to décor within the home and identifying further strengths of individual staff and offering them further training or more responsibilities as champions.
- An analysis of audits was completed monthly to identify themes and trends.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Minutes from resident meetings were reviewed. Meetings take place quarterly and minutes are provided to both staff and residents after the meetings.
- Within meetings, people were asked what they thought was going well in the service and whether they thought there could be any improvements. At the following meeting, the areas of improvement were rediscussed, and people confirmed whether improvements had been made.
- Regular team meetings also take place, and a record of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share from the residents meeting.
- Where any incidents or accidents had occurred and learning was needed, this was also seen to take place at team meetings as appropriate.

Working in partnership with others

- The service worked in active partnership with professionals such as GP's, community nurses and the local authority.
- Any actions to be taken following contact with a professional was clearly documented within the persons care plan.