

Jasmine Care Holdings Limited

# Florence Care Reading Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Florence Care Reading Ltd is registered to provide personal care, accommodation and nursing care to up to 79 people aged 65 or over. There were 45 people living at the service at the time of our inspection, some of whom were living with dementia. The service comprises of two units, each of which has separate adapted facilities.

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

The home ensured infection prevention and control guidance was followed to keep people and staff safe. Pain management for people within the home had improved and people reported feeling safe living at the service.

Care plans were person centred and included the input of the relevant person. The environment in the home had improved from previous inspections including improvement in decoration and signage around the service to support people living with dementia.

The registered manager and staff had an open and transparent way of working to ensure the safety of the people living at the service. The registered manager was able to demonstrate that quality assurance systems ensured 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 staff 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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 23 March 2021).

At this inspection we found improvements had been made. At our inspection published 17 December 2019, we recommended that the service sought advice and guidance on best practice regarding the assessment and monitoring of pain in older people. We also recommended the provider reviews the suitability of the premises to ensure they meet the needs of people living in the home. At this inspection we found the provider had acted on the recommendations and improvements had been made.

### Why we inspected

We undertook this focused inspection to check the service had met the recommendation relating to

premises and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 one inspector.

#### Service and service type

Florence Care Reading Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. Inspection activity started on 3 February 2022 and ended on 8 February 2022. We visited the service on 3 February 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 also reviewed companies house and looked at online reviews regarding the service.

We used all of this information to plan our inspection

During the inspection

We spoke with three people who used the service about their experience of the care provided. We observed multiple interactions between staff and people including during meal times, activities and during moving and handling. We spoke with seven staff members including the registered manager, deputy manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# Is the service safe?

## Our findings

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

### Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# 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 inspection published 17 December 2019 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our inspection published 17 December 2019, we recommended that the service seek advice and guidance on best practice regarding the assessment and monitoring of pain in older people. The provider had made improvements.

- The registered manager and nominated individual had implemented trackers to monitor people's pain and medicines related to pain. Staff documented people's pain on their medicine charts and within their care plans.
- Medicine protocols were in place in order for staff to be aware of how people will verbalise their pain.
- People's care plans were reviewed on a monthly basis or sooner as needed. A tracker had also been created to identify people's themes and trends and whether their care needs were being met.
- Any changes required had been clearly documented and this was shared with staff through the service's online system.
- Plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out. One person told us, "They [staff] know what I want doing, they ask me what I want each time they come to see me."
- Plans were based on assessment, were well written and clear. Information seen in plans indicated that people were supported to access healthcare services and professionals when required.

Adapting service, design, decoration to meet people's needs

At our inspection published 17 December 2019, we recommended the provider reviews the suitability of the premises to ensure they meet the needs of people living in the home. The provider had made improvements.

- The provider had recently redecorated one wing of the home, removing patterned carpet, replacing it with hard flooring to support with people's mobility
- Signage was seen around the home to enable people to find their way around the home.
- Individual pictures of people's likes were on their door and there were sensory age appropriate objects including pictures and games attached to walls that were easily accessible.
- The home was light and was at an appropriate temperature for people living there. There was also two separate communal areas for people to sit and socialise with one another.



- Large clocks and calendars were located within the communal areas to support people's orientation.
- The registered manager and nominated individual discussed further changes they are planning to make to the home, including coloured toilet seats and further signage and this would be completed in the coming months.

#### Staff support: induction, training, skills and experience

- All staff had received the provider's mandatory training and staff felt they received appropriate training in order to carry out their roles. Staff new to care roles completed the Care Certificate. 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.
- All new staff completed an induction that was overseen by senior members of staff before being reviewed by the registered manager. They also shadowed their more experienced colleagues before they started supporting people independently.
- Staff received yearly mandatory training to ensure they had the skills and knowledge to support people effectively. When required, specialist training, such as catheter care and people who have difficulty swallowing awareness had been provided to ensure staff supported people safely. Records, such as a training matrix, indicated that staff training was up to date.
- The supervision and annual appraisals indicated that all staff received their supervision and appraisal regularly.

#### Supporting people to eat and drink enough to maintain a balanced diet

- Menus were regularly changed and specialist diets were catered for. Fortified snacks and drinks were available for people at risk of malnutrition.
- There were regular meetings between the management team and the chef to ensure people's nutrition and hydration needs were met.
- Where it had been identified people had lost weight or their appetite had decreased, the nominated individual raised this with the chef and staff and people were offered a higher calorie chocolate dessert which they enjoyed.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with professionals from health and social care to support people's health and wellbeing needs.
- The registered manager was in regular contact with Local Authorities who support with funding for people using the service. The registered manager provided evidence of regular correspondence to discuss the changing needs of people and how they will support the person.
- The registered manager and staff also had regular involvement with other professionals such as occupational therapists to ensure that the person had the correct level of support.
- The registered manager had recently started working with a private physiotherapist who came to the home on a weekly basis to support people with mobility and rehabilitation. This identified that they were responsive to people's needs and supported with improving people's independence.

#### 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).

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.

- During this inspection we saw that people's care records provided care workers with detailed information in respect of the decisions people were able to make independently.
- Within people's care plans, it documented if the person had capacity and if they required any support with making decisions.
- Where people had reduced capacity, evidence of best interest meetings was seen. If people had a lasting power of attorney, evidence had been requested and a copy obtained.
- Within their induction, all staff received training regarding the MCA and staff were able to demonstrate a clear understanding of the principles of the MCA.

# 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. At this inspection the rating has changed to 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; Continuous learning and improving care

- A registered manager is now in place at the service therefore the ratings limiter from the previous inspection is no longer in place.
- 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 review of documents including Medicine Administration Records and care plans.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- The registered manager and nominated individual had continued to develop several trackers so they could monitor various key performance indicators monthly. This included weight loss, falls, accidents and pressure sores.
- The management team had a clear plan on additional areas they were planning to improve. This included the refurbishment of the garden and to identify further strengths of individual staff and offer them further training and professional development.
- An analysis of audits was completed on a monthly basis to identify themes and trends. This was shared with staff during team meetings or supervisions to ensure the service continued to improve.
- Regular team meetings also took place and records 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.

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

- The staff were keen to share with us their feedback around improved culture. Comments from staff included, "I like this place. It is a very good place to work. The people here are very good and the management team are very supportive." And, "The management are very nice and have made me very welcomed as soon as I arrived."
- Feedback from people showed their care was at the centre of the service delivery. Comments included, "The staff are excellent. They are helping me to walk again and they ensure I am independent with what I can be."
- Staff told us they were involved and listened to. They commented on the registered manager's ability to identify a potential in them which already had resulted in some staff stepping up job roles. For example, a staff member who had previously worked in the domestic team had moved to the administration team of

the service due to being extremely organised.

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 management team worked to establish and maintain an open and transparent communication with people's families, for example, around changes to visiting guidance during the lockdown or when an outbreak of COVID-19 occurred.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

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

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Minutes from meetings with people demonstrated their views were sought.
- There were recent surveys that had been carried out with people, staff and relatives. The management team had analysed the results and actions taken were shared with all.
- Staff were supported via one to one meetings, group supervision and meetings. Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision. Any concerns that had been raised had been discussed with staff members and actions were recorded.
- Staff commented positively on improved teamwork, staff morale and communication within the team. One staff member said, "I think everyone is better. Everybody gets on. We can all have laugh and a joke. It is nice to get on well with the people you work with."

Working in partnership with others

- The team worked closely with the local social and health professionals.
- The service had arranged for a private physiotherapist to visit the home on a weekly basis to support people with their mobility and rehabilitation.