

# Endless Love Healthcare Services Ltd

# Reading

## Inspection report

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Date of inspection visit:  
16 June 2023

Date of publication:  
04 July 2023

## Ratings

### Overall rating for this service

Good ●

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

### About the service

Reading is a domiciliary care agency and supported living service providing personal care to people. The service provides support to older people or younger adults who may live with dementia, a physical disability, learning disability or autism. At the time of our inspection there were 4 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

**Right Care:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care plans were person centred and included up to date information for staff to follow in order to meet people's needs. Care plans also included people's likes and dislikes.

**Right Support:** Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

**Right Culture:** Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person and other professionals as appropriate. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

This service was registered with us on 10 May 2018 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Reading

## 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

This inspection was carried out by one inspector 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

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats as well as providing care and support to people living in 'supported living' settings, so that they can live as independently as possible. At the time of inspection, although they were registered to support people in a supported living setting, this was not being undertaken. In supported living settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we held about the provider and the service. This included information we had received from the service regarding any incidents or accidents and any feedback received from the public and professionals. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at online reviews, Companies House and the Information Commissioners Office. We used all this information to plan our inspection.

### During the inspection

We spoke with and received feedback from four members of staff including the registered manager and care staff. We spoke with 2 people who use the service and 1 relative. We reviewed a range of records. This included 4 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when the care staff were providing care to them. When we asked if people felt safe, one person told us, "Yes. Definitely. They ask every time if I have a problem to let them know. [Registered manager] asks me questions and we get on famously".
- The service had a specific safeguarding policy in place, which included how to report concerns and important contact details including the local authority.
- Staff told us they knew how to raise a complaint and there was a whistleblowing policy in place that they knew how to access.
- We reviewed the service's safeguarding concerns. All had been dealt with appropriately including informing the relevant bodies.

Assessing risk, safety monitoring and management

- Risk assessments were in place and specific to each person in order to meet their needs and mitigate the risk.
- For example, there were specific risk assessments in place for falls, smoking in the home, nutrition and moving and handling.
- All risk assessments contained clear and detailed information to ensure staff were aware about how to care for people safely and effectively.
- The service had a business contingency plan in place to meet the support needs of people in case of an emergency.

Staffing and recruitment

- The provider had ensured robust recruitment processes were in place to ensure people received safe care from staff.
- Staff files contained all the necessary evidence including full employment histories, Disclosure and Barring Service (DBS) checks and relevant qualifications, in line with legal requirements. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff deployed to support people safely. Rotas showed and people confirmed that they were supported by the same staff enabling good continuity of care.
- Staff told us they felt there were enough staff to meet the needs of people and they had enough time to provide the required care.
- People told us they had not had any missed visits and if staff were going to be more than 10 minutes late, they would get a call. One person said, "They do arrive on time. There is sometimes a slight wait depending

on patients [other people]. If they are a bit late it's not a problem. They occasionally call me if they are running more than 10 minutes late."

#### Using medicines safely

- Detailed and individualised 'when required' medicines guidance was in place to explain to staff when the medication is necessary.
- Staff who had undertaken medicine management training were responsible for the administration of medicines. Training records indicated that all current support staff had received medicine management training.
- All staff administering medicines had their competencies reviewed annually by the provider.
- A review of spot check audits indicated that staff medicine practice was being reviewed on at least a 2 monthly basis.
- The registered manager had recently completed their competency training to ensure she was able to review other staff's medicine knowledge.

#### Preventing and controlling infection

- We were assured that staff were using PPE effectively and safely. The provider was appropriately accessing testing for staff.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- All staff had received infection control training.

#### Learning lessons when things go wrong

- The incident and accident log contained written evidence of action taken to improve the service and lessons learnt.
- Themes and trends had been identified and documented actions to be taken to improve the service. For example, where falls had been identified as a trend, people's care plans were reviewed and risk assessments updated accordingly.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like their care to be carried out. One person told us, "They [staff] can never do too much. They [staff] are great company and listen to any problems I might have and have a little chat. I look forward to them [staff] coming".
- Care plans were based on assessment, were well written and clear. Information seen in care plans indicated that people were supported to access healthcare services and professionals. For example, one person received support from occupational therapists and visits were completed to meet the needs of the person.

Staff support: induction, training, skills and experience

- The service provided mandatory training in topics such as fire awareness, manual handling, medicines and food hygiene.
- All new staff completed an induction which included shadowing senior staff and completing all practical training required. All new staff receive a minimum of 20 hours of shadowing staff before being signed off to complete care activities independently. The registered manager also ensured that if they did not feel ready further shadowing was provided.
- People felt that staff had enough training and experience to care for them.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.

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

- The registered manager provided evidence of joint visits undertaken with professionals, including occupational therapists and district nurses to ensure people were receiving effective and person-centred care.
- Professionals reported good communication in order to meet the needs of people. For example, one professional told us, "The manager was easily available for joint working meetings and confirmed that if the carer identifies a need for the individual to receive treatment, they would speak to the family immediately".
- We also found evidence of regular conversations between the provider and other professionals to ensure the best outcome for the person. For example, where staff identified people were soon to run out of their medicines, the service regularly contacted the GP and pharmacy to request a new prescription.
- Where people required support to access appointments, staff would attend medical appointments with

them in order to ensure they accessed healthcare services as required.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Within people's care plans, it documented if the person has capacity and if they require any support with making decisions.
- Within their induction, all staff received training regarding the MCA.
- Evidence of people with Lasting Power of Attorney's was requested, viewed and a record of the document obtained.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "They [staff] have a very polite attitude. They [staff] do not treat me as second-class person. They [staff] treat me as a person. They [staff] just talk to me nicely".
- There was clear, person-centred information in people's care plans. This included their abilities, likes and dislikes. The information guided staff how to support people in the way they chose to be supported.
- People and relatives felt staff showed a genuine interest in their well-being and quality of life and felt involved in everyday decisions about their care. One person said, "They [staff] try to get me to make my coffee in the morning. I always pick my own clothes that I would like to wear during the day. They [staff] always ask if I would like my clothes changed".

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in decisions about people's care and support. People and relatives told us they felt valued and that their opinion mattered. One person told us, "The care service talk to me about my care plan on a regular basis to ensure that I still have the care that I need".
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments six monthly or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- The management team undertook spot checks of all staff, which included ensuring that staff were treating people with dignity and supporting people with their independence.
- Care plans included requesting staff to support people with their independence. People confirmed staff encouraged them to be as independent as possible. A person said, "They [staff] try to get me to make my coffee in the morning. I always pick my own clothes that I would like to wear during the day. [Staff] They always ask if I would like my clothes changed".
- People's care plans included information on how people would like to receive personal care including their likes and dislikes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written from people's perspectives and contained information for staff about how people wanted activities to be carried out such as personal care.
- Care plans included specific information which captured people's needs, interests, positive personality traits and life histories.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person.
- There was guidance in communicating with people in a manner they could understand. For example, one person's care plan said, "I have recently started having hearing problems. You have to speak louder for me to be able to hear you".
- Staff were aware of the individual needs of people and felt they had enough information to support the person effectively.

Improving care quality in response to complaints or concerns

- At the time of inspection, the service had not received any complaints.
- There was a clear complaints policy in place and the registered manager was able to explain how complaints were acted on.
- People and their relatives told us they were aware of how to raise a complaint. One person said, "Never had to raise a complaint. But I think they [staff] would listen to me if I ever had a complaint".

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 management team were welcoming and demonstrated an open and transparent approach.
- Evidence of team meetings was reviewed and identified that staff had the opportunity to raise concerns. Team meetings took place every 2 months and included information to disseminate throughout the team regarding any updates to people's care or the environment people were living in.
- For example, during the most recent team meeting, staff raised concerns regarding a person's home environment. Following the meeting, the person was supported with staff and family to arrange for a cleaner to visit weekly in order to improve their home environment.
- Staff told us they felt listened to by the management team, "Our manager proposes meetings with care workers to discuss our experience with service users, if we have any questions we would like to ask relating to service users, shifts, concerns etc. The manager always takes it into account and takes necessary steps".

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.
- 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; Continuous learning and improving care

- The registered manager had effective quality assurance systems in place. Regular audits took place which included a review of people's care plans and risk assessments, staff recruitment records, daily care notes, incidents and accidents and safeguarding concerns.
- An analysis of audits was completed monthly to identify themes and trends in order to continuously improve the service and meet the needs of people. For example, the registered manager completed a monthly falls audit. If a theme was found where one person was falling regularly, the risk assessment was updated in order to mitigate the risk of recurrence.
- Regular team meetings which were recorded and reviewed to identify actions. Staff were able to express any concerns and feedback was provided to staff around any changes to people's care.
- The management team worked to establish and maintain open and transparent communication with people's families

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.
- The management team ensured staff received supervisions on a regular basis in order for them to provide feedback regarding the service and any further development they feel they need in order to meet the needs of people.
- Staff commented positively on improved teamwork, staff morale and communication within the team.

Working in partnership with others

- Staff worked closely with the local authority and health professionals including the GP and physiotherapists who visited the home regularly.
- There were regular reviews of people's health and social care needs by community-based professionals.