

Infinity Care Services Limited

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Inspection report

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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: Infinity care services limited is a domiciliary care agency. It provides personal care to older adults, older adults living with dementia and younger adults with a physical disability living in their own houses.

People's experience of using this service:

- There had been some clerical errors in record keeping. This had not impacted on people. However, we recommend the registered manager and provider ensure they maintain good oversight of record keeping and provide extra support and training where required.
- People were safe. Staff were trained in how to recognise signs of abuse and were clear on how to report concerns.
- Risk assessments were in place and regularly updated to ensure safe care was provided.
- Medicines were managed safely, and people received their medicines when they needed them.
- Safe recruitment processes ensured only suitable people were employed by the service. Staff were well supported and had received training that ensured they had the skills they needed to do their job.
- People were protected from infection by staff who understood the importance of thorough handwashing alongside using protective personal equipment (PPE).
- Care plans were reviewed regularly and included people's lifestyle choices, religion and culture.
- People and their relatives were involved in the planning of their care.
- People were supported to eat and drink enough. People's likes, dislikes, cultural needs and specialist support were all considered and planned into their care.
- People were supported by staff who were reliable, kind, caring and respected people's privacy and dignity.
- People received care and treatment in line with guidance and the law and were supported in the least restrictive way possible with their choices respected.
- There was an open and honest culture and a complaints procedure was in place. When a concern was raised it was managed promptly and professionally.
- Information could be made available in different formats such as large print, alternative languages and easy read for people who needed it to ensure they were fully informed about their care.

Rating at last inspection: The service was new, this was a first comprehensive inspection.

Why we inspected: This was a scheduled first inspection. The service is rated good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Infinity Care Services Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Infinity care services limited is a domiciliary care agency. It provides personal care to older adults and younger adults with a physical disability living in their own houses. At the time of the inspection there were 12 people who received personal care.

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 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

We visited the office location on 14 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures. On 15 March 2019 and 18 March 2019, we made calls to a relatives and staff.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered. We also contacted the local authority for feedback.

During the inspection we spoke with two people who use the service and three relatives of people who use the service. We had discussions with four staff members including the registered manager, two care and support staff and the team leader.

We looked at the care and medication records of two people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Following inspection, we requested and received:

- Training matrix
- Quality assurance/review tool for staff and people.
- Current rota's
- Medicines policy
- Safeguarding policy
- Recruitment policy
- GDPR policy
- Staff handbook code of practice
- Service users guide
- Statement of purpose

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff were trained to recognise signs of abuse and were clear on how to report concerns. The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns. One relative told us, "I feel [relative] is 100% safe. I could speak to anyone in the office if I didn't think [relative] was."

Staffing and recruitment:

- There were enough available staff to meet people's needs. The service over recruited staff, this meant that in the unlikely event of high levels of staff absence the service would still operate safely. People told us that there were enough staff available to them and there were no missed visits.
- Safe recruitment processes were in place they ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years.

Assessing risk, safety monitoring and management:

- Risk assessments were completed before people received care and people told us these were reviewed regularly.
- Staff told us changes to risk assessments were communicated well and documents in people's homes were amended promptly. One staff member said, "The team leader or manager will tell us if there have been any changes and ask us to read the care plan."

Using medicines safely:

- Medicines were managed safely. Medicine charts were checked regularly by the team leader, staff knew what to do and who to contact if things went wrong. One staff member told us, "The medicines charts are easy to follow." People told us they received their medicines on time. One person said, "They [staff] prompt me to take my medicine, they collect the medicine from the pharmacy for me, it's always here on time they never miss one."

Preventing and controlling infection:

- Personal protective equipment (PPE) was readily available to staff. One staff member told us the importance of changing gloves and aprons between tasks and disposing of them safely. The staff member also told us they had been trained in the safe disposal of clinical waste.
- The office team ensured stocks of PPE were replenished regularly. Staff had received training in infection control.

Learning lessons when things go wrong:

- The management team were open, transparent and supported and encouraged learning from experience. For example, when someone had experienced a fall, the service completed a care review to prevent a reoccurrence and had explored any lessons learned.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices:

- People's care needs were assessed and detailed in their care plans. This included lifestyle choices, religion, relationships, culture and diet. These were reviewed regularly with people and their relatives. One relative told us, "We have regular care reviews at [relatives] home with [relative] and me there to discuss any changes, we then sign the new care plans." Another person said, "They [management team] come to the house to review the care plans with me and my [relative], we tell them what we want and they sort it out."
- Information was available to people in different formats, including large print and alternative languages. This meant people could understand the care they could expect and be involved in the process.

Delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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. We found that the service was working within the principles of the MCA and people were being supported in the least restrictive way possible.
- The management team and staff had a good understanding of the MCA. Staff understood the importance of seeking consent from people before delivering care. One person told us, "They [staff] will say to me, are we washing hair today or are we having a shower today? they wouldn't do it without asking."

Staff support: induction, training, skills and experience:

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. One staff member told us, "We can request more training if we feel we need it and the office will source it." The team leader was due to start a management training course to further develop their skills.
- Staff received regular spot checks and supervisions.

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

- Care plans detailed people's dietary likes, dislikes and requirements. Staff cooked people meals of their choosing. One relative told us, "They [staff] offer two choices...they ask [relative] what [relative] wants."
- Staff told us they had enough time to ensure people were supported to eat and drink. One staff member told us "If we needed extra time we would just tell the office and they would arrange it."

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

- People were supported to attend healthcare appointments when required. The registered manager and team leader had attended review meetings for people with healthcare professionals to ensure effective care was being delivered. One relative told us, "[Relative] is supported to attend appointments."
- One person told us they had been supported to access equipment via occupational therapy and we saw that another person had been supported with coordinating home repairs.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

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

Good: 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 received person centred care, and staff had a good understanding of people's individual needs, religion, culture and lifestyle.
- Peoples choices around who they wanted to support them were respected. Requests for support staff to speak people's language or be of specific gender were met. One relative told us, "My [relative] prefers female care workers, so that is who comes." One person told us that they prefer males for certain support and females for others and this had always been accommodated.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence:

- Regular care and support review meetings took place with the team leader or registered manager, people and their relatives.
- Staff respected people's privacy dignity and independence. One person told us, "I do what I can myself they don't do anything for me that I can do for myself." Another person told us "They are respectful of my home, they wear shoe covers when they come in the house."
- People and staff had staff developed positive relationships and people spoke fondly of the staff. One relative said, "They are lovely, [relative] loves them all they are like part of the family."
- Staff understood the importance of confidentiality. One staff member told us, "We don't discuss people with anyone other than colleagues, my client's life is no one else's business." Another staff member told us, "Whatever people say to me it stays with me, I would speak to my manager if I thought the person was in danger."
- We saw that people's records were stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care and support plans included information about how staff supported people with choice, religion, culture, eating, drinking, communication, finances and health. Care plans were regularly reviewed and changed where needed with the involvement of people using the service. They included people's preferred outcomes and information about how these could be best achieved.
- People were encouraged and supported to be involved in decision making and were in control of their care. A relative told us, "They [staff] take [relative] shopping, [relative] chooses what [relative] wants, they help to maintain independence."

Improving care quality in response to complaints or concerns:

- A complaints procedure was in place, people told us they knew how to make a complaint and who to contact. A relative told us, "They [provider] are good, I would be confident if I made a complaint they would sort it out." Another relative told us, "I have raised a concern before, they did listen, and things changed." One person told us they would go to the team leader if they had a complaint and told us, "Team leader is very good they come to me often as they like to see what's happening and make sure everything is ok."

End of life care and support:

- The service was not currently supporting anyone at the end of their life. However, staff had received training and the service had developed an end of life care pack to ensure efficient and timely support could be put into place when needed.

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

Good: 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:

- Quality assurance spreadsheets were used to monitor the service. We saw there had been some clerical errors in record keeping. For example, malnutrition scores had been incorrectly calculated and minor errors on auditing records. However, we saw no evidence that people were at risk of malnutrition or unsafe care. We recommend that the registered manager and provider ensure they maintain good oversight of record keeping and provide extra support and training where required.
- The team leader had a good oversight of the quality of service as they were regularly delivering care to people and undertook regular audits of care records, medicine charts and risk assessments.
- Staff received regular spot checks and supervision these were used to offer guidance and support as well as monitor quality. Annual appraisal dates had been planned and booked.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open and honest culture. The registered manager and provider had a good understanding of their responsibility when things went wrong and how to report incidents appropriately to the Local Authority and Care Quality Commission.
- The registered manager told us, "I promote a culture of being open and honest staff can talk to us without fear of reprimand" Staff agreed with this.
- The registered manager was focused on providing good quality person centred care and people's comments reflected this. One person said, "Best service I've had, really happy with it. Any requests I've had they have dealt with and accommodated promptly." Another person told us, "It's impeccable, I couldn't get a better service I've got no complaints." A relative told us, "We have used a few services, and this is the best by far. I cannot praise them enough for the support that they give."

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

- People had received questionnaires to provide feedback for the service, we saw the responses showed high levels of satisfaction. One person described staff as, "Understanding reliable and trustworthy." Another person said the organisation, "Listens, understands and fully complies with my needs."
- Regular office staff and management meetings took place and the management team maintained regular contact with staff members. One staff member told us, "We are often asked how things are going and how we feel the management team are performing." Another staff member told us, "We get chance to talk things through with a manager."

Continuous learning and improving care:

- There was an experienced registered manager in post who was committed to continuous improvement. There were plans to implement an electronic care planning and monitoring system as the service grew to ensure effective oversight was maintained.
- The registered manager and provider were committed to the development of staff and had co-ordinated extra training for the team leader to support them in their role.
- The provider had arranged for a consultancy company to carry out regular business audits and identify areas for learning and improvement.

Working in partnership with others:

- The service had worked in partnership with other professionals including GP's, social workers and occupational therapists. Family members were also regularly consulted, considered and encouraged to be part of the team.