

Infinitelife Group Ltd

# Infinitelifegroup Head Office

## Inspection report

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21 October 2021  
27 October 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Infinitelifegroup Head Office is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection seven people were 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

The provider's recruitment processes were not always effective in ensuring staff were safely recruited. People's medicines documentation was not always clear and there was a lack of appropriate guidance about the management of medicines in place for staff to follow.

We have made recommendations about the provider's recruitment processes and the management of medicines.

People told us they felt safe. Risks to people's safety were assessed and staff had received safeguarding training and knew how to report any concerns. Staff followed safe infection prevention and control processes and the provider had implemented policies and guidance to support staff practices during the COVID-19 pandemic.

People were supported by a small, consistent staff team who knew them well. Staff had received an induction and training relevant to their role and the registered manager monitored this to ensure training remained up to date. Staff told us they felt valued and supported in their role.

People told us the staff were kind and caring. 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.

People and their relatives told us they felt involved in making decisions about the care provided and were in regular contact with the provider. People's care was personalised. Staff promoted people's independence and were respectful of their privacy and dignity. People's end of life care wishes were not currently recorded; however, the provider planned to incorporate this into their initial assessment in the future.

People and their relatives spoke positively about the management and culture of the service and told us they felt comfortable raising concerns with the provider. The registered manager had systems in place to monitor the quality and safety of the service and worked effectively alongside other health professionals to meet people's needs when appropriate.

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 20 March 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service had not been rated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Infinitelifegroup Head Office

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. 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.

Inspection activity started on 13 October 2021 and ended on 27 October 2021. We visited the office location on 21 October 2021.

#### What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff. We reviewed a range of records. This included three people's care and medicines records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to review the provider's training and quality assurance documentation.

# 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 for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider's recruitment processes were not always effective. Applicants did not always have a full employment history documented and not all relevant checks had been completed prior to staff starting their employment.
- Following the inspection, the provider responded promptly to our feedback and provided evidence all appropriate documentation was now in place.

We recommend the provider considers current best practice guidance for the safe recruitment of staff

- People and relatives told us there were enough staff available and people were supported by a small, consistent staff team.
- People told us staff arrived punctually and they were kept informed of any changes. One person said, "The carers normally arrive on time and if they're ever late, they call to let me know."

### Using medicines safely

- The provider had not always ensured appropriate documentation was in place to evidence the safe administration of medicines.
- One person's medicines administration record (MAR) did not contain enough information about how and when their medicines should be taken. Staff did not have sufficient guidance about how to support the person safely with their medicines.
- Despite the gaps in documentation, staff knew people well and knew what support people required with their medicines. Following the inspection, the registered manager confirmed the administration record had been updated to ensure information was detailed clearly.

We recommend the provider considers current best practice guidance for the safe management of medicines

- Staff had received medicines training and their competency to administer medicines had been assessed by the registered manager.

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

- The provider had systems in place to protect people from the risk of abuse.
- Staff had received safeguarding training and the provider had a safeguarding policy in place with guidance

for staff to follow.

- Staff were able to identify possible signs of abuse and knew how to raise concerns. One member of staff told us, "My first port of call would be to tell the manager. If they did not act, I would contact CQC."

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and regularly reviewed.
- People had risk assessments in place which were personalised to their needs and explained how to support people to do things for themselves whilst minimising risks to their safety.
- Relatives told us they felt people were safe. One relative said, "I've never had any concerns and if the staff were ever worried about [person], I know they would get in touch and let us know."

Preventing and controlling infection

- The provider had processes in place to minimise the risk of infection.
- Staff had received infection control training including specific training in the management of COVID-19 risks.
- Staff were provided with the appropriate personal protective equipment [PPE] and the provider had updated their infection prevention and control policy detailing the safety measures in place.

Learning lessons when things go wrong

- The registered manager told us they met regularly with staff to discuss any concerns or issues in the service. They told us they shared the lessons learnt from incidents with staff in order to drive improvements and prevent a reoccurrence.

# 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

- The provider had completed an assessment of people's needs prior to them receiving care.
- People and relatives told us they were involved in the initial assessment and in developing the person's care plan. One relative told us, "We've been involved from the start and have been able to modify the care plan and add in information as needed."
- The provider had considered people's protected characteristics as part of their initial assessment. For example, people's cultural and religious support needs had been documented ensuring staff knew how to support people appropriately.

Staff support: induction, training, skills and experience

- Staff had received an induction when starting their employment. This involved shadowing more experienced staff and completing the Care Certificate training when they were new to care. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.
- Staff told us their induction had enabled them to understand their role and how people liked to be supported. One member of staff said, "Shadowing was really helpful in showing me what was required and how to interact with people. It made me feel more confident."
- Staff had completed a number of training courses relevant to their role. Staff told us their training had provided them with appropriate skills to support people's needs. One member of staff said, "My training and induction provided me with all the skills I needed."
- The registered manager had a system in place to monitor staff training and ensure it remained up to date.

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

- People's care plans detailed what food and drink they preferred and what support they required from staff.
- The provider had responded promptly to any changes in people's dietary preferences. For example, the registered manager told us how they had supported one person to prepare more home cooked meals when they noticed they were no longer enjoying the pre-prepared meals they had previously been eating.
- Staff documented what support they had offered people with their eating and drinking in their daily care records and highlighted any concerns with the registered manager.

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 access healthcare services when needed. People's care plans contained information about the healthcare professionals involved in their care such as the GP, chiropodist and

pharmacy.

- Staff knew how to escalate any concerns about people's health. The registered manager had responded promptly to changes in people's health needs increasing the support in place as appropriate.
- The provider had responded to changes in people's oral health needs. They had amended guidance in care plans and updated staff to ensure people received the right support to manage their oral health.

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 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 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.

- People told us staff asked for their consent prior to supporting them. One person said, "The carers always ask me before starting and they listen to me."
- Staff were aware of the importance in ensuring people gave consent for their care. One member of staff said, "Before I do anything I always ask and check its ok for me to give that support. If don't get a response, I will wait and check again. The person may not want support at that time, and I will raise that with the manager."
- People's capacity to consent had been considered during the provider's initial assessment of their care needs and this information was recorded in their care plans.

# 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 and relatives told us staff were kind and caring and they were happy with the support provided. One relative said, "The carers are lovely and so considerate. I can't speak highly enough of them." Another relative said, "They never rush a visit and don't leave until they have checked that everything that needs doing has been done."
- Staff had received training in equality and diversity and were respectful of people's individual needs and preferences. One member of staff told us, "We pay attention to the individual and make sure their care is person centred. We don't generalise the care we give."

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

- People were supported to make decisions about their care. People's care plans detailed what decisions they could make independently and when they may need support.
- People told us staff were respectful of their choices. One person said, "They're always very happy to talk things through with me and then do as I ask them to do."
- People and relatives told us the provider spoke with them regularly, asking for their feedback and making changes as appropriate. One relative said, "We are in pretty close contact with the manager and carers and they regularly ask us if everything is ok. We feel very involved in [person's] care."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible. People's care plans highlighted the importance of staff respecting people's independence. For example, one person's care plan stated, 'Please do not take away my independence by automatically doing things for me before finding out if I can do them myself'. Another said, 'I want to be as independent as I can be. I do not want that taken away.'
- People and relatives told us staff were respectful of people's dignity and privacy when offering support. One person said, "They're very respectful." A relative told us, "They're always polite and respectful of [person] when they're supporting them."
- The registered manager told us how they had worked closely with people and their relatives to build relationships and develop trust, in order to offer people support with their personal care which they may otherwise have refused due to concerns about their loss of privacy and independence. This had meant people were able to continue living independently in their own homes whilst still receiving the support they required.

# 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

- People's care was personalised. People's care plans contained information about how they wanted to be supported and what was important to them including their likes and dislikes, their life history and the people involved in their care.
- People were supported by regular staff and their care was provided at their preferred times. The provider had adapted care visits to meet people's changing needs when appropriate.
- People and their relatives were involved in regularly reviewing and updating the care plans to ensure they reflected people's current needs and preferences.

Improving care quality in response to complaints or concerns

- People were given information about how to make a complaint and who to contact if they had any concerns. People's relatives told us they would feel comfortable speaking to the registered manager if they needed to raise any issues. One relative said, "If I had any concerns I would speak to the manager. They're very easy to get hold of by email or on the phone."
- The provider had a complaints policy in place for staff to follow. The registered manager kept a record of the concerns raised and documented the actions taken as a result.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been considered by the provider during their initial assessment.
- People's care plans contained information about how they communicated, and any sensory or communication aids used.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- People's end of life wishes were not currently considered by the provider during their assessment and care planning process. However, following our feedback, the registered manager confirmed they would be amending their assessment process to include these.

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

- People and their relatives spoke positively about the management and culture of the service. One relative told us, "Our experience of their services and the overall communication has been first-class." Another relative said, "The manager is very easy to talk to and they always have time to talk."
- Staff told us they felt supported by the registered manager and were able to give feedback and make suggestions about the service. One member of staff said, "I feel very supported by the manager and the rest of the team, there's a closeness between us all and I could ask any of them for support."
- The provider engaged regularly with people and their relatives to request feedback, using different communication methods depending on their preferences. This included arranging phone calls or visits and sharing online feedback forms.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 completed regular audits and checks to monitor the quality and safety of the service. These included reviewing incidents and accidents, carrying out regular spot checks with staff and monitoring the punctuality of care visits via an online tracking system.
- The registered manager understood their regulatory responsibility to submit notifications to CQC when appropriate and had guidance in place detailing what incidents should be reported.
- The registered manager understood their duty to be honest with people when things went wrong and showed us an example of an apology sent to one person and their relative following an incident.
- People's relatives told us the registered manager was prompt to let them know of any incidents. One relative said, "They're very conscientious and diligent in bringing up anything they think I should know."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other health professionals to meet people's needs. Staff documented any contact with other health professionals in people's daily notes and care plans and ensured any health advice was implemented.
- The registered manager had used the resources available from local authority and government websites to improve and support their own knowledge. They told us the service was still small and they wanted to develop effective systems now to enable them to grow in the future.

