

Infinite Intermediate Care Limited

# Infinite Intermediate Care Limited

## Inspection report

Litton House  
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Peterborough  
PE3 7PR

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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

Infinite Intermediate Care Limited is a domiciliary care 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. At the time of our inspection the service provided personal care to two people. One of the two people was receiving 24-hour care from the service. The service provides care to adults in Peterborough and surrounding areas.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection and staff were trained to support people to take their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected.

Staff received training, supervision and support so that they could do their job well.

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.

Effective systems were in place to monitor and review the service being provided. People and their relatives were asked their views on the quality of the service. The provider had a complaints policy in place which was provided to people and relatives.

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 and update

As a result of the last comprehensive inspection this service was rated inadequate (report published 29 May 2021.)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We carried out a targeted inspection (report published 24 October 2021) and we found improvements had been made and the provider was no longer in breach of regulations. However, as it was a targeted inspection the rating was not changed.

This service has been in Special Measures since April 2020. During this inspection the provider demonstrated

that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Infinite Intermediate Care 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was responsive.

Details are in our responsive 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 ●

# Infinite Intermediate Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This 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 a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be able to support the inspection and provide us with information we requested.

Inspection activity started on 10 January 2022 and ended on 20 January 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

During the inspection we spoke with two relatives of people who use the service, the registered manager and four members of care staff.

We reviewed a range of records. This included a persons care records. We looked at files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the providers safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority.
- The registered manager was aware of their responsibilities for reporting concerns to the local safeguarding team and CQC.
- People and their relatives told us that having the staff to support them helped them to feel safe.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety, such as the effects of diabetes.
- The registered manager stated that they were in the process of putting together an emergency evacuation plan for someone they provided 24 hour care to ensure staff were aware of what action to take.

Staffing and recruitment

- Safe recruitment practices were being followed to ensure the right people were employed. Checks were completed to ensure that new staff were suitable to work with vulnerable people.
- Staff had completed induction training to ensure that they had the knowledge and skills required to meet people's needs.

Using medicines safely

- There was a safe policy and procedure for the administration and recording of medicines being followed by staff to ensure that people received their medicines as prescribed.
- Staff had completed training in the administration of medicines and been assessed as competent before administering medicines on their own.
- The medicines administration records were being regularly monitored to identify any issues so that they could be dealt with immediately.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Although there had been no accident or incidents in the last 12 months the registered manager had processes in place to review them when needed.

# 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 last inspection 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

- The registered manager met with people new to the service to assess their needs and agree the support the service could offer.

Staff support: induction, training, skills and experience

- Staff received the training needed to ensure they could deliver support safely. Staff had received induction training when they first started working for the service.
- Relatives told us how they felt the staff had the skills and knowledge to meet their family member's needs.
- Staff told us that they felt supported and regularly met with the registered manager to discuss any concerns or training needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this support. Staff explained how they always offered a choice but if the person didn't eat it then they would make something else.
- People received the care and support they needed. People's records showed that where other professionals were involved this was incorporated into their care plans.
- Staff worked with guidance and information from external health and social care professionals including specialist healthcare services and GP's. This was to promote people's well-being and deliver effective care and support.

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.

- Staff knew how the MCA applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives.
- Where appropriate MCA assessments had been completed and best interest decisions were in place.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Relatives spoke highly of the care their family members received. One relative told us, "The way [the registered manager] goes about her work shows they genuinely care about [family member] they go out of their way." Another relative told us their family member was, "Well looked after".
- A relative told us that their request to have the same carer every day had been listened to and agreed with. This did at times mean there would be the odd occasion that a carer could not visit, however the person was happy with this.

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

Respecting and promoting people's privacy, dignity and independence

- People were respected and included as much as they wanted to be in shaping their care and outcomes. For example, when one person had been unwell their care had been flexible so that their needs were met in a way they preferred.
- For a person whose first language was not English, the staff had learnt some key words and phrases in their first language so that the person could communicate more effectively and share their choices.
- Relatives told us the staff treated their family members with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests.
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. Staff were also able to tell us how they tried to maintain people's dignity when assisting them with personal care.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were developed with the person and/or their relatives. They gave a record of what personal care they needed assistance with. The care plans would benefit from being more detailed so that any new staff are aware of people's preferences.
- Relatives told us staff supported people in a way that met their individual needs and preferences. Relatives were very positive with how people's needs were being met.
- Staff told us how people they supported were given choices about how they would like to spend their time.

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.

- Discussion with staff and relatives showed that people's communication needs had been considered and staff had guidance on whether people needed support to communicate.

Improving care quality in response to complaints or concerns

- The service had systems in place to deal with any concerns or complaints.
- Relatives were confident they could raise any concerns with the registered manager if they occurred. No complaints had been made to the service.

End of life care and support

- Staff were not currently supporting anyone who was at the end of their life. Staff had received training in end of life care.

# 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 inadequate. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and supporting staff had worked hard to make the required improvements. Action had been taken to ensure that areas for improvement were identified and action taken when necessary. Audit's and surveys were regularly carried out to ensure that a good quality service was being provided.
- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and was committed to providing a good service for people.
- People and relatives appreciated that they had the same members of staff visit them. The registered manager understood that this was important to them.

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 had good knowledge regarding their responsibility to report notifiable incidents or events to the Care Quality Commission and Local Authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were given the opportunity to provide feedback regularly to the registered manager.
- The registered manager explained how they had changed their training provider to ensure that the staff received appropriate training and support to carry out their roles effectively. Staff told us that they felt supported in their roles and raised any issues or concerns with the registered manager.
- One family member explained that the registered manager had been very supportive when their relative had recently been unwell. They stated, "[The registered manager] helped with provisions and organising clinical care, they stepped up even more than usual. They made sure we had food and provisions and helped with oximeter readings and temperature checks."
- Relatives and staff told us that when needed, the registered manager and staff liaised with other services outside of the agency to ensure that people received the support they needed.