

Infinite Intermediate Care Limited

Infinite Intermediate Care Limited

Inspection report

Pinnacle House
Newark Road
Peterborough
Cambridgeshire
PE1 5YD

Tel: 01733857805
Website: www.iicltd.org.uk

Date of inspection visit:
10 March 2021
12 April 2021

Date of publication:
01 June 2021

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Infinite Intermediate Care Limited is a domiciliary care service. 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

Sufficient action had still not been taken in four out of five areas to make the required improvements as identified at the previous inspections. The provider had not always taken the action they said they would regarding safe administration of medicines, safe recruitment, staff training and competencies and governance.

People's medicines were still not always managed safely. Not all staff had completed training in the administration of medicines and completed a competency assessment before they administered medicines on their own. This meant that people were at risk of not receiving their medicines as prescribed.

The provider's recruitment procedure was not always followed so staff were sometimes employed before all required recruitment checks had been completed. Staff employed since the previous inspection had not completed all basic core training before working unsupervised with people. This meant that staff might not have the skills and knowledge necessary to meet people's needs.

There continued to be a lack of oversight to ensure that where improvements were needed, they were made in a timely manner. This meant that not all of the required improvements had been made.

Risk assessments had been completed so that staff knew what action they should take to reduce risks to people.

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.

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

Rating at last inspection

The last rating for this service was Inadequate (published 21 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this targeted inspection to check if Regulations 11,12,17,18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Infinite Intermediate Care Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe administration of medicines, following recruitment procedures, ensuring staff have the skills and training and are competent to carry out their roles and ensuring improvements made in a timely manner.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 Inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Infinite Intermediate Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this targeted inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Inspection team

This announced inspection was carried out by two inspectors.

Service and service type

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

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the relatives of two people who used the service about their experience of the care provided. We spoke with four members of staff, including the registered manager (who is also the nominated individual), marketing assistant and two care workers. We reviewed a range of records. This included one person's care and medication records. We looked at three 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 reviewed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. This meant people were not safe and were at risk of avoidable harm

The purpose of this inspection was to check that the required improvements had been made to comply with the regulations. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

At our last two inspections, the provider had to ensure the safe administration of medicines. This was a breach of Regulations 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Although we had taken urgent enforcement action to force improvements after the previous inspection in September 2020 the management of medicines remained unsafe.
- Staff still had not received training and competency assessments before administering medicines to people unsupervised. This meant that people may not receive their medicines as prescribed.
- The auditing of the medicine administration records was not always effective in identifying issues with the records and administration of medicines. For example, handwritten entries to the medicine charts had not included the name of the person making the entry and it had not been countersigned by another member of staff. This meant that potentially anyone with access to the records could add in or change information.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The registered manager was still not always following the provider's recruitment procedure when employing new staff.
- New staff had sometimes been employed before all of their recruitment checks were returned. Gaps in employment were not always identified or explored. Care staff had been employed before their criminal records checked were returned and were working alone. References were not always sought from the applicant's previous care role.

- Staff were not completing their induction, core training and competency assessments as set by the provider before working with people unsupervised.
- This meant that staff not suitable to work with vulnerable people could be employed. Staff may not have the skills and knowledge to care for people in a safe way.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage and mitigate risks to people's health and safety. Improvements had been made.

- Risk assessments were now in place for risks such as bed rails, diabetes and choking.
- This meant that staff had the information they needed to care for people in a safe manner.

Is the service effective?

Our findings

Our findings - Is the service effective? = Inspected but not rated

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 the last inspection this key question was rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had made the required improvements. We will assess all of the key question at the next comprehensive inspection of the service.

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.

- Improvements had been made so that mental capacity assessments and best interest decisions were now in place where needed. The registered manager told us, "Family was always given the opportunity to express their views." This meant that families were involved in decisions when appropriate.
- This meant that people were not being restricted or cared for to keep them safe without the right procedures being followed to ensure this was done in their best interest.

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 the last inspection this key question was rated as Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had made the required improvements. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the previous three inspections the registered manager, who is also the nominated individual, had failed to effectively assess, monitor and improve the quality of the service in a timely manner. In February 2020 we served a warning notice on the provider telling them that they must comply with Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities). They did not comply with the warning notice. In September 2020, we took urgent enforcement action to place conditions on the provider's registration. The conditions restricted the provider from accepting any new people who wanted to start using the service. The provider was also required to implement a system to ensure that people's medicines are managed safely. The required improvements had not all been made.

- Although the areas for improvement had been identified during previous inspections and discussed with the registered manager so that they understood what the issues were, action had still not been taken to make all of the required improvements.
- Care staff were only administering medicines to one person. The weekly medication audits completed by the registered manager still did not identify all of the issues with the administration of medicines. The registered manager had also not ensured that all staff had received training in the administration of medicines and had competency assessments before administering medicines unsupervised. Even though the condition to manage medicines safely was imposed in September 2020, medication administration charts continued to show that the correct procedures were not always followed when administering, recording and auditing medicines.
- Although the registered manager had sought the support of another organisation to help make improvements, the improvements had not been made in a timely manner and some were still not completed. For example, the registered manager sent us their action plan dated 30 November 2020. One action was for staff to have competency assessments by 31 January 2021. The registered manager told us, that they ensured staff were competent to carry out their roles by shadowing, training and competency

assessments, however these had not always been completed for new staff. For the three members of staff who had been employed since the previous inspection; the registered manager was not able to produce a medication competency assessment however they were administering medicines unsupervised.

- The provider's governance systems had failed to identify that the recruitment procedure had not always been followed and action had not been taken to request missing information such as a reference or full employment history.