

Perennial Investment Limited

Infinite Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Infinite Care is a provider of community home care services providing personal care to 24 people aged 65 and over at the time of the inspection. 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

There has not been a registered manager in post since 3 May 2018. There had been a manager in post who had applied to become the registered manager however, they left prior to being registered. The deputy manager was overseeing the management of the service.

People were not always supported to identify their end of life care choices and wishes. Staff had not received end of life training.

There was no evidence that people's preferences and choices regarding protected characteristics had been explored with people in line with The Equalities Act. We have made a recommendation about this.

The provider did not always have effective governance systems in place to monitor the service and drive the necessary improvement. At times, there was a lack of detailed records regarding medicines and recruitment management.

Medicines were not managed effectively. There were no clear, person centred protocols in place for staff to manage "as required" medicines effectively.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had not always ensured safe recruitment practices were taking place. Gaps in candidate's employment history had not been identified or followed up. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to work with people.

The provider had not displayed their ratings in the office or on their website. It is a requirement of Regulation 20A of the Health and Social Care Act 2008 to show the most recent rating on the providers website and at the providers principle place of business.

Staff were supported with regular effective supervision and regular team meetings took place. Staff were knowledgeable about people and their needs.

There were effective systems in place to seek feedback from people, their relatives and staff.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 21 May 2019). Following this inspection, we used our enforcement powers to impose positive conditions on the providers registration. This means they send us a monthly action plan detailing how they are going to progress and improve. At this inspection we found improvements had been made however, the provider remained in breach of one regulation. The service has been in special measures since 21 May 2019. During this inspection the provider demonstrated that improvements have 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 however the positive conditions remain in place.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Infinite Care

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 team consisted of one inspector and one inspection manager.

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 did not have a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a deputy manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity took place on 25 September 2019. We visited the office location on 25 September 2010.

What we did before the inspection

We reviewed any information we had received from 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. 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 all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the director, nominated individual, deputy manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the Duty of Candour Policy and End of Life Policy following the inspection and these were received. We spoke with commissioners of the service.

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. At this inspection this key question has now improved to 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, some improvement had been made, for example; risks had been identified and risk assessments were now in place. This was no longer a breach of regulation 12. However, further improvements were needed to ensure risk assessments were more robust.

- Care plans and risk assessments were clear, and risks had been identified. However, we found where risks had been identified, there was not always guidance to identify actions staff should take in the event of the risk occurring. For example, a person was at risk of falls and the risk assessment was completed however, it did not identify what staff should do if the person fell. This meant the person may be at risk if the staff did not know the procedure to follow. The risk was mitigated because staff members we spoke to knew people well and could describe what they would do in the event of risks occurring.
- We spoke to the deputy manager about this and they told us they would review risk assessments and add in guidance for staff. Following the inspection we received copies of two risk assessments which have been updated.
- People told us they felt safe, one person told us, "I certainly do [feel safe], they look after me," and another person told us, "They have been very good, I am very happy."

Using medicines safely

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question has remained the same and is a continued breach of Regulation 12.

- People received their medicines as prescribed, although improvements were needed with medicine records.
- One person's medicines were prescribed 'as required' (PRN) however, this was not recorded on the medication administration record (MAR). The PRN medicine was prescribed to be taken as one or two tablets up to four times a day staff had not recorded if one or two tablets had been administered on each occasion it was given. This meant it would be difficult for staff to identify if the maximum dose had been administered in a 24-hour period. We spoke to the deputy manager about this and they said the quantity of

tablets taken would be recorded going forward.

- There were no clear person-centred PRN protocols in place to guide staff when people may need PRN medicine. However, people were able to say if they were in pain and there was no evidence to suggest people had not received medicine when required.
- MAR charts were hand typed by the deputy manager however, they had not been checked for accuracy and had not been signed by two staff members as is considered best practice by the National Institute of Clinical Excellence (NICE). This meant if an error had been made when writing the MAR chart this may not have been picked up until the next medicines audit which could put people at risk of receiving the wrong dose or medicine. We did not see any evidence that people had been put at risk in this way.
- We spoke to the deputy manager about this, they told us they would put PRN protocols in place for all PRN medicines and a system to ensure MAR charts are double checked and signed by another member of staff. Following the inspection, the deputy manager told us when clients receive their MAR charts staff are asked to complete a check of the new MAR charts before administering medicines and felt errors would be picked up at this time.
- Care plans contained details of the medicines and dosages that people were currently taking as well as details of the prescribing GP and pharmacy. Most people managed their own medicines or had family members to support them. Where people were prescribed topical creams, these were documented on a MAR chart, along with a body map showing where the cream needed to be applied.
- Care plans were reviewed regularly and updated as necessary. Records showed that audits of the MAR charts had been completed.

Although we did not identify that this had impacted on people the lack of PRN protocols had been raised at the last inspection. The failure to ensure the proper and safe management of medicines was a continued Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to protect people from abuse and improper treatment and had failed to have effective systems and processes in place to prevent abuse of people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulation 2014. At this inspection improvement had been made and this was no longer a breach of regulation 13.

- People were safeguarded from the risk of abuse. The provider had a robust safeguarding policy and procedure in place and these had been followed.
- The deputy manager was aware of their responsibility to report all safeguarding incidents to the local authority and CQC.
- Staff had a good understanding of the safeguarding procedure. One staff member told us, "I would inform my line manager straight away and senior management... They need to find out what it was and investigate, inform adult services and CQC."

Staffing and recruitment

- People were not always protected from the employment of unsuitable staff because safe recruitment practices were not always followed. For example, gaps in the employment history of staff were not always followed up to ensure there was a satisfactory written explanation for this. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to work with people however, all other employment checks had been carried out and documented including Disclosure and Barring Service (DBS) checks for all staff prior to commencing employment. A DBS check enables employers to check the criminal records of current and potential employees to ascertain whether they are

suitable to work with vulnerable adults and children. The deputy manager told us they would review the recruitment process and speak to staff to ensure full employment histories, including gaps in employment were recorded. Following the inspection, the deputy manager confirmed this had now been completed and they had updated their recruitment documentation to ensure this does not occur in future.

- Regular staff covered any shortfalls on the rota as far as possible or occasional agency staff were used.
- Documents demonstrated there were enough staff on duty to ensure people's needs were met.

Preventing and controlling infection

- People were protected from the spread of infection. They told us staff always used gloves and aprons when providing personal care.
- During the inspection we observed several staff members arriving at the office to pick up stocks of gloves and paper towels.
- The nominated individual told us, "We also provide hand gel, face masks and aprons."

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents and an analysis of accidents and incidents had taken place, themes and patterns had been identified and preventative measures put in place.
- Risk assessments and care plans were reviewed following incidents. Records demonstrated audits had been carried out to ensure this was taking place.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At the last inspection the provider failed to provide care and treatment of people without the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, some improvement had been made and this was no longer a breach of regulation 11. However, further improvements were needed to ensure the MCA was fully considered for people.

- Staff were able to talk confidently about the principles of the MCA.
- People's mental capacity had been considered. For example, at the front of the care plans were forms showing that various aspects of the person support plans had been discussed with them and they had agreed to the support being delivered.
- However, where one person lacked capacity there was no formal mental capacity assessment or best interest decision recorded. For example, the person had been identified as needing support with their medication. Their relative had Lasting Power of Attorney (LPA) and had signed an agreement on their behalf. It was clear the person had been involved in the decision, however there was no mental capacity assessment or best interest decision documented. We spoke to the deputy manager about this, they told us the care package had been handed to them with the medication arrangements already in place and that the GP had been involved. They agreed they would seek the mental capacity assessment and best interest records from the local authority to place on file.

We recommend the provider researches current best practice guidance to ensure they are following the principles of the MCA and updates their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was no evidence that people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. For example, gender, race and sexual orientation. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.

We recommend the provider seeks current best practice guidance on the Equalities Act and updates their practice accordingly.

- The deputy manager undertook an initial assessment involving the person and any other relevant people before they accessed the service. This ensured they could meet the person's needs.
- People's care plans and risk assessments were developed using this information. People and their relatives were involved in developing their care plan.
- Care plans were in place and in the main addressed the whole person, including their physical, mental, and emotional health, while considering social factors.

Staff support: induction, training, skills and experience

- People told us staff were well trained, one person told us, "The majority are well trained." A relative told us, "I think staff are well trained, I have not had any complaints about them." Documents demonstrated that staff had attended a variety of training and were regularly booked onto refresher training.
- Supervision meetings for staff were regular and covered a variety of topics including, people and their needs, training and current legislation. There was also an opportunity for staff to provide feedback about any aspect of the service.
- Where staff raised concerns in their supervision a response from their line manager was documented.
- Staff were positive about supervision and the support they received from the management team. One staff member told us, "Supervisions are approximately every three months. I could have one [in between] if I felt I needed more information." Another staff member told us the deputy manager is very supportive, and said, "We have got a brilliant team, we all work together really well, there is good communication, I can go to any carer to ask questions."
- However, we found no arrangements were in place to offer support and supervision to the deputy manager who had been managing the service due to there being no registered manager in place. We spoke to the nominated individual about this who said they will look at supervision options for the deputy manager and put this in place.

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

- Where people needed support with their nutrition and hydration needs, this was provided. Staff supported people with basic preparation of food and checked people were having enough nutrition and fluids. One staff member told us, "They choose their food and we support them to prepare it... We do guide them to have a meal."
- One person told us, "They support me with food all the time, they give me what I ask for."

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

At the last inspection the provider failed to assess, monitor and mitigate risks relating to the health and safety of service users. For example; Support to access healthcare professionals was not always organised, staff had not always called for medical advice in a timely manner and this led to people experiencing prolonged pain, daily care records had not been reviewed by the manager and staff had not shared information of concern which had resulted in delayed treatment for people. Care plans lacked person-centred detail and guidance for staff. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection improvement had been made and this was no longer a breach of regulation 17.

- Staff worked well with healthcare professionals to ensure people had access to health services and had their health needs met.
- Records confirmed regular access to GP's, district nurses, continence teams and other professionals. People told us staff supported them to telephone the GP and other healthcare professionals as needed.
- Where healthcare professionals provided guidance to staff, this was followed.
- Staff used hand held devices to access electronic care plans and were able to access handover information as it was updated. One staff member told us, "The system is updated in real time, all staff have access to it."
- Documents demonstrated issues had been identified and addressed. For example, one person's intervention sheet showed they had called the paramedics as they had not been feeling well. The paramedics had left a note in the file asking for the person to be referred to their own GP. This had been picked up on the next visit and the person had been supported to make an appointment.
- Care plans contained enough information to guide staff how to support people with their health needs.

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 the last inspection this key question was rated as requires improvement, this was because we identified concerns with risk assessment, governance and medicines management. At this inspection this key question has now improved 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

- Since the last inspection the management of risk had improved, risks were now identified, and risk assessments were in place.
- Governance had improved. Audits were in place to provide the deputy manager and nominated individual with oversight of the service and to make improvements where this had been identified.
- The administration of medicines had improved, and audits were now in place to monitor medicine administration which meant people were treated well and supported according to their needs. However, further improvement was required. This has been discussed in the safe domain of this report.
- Everyone we spoke with was positive about the caring nature of the staff. One person told us, "They are really caring, they look after me properly." Feedback surveys we saw showed people's comments had been consistently positive.
- Staff treated people with respect. One member of staff told us, "We treat all people the same, I have no prejudice. If they need different food because of their religion I do it."
- Staff spoke fondly about people. For example, one staff member told us, "The best thing about my job is the clients, in their own individual way they are so lovely."

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

- Since the last inspection the deputy manager consistently involved all people and their relatives in their care reviews.
- People consistently told us they were consulted about their care, and documents demonstrated this. One person told us, "They come and have meetings with me, [deputy manager] is looking into [equipment] for me."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with respect. One relative told us, "It is a good service, management are easy to talk to, they treat [person] with total respect. I have no concerns."
- Staff told us how they protected people's privacy and dignity, one staff member told us, "When supporting people with personal care I always ask the client if it is ok. I get their consent. I make sure the towel is there and the door is closed. I respect how they like things."
- Staff told us how they promoted independence, one staff member said, "I always give them choices, I ask if they want to have a look and choose their own clothes. We have a client who is mobile, we will wash up

and dry up together."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At the last inspection the provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, improvement had been made and this was no longer a breach of regulation 17.

- People's likes, dislikes and preferences were documented in their care plans which contained personalised information.
- Care plans were written in a personalised way which encouraged staff to involve the person and support them as they wished.
- Care plans were reviewed and updated when people's needs changed.
- Staff could talk confidently about what person-centred care meant. One staff member told us, "It's about the person and what their needs are and what we can do for them, not what is easiest but what the person wants. If they want something, they get it,"
- Staff had enough time to provide person-centred care. One staff member told us, "Normally there is enough time for each person [to have person-centred care]. I will have a chat with them if I have completed everything I needed to do."

Improving care quality in response to complaints or concerns

At the last inspection the provider failed to establish and operate effectively an accessible system for identifying receiving, recording, handling and responding to complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activity) 2014. At this inspection improvement had been made and this was no longer a breach of regulation 16.

- There was an accessible complaints procedure in place. This was made available to people when they started receiving support from the service.
- Although the provider had not received any complaints since the last inspection there was a clear procedure in place. The deputy manager had set up a complaints file which included the complaints policy and procedure for dealing with complaints.
- The deputy manager and staff described how these complaints would be resolved for people.
- People and their relatives told us they had not had cause to complain however, they felt any complaints made would be listened to and resolved. One relative told us, "Honestly, we have no complaints at all."

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider had a policy, based on national guidance, in place to provide support to staff about the actions to be considered when a person was approaching the end of their life however, people did not have end of life information in their files. We spoke to the deputy manager about this and they told us they would review this with each person, so people could make choices about their end of life while they were able to.
- Staff had not completed end of life training during their time with Infinite Care although some staff had come into their role with previous end of life training. This meant not all staff had the necessary information required to support people to have a dignified death. The provider told us if they were supporting someone with end of life care they would access training at that time and put end of life care plans in place.

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.

- Staff understood people's communication needs and used this knowledge to support people to make decisions in their day to day life. This helped to demonstrate how the provider was meeting the requirements of the AIS.
- People were provided with information in a way they could understand. For example, some people who had a visual impairment were provided with care plans in large print, another person used a communication system with pictures.

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. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider failed to maintain accurate and fit for purpose care records. These included missing or incomplete, care plans and risk assessments that were not detailed. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvement had been made and this was no longer a breach of regulation 17. However, further improvements were needed to ensure detailed records were maintained.

- It is a condition of registration to have a registered manager in post. Infinite Care has not had a registered manager in post since 3 May 2018. This meant that the provider has been in breach of their registration for 16 months at the time of the inspection. There had been an application from a person to become the registered manager however this was withdrawn before they were registered. At the time of the inspection the provider was actively seeking a registered manager.
- The provider had put systems in place to monitor and assess the quality of the service and to drive improvements, however; some of the quality assurance audits did not always detail what was being checked. We spoke to the deputy manager about this, they told us they would review their audits and add detail about what was being checked.
- The provider had not identified all the areas of concern that were found during the inspection. This included risk management, the application of the MCA and maintaining accurate records in relation to medicines management and recruitment. We have reported on this in more detail in the Safe and Effective and domains of the report. We did not identify any impact on people who used the service.
- The provider had an action plan in place which demonstrated improvements they had made and what improvements they planned to make in the future.

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

- It is a requirement for the provider to display their inspection ratings on the providers website and at the office where the regulated activity is provided from. Infinite care was not displaying their ratings on their website nor at the office. However, the nominated individual displayed their ratings in the office on the day of the inspection and planned for ratings to be displayed on their website. Following the inspection, we saw the ratings are now appropriately displayed.

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive.
- Staff were encouraged to contribute to the development of the service through meetings and supervision. Staff told us they felt valued and listened to. One staff member told us, "The [Deputy manager] is very supportive, she has been amazing actually she will help you deal with a problem or to go to the right agencies. She works really hard, she has been amazing she has put her all into it."
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported. People, relatives and staff told us they were treated fairly and individually respected.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, and documents confirmed this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they received personalised care and were happy to be supported by Infinite Care. Comments included; "They treat me with respect," "They did the times that suited me as well, it was very good," and, "I can get help when I need it."
- Staff felt respected, valued and supported and told us they were fairly treated. One member of staff said of the management team, "They are very, very good, 100 percent behind us and approachable, it's absolutely fantastic to have management like this." Another staff member told us, "You can relate to the management, if you have a problem they are there to help you. I don't have any problems at all they are really good." Staff consistently told us the service aimed to provide good quality, person centred care to people.