Infinity Care Limited

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Inspection report

Unit 24, Focus 303 Business Centre
Focus Way
Andover
Hampshire
SP10 5NY

Tel: 01264363090

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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

The inspection took place on 13 August 2018 and was announced.

The last inspection of Infinity Care Limited took place on 18 and 20 August 2015 and rated the service as good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, people who have sensory impairments, and people living with dementia and other physical and mental health conditions. At the time of our inspection the agency was providing care and support to 37 people in Andover and surrounding area including live-in carers across the country.

Not everyone using Infinity Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care' help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's medicines were safely managed, staff were trained and their competency assessed before being able to administer medicines.

People were protected from harm by thorough risk assessments of their environment, care to be delivered and specific health conditions.

Before using equipment in people's homes, the provider checked to ensure it was safe to use and had been serviced.

Staff received training and regular updates to ensure they could recognise signs and symptom of possible abuse in the people they cared for.

The provider ensured that staff had sufficient appropriated Personal Protective Equipment (PPE) to minimise the risk of cross-infection.

People's nutritional needs were met, the provider linked with healthcare professionals if they had concerns and staff were trained to safely prepare meals.

Staff were respectful and caring and maintained people's privacy and dignity at all times.

The management structure was clear and we received positive feedback about both care staff and the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained safe.

Staff had received training to identify abuse and knew who to inform if concerned.

Peoples medicines were safely managed.

The provider completed thorough risk assessments prior to care packages starting.

Is the service effective?

Good

The service remained effective.

Comprehensive assessments were completed when care packages commenced.

Staff participated in regular supervision and the provider checked staff were competent using a process of spot checks.

Staff received regular training updates to ensure they worked to current best practice guidelines.

Is the service caring?

Good

The service remained caring.

Staff ensured that people's privacy and dignity were maintained when delivering care.

The provider arranged social events for people to minimise social isolation.

Each person had a small team of regular carers to ensure continuity of care.

Is the service responsive?

Good

The service remained responsive

People were encouraged to contribute to their care plans so care

could be delivered as they wanted.

The provider was proud of the standard of care they provide to people at the end of their lives.

People received a copy of the complaints procedure in a welcome pack. There were no recent complaints.

Is the service well-led?

Good

The service remained well-led.

There was a clear management structure and the provider kept up to date with developments in care through membership with local and national care associations.

The provider's values were embedded in the practice of care staff.

The provider sought regular feedback from people and relatives so they could continually improve their service.

Infinity Care Limited

Detailed findings

Background to this inspection

We carried out this 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 August 2018 and was announced to ensure there would be someone available in the office to meet with us.

The inspection team consisted of one adult social care inspector.

Before inspecting Infinity Care Limited, we reviewed all information we held about the service. We looked at previous inspection reports, feedback from health and social care professionals and notifications. A notification tells us information about important events in the service that the registered manager is required to inform us about.

The provider completed a Provider Information Return (PIR). This is information supplied to us by the service annually which provides key information about what they do well and any forthcoming improvements. The PIR was completed in October 2017.

We spoke to three people that used the service, three relatives, three care staff, the registered manager and administrative assistant. We looked at eight care records for people using the service and six staff record files.

We checked other information including risk assessments, policies, procedures and training records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe receiving care from Infinity Care staff. Relatives told us they could relax knowing that carers would be visiting their family members.

The provider had a safeguarding policy and procedure, copies of which were provided to staff in their handbooks. Staff were trained to recognise the signs and symptoms of abuse and were familiar with different types of abuse. They told us if they had concerns about a person they were caring for they would not hesitate to contact the management team to report them. Staff were aware they should carefully document concerns and that alerts would be made to the local authority. Staff received annual training updates to ensure their knowledge of safeguarding remained current.

The provider had developed an open culture within the service and staff told us they would be confident that if they approached the registered manager or other senior staff with concerns about people that it would be acted on. Staff also told us if they had concerns about the competence or behaviour of a colleague they would also alert the registered manager.

Staff were aware of the procedures they should follow if an accident occurred during their care visit to someone. They would ensure the person was safe before contacting emergency support as needed and informing the provider. They were aware that accidents should be recorded and reported. The registered manager told us that learning was taken and shared from incidents. Care plans could be updated and staff alerted to possible risks.

People's safety was protected through a robust risk assessment procedure. Risks to people's personal safety, care provision, and from their home environment were assessed and plans put in place to reduce identified risks. Other areas of risk assessed included mobility, falls, medicines and skin integrity.

The provider had also considered risks to staff when providing care in people's own homes. Detailed risks concerning the environment were completed and hazards identified were removed or practice developed to minimise risks. Equipment in people's homes was also checked and servicing dates were noted and retained in people's care records. General details were also sought such as the location of the stopcock and mains switches for gas and electricity. Considerations were given if people had cluttered properties, frayed carpets and poor access. A plan was also in place for each home in the event of fire, the evacuation route and where staff would take people to be safe.

The provider considered staff members lone working and had arranged a call system to inform the on-call manager they were safe after their calls. If staff did not telephone the manager to advise they had completed their calls, the provider would telephone them to check their well-being.

Continual assessment of people's needs took place to ensure that care plans were current. Staff alerted the management team of any changes noted and reviews took place. If additional equipment was required, the provider ensured the person's GP, occupational therapist or other health and social care professional were

aware and that equipment was sourced for them in a timely way.

People and their relatives told us that staff were not rushed when providing care and did not leave before their allocated time had been completed. One relative told us, "[the carers] are nice to mum. They make sure they have a few minutes to chat and are not desperate to get away". They told us that if there was time, care staff would do some laundry, make drinks or tidy the home. This was particularly welcome when there was a family carer as it took some of the pressure from them.

We looked at six staff files to review recruitment documents. The provider had ensured that application forms were completed, references sought and Disclosure and Barring Service (DBS) checks were completed before staff commenced in post. The DBS check highlights potential issues around criminal convictions and shows if someone is barred from working with vulnerable people. This ensures that people employed at the service are suitable to work there.

People were protected from harm through the safe management of medicines. Staff completed annual training and were subject to competence checks by senior staff from the provider. People were assessed as to their ability to self-medicate, support from relatives and whether they would require prompts or full support with medicines. These assessments were reviewed at intervals to ensure people were still able to manage with the support provided. Clear medicine care plans were in place for people that needed support. We saw body maps to advise staff where topical medicines should be applied along with written instructions and medicines lists were retained in care records.

Infection control risks were reduced by the provider. All staff had received training in infection prevention and control and attended an annual update to refresh their skills and knowledge. Care staff were provided with white and blue aprons, gloves, anti-bacterial hand gel, shoe covers and face masks. Clear instructions in care plans showed that staff would clean areas used for care when tasks had been completed. In the event there was a suspected infection, staff were reminded of additional actions to minimise it's spread such double gloving. The registered manager told us they would alert GPs if they believed there was an outbreak of an infection affecting people they provided care for and would review people's schedules to minimise the risks to people.

Staff completed food and hygiene training annually to ensure they could safely prepare meals for people and ensure that food preparation and storage areas were properly maintained. The registered manager informed us that all staff were provided with a food probe to check service temperatures of meals prepared to ensure they were sufficiently hot.

Good

Is the service effective?

Our findings

Comprehensive assessments of people's needs were completed before care commenced. Senior staff attended people's homes and assessed the person's needs, abilities and the environment to ensure that care could be delivered safely. A relative was impressed at the range of questions the agency asked before setting up a care visit. The provider had asked about pets, external lighting and had checked appliances as well as asking relevant questions about the persons care needs and wishes. Care plans were compiled using information from assessments and both the assessment and care plans were continually reviewed. The registered manager told us they included information from all involved in the person's life including health and social care professionals and relative. One relative told us, "I wrote my father's care plan, I know what he needs and how he wants it to be done." The provider had used the information supplied in their own plan to support the person.

Care plans included a daily routine for people to ensure they had consistent care and support from people. We looked at care plans for people receiving care and found them to be clear and informative and sufficient for a new staff member to use when supporting a person for the first time.

Staff received training and updates to ensure they worked according to current good practice guidance. On commencing their employment with Infinity Care they attended induction training sessions and completed mandatory training including moving and handling, infection control, food hygiene and safeguarding training. Courses the service had defined as mandatory were updated annually and others every two to three years. Training was provided through a mix of in-house and externally supplied face to face sessions. Staff were encouraged to access diploma qualification training and between training updates if staff or senior staff felt an update would be beneficial then it was arranged.

Staff participated in regular one-to-one supervision sessions with the registered manager or deputy manager. These happened twice per year and more frequently if required. In between supervisions on at least a monthly basis, all care staff were assessed by the senior support worker when working in people's homes. These 'spot checks' continually assessed different aspects of care delivery and focussed on staff arrival, care giving and their leaving and follow up from care visits. If concerns were noted during these observed sessions, they were raised with the management team and a one-to-one supervision arranged to discuss and define training needs to address concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us they would, unless advised otherwise, assume that people had the capacity to make their own decisions. The service's care plans gave a good indication of what choices a person may be able to make and who should be contacted for bigger, more significant decisions. Staff told us they would support

someone to choose what to have for a meal but they would contact the management team if there was a decision about health for example and they would ensure the relevant people were contacted to support with a best interest decision.

People had signed to record they consented to the care and support staff provided. Staff completed MCA assessments and best interest decisions when necessary. The provider was aware if people had nominated others to make decisions on their behalf. Records were held detailing who held lasting powers of attorney for people receiving care. A Lasting Power of Attorney (LPA) is a legal document where someone (while they still have mental capacity) nominates a trusted friend or relative to look after their affairs if they lost capacity.

If people were unwell, staff supported them in seeking medical attention by phoning for support or taking them to appointments. Staff undertook basic health monitoring and if they became concerned about a person they would, with consent alert family members or medical professionals as appropriate. Staff regularly weighed people and the registered manager told us they would again alert family or medical professionals as needed to ensure that people stayed healthy and received the support they needed.

Staff were trained in diet and nutrition, and food and hygiene and all carried a food temperature probe. This ensured that people's meals were prepared to a safe standard and staff could make healthy and appropriate suggestions of foods people might like to eat if they were struggling. One person had been reluctant to eat breakfasts. Staff learned that the person would eat with them so made breakfast for the person and themselves and sat with them to eat. The person had begun to eat more as a result and the provider, recognising this was an important part of the person's care, provided a loaf of bread so staff could have toast with them each day.

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring. One person said, "I feel very cared for, they [staff] are very kind, attentive and chatty." A relative told us, "They [staff] are nice to mum and always have a few minutes to chat and they are not desperate to get away. They seem to be nice people who come, they are nice to dad which is extremely important." Another relative said, "The carers are polite, we have [staff name] mostly and they have a good relationship with [person's name]. I hear lots of laughter when care is happening".

People had a 'personal profile' on their care file holding details of their life before they had the care package. The provider told us it was important for staff to know who they were caring for. The personal profile contained the names of people important to the cared for person, their preferred routines, important dates such as friends and family birthdays, likes and dislikes and religious preferences.

Staff and relatives told us they would ensure that people were able to have privacy during care. They would support people to the toilet and ensure they were safe before leaving them. They would knock on doors before entering, staff would talk to people as they delivered care ensuring people were comfortable with what was happening and relatives told us they had not heard staff talking about other people while providing care in their home.

The registered manager insisted that staff ensured they delivered care for the time they were required to do so. For example, where people had a 30-minute care call then they would have the full 30 minutes unless they told staff to leave earlier. People told us that staff were chatty and would sit with them and talk, they would put laundry in the machine, clear the kitchen or even mop the floors if time allowed and the persons care was completed.

People and their relatives told us they were happy that the provider sent regular carers so they usually knew who would be attending each day. A consistent team of three or four staff attended to each person's needs so when one of the carer staff was on holiday or unwell, there would be another familiar face to replace them. This also enabled people to build up a relationship with their carers and maybe feel more relaxed in the caring situation.

Staff were familiar with people's communication needs. A care plan informed them of people's sensory impairments and aids they used to support with this. If someone was best spoken to loudly on their left side, staff would have been made aware of this. The care plan also covered whether people had dentures as this can impede people's communication if they are not worn.

The provider had an equality and diversity policy that was supplied to staff in their employee handbook. Currently all care staff were female and though there was ongoing recruitment, no suitable male carers had been recruited. One person told us, 'I hope that one day they will get a male carer again". The person had been supported by a male carer to shower however, did not feel comfortable being supported by female staff so had changed their care requirements until a suitable staff member was recruited.

The provider went over and above their paid for care duties and held events and supported people to attend. They had hosted fish and chip lunches, afternoon teas and Christmas lunches in the training room at their offices. They decorated the rooms according to the occasion and used these events to help people to reduce social isolation. At Christmas, one person had enjoyed the meal so much they said they would like it again the next day, the agency made sure this happened.

The provider supported people to take part in special events if they had specific ambitions. One person had wanted to ride in a sports car their whole life. The agency had supported them to do this and told us that the person had enjoyed the day and if they could have done anything better it would have been to go even faster in the car.

The provider had supported one person in caring for their pets when they had to be admitted to hospital. There were no relatives or friends that could care for the person's parrot and the provider had, at no cost to the person, attended the home daily to feed the bird and had eventually managed to find a foster carer for the parrot. This was reported in a local newspaper due to the staff going over and above what was required again.

The registered manager was also caring and supportive to their staff team. In addition to the required supervision and day to day support, they arranged movie nights and other social events for staff to attend. This developed team spirit amongst staff members as domiciliary care staff can become isolated as they frequently work alone.

The registered manager held staff meetings however, recognised that due to the part-time nature of many of her team and their work schedules, having full team meetings was not always possible. All meetings were recorded and sent out to staff in the form of memos covering the main points. The provider had also recently introduced communication note slips. They had recognised that staff would attend the office and want to share learning about people and this could potentially be missed if not recorded immediately in care files. The slips were completed by staff who would still hand over information verbally but accompanied by the slip. This had improved care as all learning was transferred to care files and shared more effectively.

Good

Is the service responsive?

Our findings

The care staff were responsive to people's needs and to their relatives. One relative told us, "[Registered manager] have very high standards and pride themselves on running an above average service. If there is a problem it will be sorted".

People's care routines were recorded in their care plans and staff had full access to these. Details such as wanting doors open or closed, how they liked to have their beds made and when they liked to eat, get up and go to bed were known and staff ensured they supported people in the manner they had requested.

One relative told us they had supplied a care plan to the provider when they were setting up the persons package of care. We saw this care plan alongside the provider's care plan and it was clear that the persons needs were being met as they preferred.

The provider did not hold meetings for relatives. However, all the people and family members we spoke with told us they would telephone if they had any concerns or questions and were satisfied with the response from the office based staff.

The provider told us they would contact people's GPs if they needed support with any health-related concerns and had worked alongside mental health nurses, district nurses and other medical professionals to find the best solutions to care concerns. Staff were also encouraged to offer ideas as to how best to support people. The registered manager recognised that care staff saw people most frequently and may have insight into how best to support them.

People's care plans were regularly updated and reviewed. The senior support worker visited people both to reassess them and to complete spot checks of care delivery. New learning was immediately added to care plans and cascaded to staff members. There was a communication book in each person's home as well as their care diaries.

More formal reviews happened every six months or as necessary. The review consisted of staff checking to ensure the care plan accurately reflected care delivered and the person confirming they were happy with the plan or adjusting it as per their wishes. Times attended and duration of call were reviewed and people were asked if they felt they were cared for in a dignified way, if they had ever felt uncomfortable with the care provided and if they felt safe. In addition, people were asked if they were ever concerned that staff spoke about other clients or engaged in gossip with them or other carers and overall satisfaction was checked. The reviews were thorough and in the care records we looked at had not noted any areas for concern.

People received a welcome pack when their care package commenced. Included in the pack was a copy of the provider's complaints procedure and information about who to contact if their complaint was not dealt with in a satisfactory way. The registered manager told us how they would deal with complaints as we were unable to see any records as there had been none.

The provider had worked alongside district nurses in providing end of life care to people who wished to remain in their home. The registered manager believed that the service excelled at providing this type of care. Once a person was receiving palliative care, the provider would respond to changes in their condition without notice. For example, as people's mobility deteriorated it often required a second member of staff to assist, additional visits or a live-in carer could be provided. Specifics of care plans would also be adjusted as the person deteriorated. If they had significant pain when they moved, the plan would reflect this and care would be provided with minimum movements such as providing bed baths rather than hoisting to a shower for example. Each person's care file showed if they had a 'Do not attempt cardio pulmonary resuscitation' (DNACPR) in place.

Following the death of a person, the provider remained in contact with relatives and attended funerals if the family wished them to. Recently one family asked that 'an army of carers' attended the persons funeral as they had played such an important part in that person's life. The provider ensured that nine care staff attended and the family were very pleased.

The service received many compliments from people and their relatives. One read, "Thank you for your help in recent months. All your carers were kind, efficient and a pleasure to meet. …. [Person] did appreciate their smiling faces and I would recommend Infinity Care". Another relative complimented the service after they had supported their person with end of life care, "It was wonderful the way in which all your staff treated them with kindness, care, sometimes humour, ensuring they spent their final days at home with dignity and respect".

Good

Is the service well-led?

Our findings

We received positive feedback about senior staff members. The registered manager was supported by an assistant manager who was recently promoted from the senior field care supervisor role, and a part-time senior carer. The registered manager had supported the assistant manager to complete a level five diploma to aide in their development.

One relative told us, "The management is fantastic. I praised the assistant manager (senior field care supervisor) to the registered manager as they genuinely care. They have the efficiency they need to do their job but always show they care as well". Another relative told us, "The agency management is extremely important and they are very good".

There was a registered manager in post. A registered manager has registered with the Care Quality Commission to manage the service. Like 'registered providers' they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The register manager was aware of their responsibilities and had displayed their rating in the company office and on their website. They also completed notifications on behalf of the service as needed.

The registered manager had extensive experience in caring and had set up Infinity Care so they could provide a service they were proud of and which offered quality support to people. The provider's website states, "Everything we do is about putting people first - whether that be delivering exceptional care and support for our service users, or providing growth and development opportunities for our team members". The service also strived to "Put the care back into caring". These values were evident in our conversations with staff and both people using the service and their relatives reported that staff members were very caring.

The registered manager had completed the provider information return (PIR). This tells us the provider's progress and commitments to improvements over the last 12 months and for the next 12 months. Over the next year the agency will be continuing to invest in training of staff and are supporting one member of staff to achieve a level 5 diploma in health and social care to ensure consistency of a suitably qualified person in the registered managers absence.

The provider was a member of a local domiciliary care group and a national group, both of which supported its members to stay current in social care. The provider also worked closely with local teams such as care managers and healthcare professionals who also guided them, to the latest developments in good practice.

The provider offered a rewards and incentive scheme to staff members and at times awarded staff with gift vouchers for exceptional practice. We spoke to staff members who told us they believed that morale was good and they felt valued working for the agency. One staff member told us, "They are very supportive, a lovely firm to work for". Another staff member who had worked for other similar services said, "They [office staff] are brilliant, so supportive, even outside of work. They always text you to ask how you are when you are off, I've never known a company like it."

The provider had systems in place to check the quality of care delivered. Spot checks by the senior carers looked at care delivered at different times during visits. There were also checks on MAR sheets and care notes when in people's homes. Any areas that need improvement identified during spot checks were dealt with at the time and discussed in staff supervisions or team meetings.

People and their relatives were asked for feedback about the service each year. Opinions about the standard of care, staff and interactions with the provider were sought and if any concerns noted these were addressed by the provider.