

Infinity Home Care Ltd

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Inspection report

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Tel: 01562720955

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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

This inspection took place on 5 July 2017 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Infinity Home Care provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection 11 people received personal care in their own homes.

There was a registered manager in place at the time of our inspection. A registered manager is a person who 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.

People felt safe with the staff who supported them with their care. Staff had a good understanding on how they were to protect people from the risk of potential harm. Staff recognised the signs of abuse and knew how to report this to the registered manager. There were risk assessments in place to reduce the risk to people, and staff understood the importance of these and took actions without taking away people's right to make decisions about their care. Staff supported people at times that suited the person. Staff told us that as a small service they were able to deliver safe care and support to people who they knew well. People were supported with their medicines in a safe way.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and regular contact. We found people were supported to eat a healthy diet which was individual to them. Staff were aware of other external healthcare professionals that supported people and how their input related to the support the person received from the agency.

People's views and the decisions they had made about their care were listened to and staff acted upon these. People felt the staff team treated them in a kind and friendly way which was done respectfully.

The registered manager had provided people with information about how they could raise a complaint should they need to. People we spoke with had no concerns about the care and support received. The registered manager had not received any complaints at the time of our inspection. The registered manager told us that they had regular contact with people, which they felt reduced the likelihood of people needing to complain about the service provision as they were able to address any queries at the time.

People and staff felt involved in the way the service provision was run. People and staff we spoke with found the registered manager was approachable and responsive to their ideas. The checks the registered manager had in place focused upon the experiences of people to help them develop the quality of their care provided. The registered manager was looking to develop their methods for testing their quality of care as the service grew.

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 was safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported with maintaining a healthy diet and were supported with on-going healthcare support.

Is the service caring?

Good ●

The service was caring.

People were involved in their care and made decisions about how they were supported. People were supported by staff who were kind and caring towards them and their family members. People's privacy and dignity were maintained throughout.

Is the service responsive?

Good ●

The service was responsive.

People received care that was in-line with their individual preferences and needs. People and their relatives had information available to them should they need to raise a complaint.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Staff were supported by clear and visible leadership so people received quality care to a good standard.

Infinity Home Care Ltd

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 5 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed the questionnaire feedback that the CQC had sent to people who used the service prior to our inspection. We spoke also spoke with the local authority about information that may be relevant prior to our inspection of the service.

We spoke with two people who used the service and two relatives of family members who used the service. We also spoke with two care staff, the administrator, the care manager and the registered manager. We looked at aspects of two people's care records and medication records. We also looked at the complaints procedure and compliments, one staff recruitment record and checks of records completed by management.

Is the service safe?

Our findings

Both people we spoke with said they felt safe because the staff who supported them knew their needs well. One person told us, "They come at night to check I'm okay", while a further person said, "I trust them completely". Relatives we spoke with felt confident their family members were being supported in the safest way. One relative said, "They have [the person's name] best interest at heart, they look out for [them] and spot things I wouldn't have". A further relative told us, "They have suggested things that we need to put in place to keep [person's name] safe, like getting a key safe, so staff can access the home, and making sure the carpets are not loose so [the person name] doesn't trip".

Staff we spoke with showed a good understanding of different types of abuse and how they could protect people they supported from harm. One staff member explained how they were concerned for a person's safety and raised this with the registered manager. They told us, "[The registered manager's name] acted quickly; straight away she raised it with the local authority, so they were aware and took action".

People were assessed individually by senior staff to understand what the potential risks were that may place the person or the staff at harm. One relative told us how at the initial assessment for their family members care, discussed how to reduce the risk of falls for the person. The relative told us that they took on board what they said and made the changes to the environment to make it safer for the person. They told us that this was reviewed regularly by the staff to ensure the person remained as safe as possible.

People and relatives told us that because it was a small staff team they had staff who they knew well and at times that suited them person. Relatives told us that when a new member of staff started working for the provider they worked alongside a senior staff member before they worked alone. We spoke with a newer staff member who told us they did not work alone with people until they and the registered manager were confident at supporting people alone. All people we spoke told us that staff arrived at a time that suited them and stayed for the agreed length of time.

The registered manager was involved in the care for the people who they supported and understood the staffing levels required to support people safely. The registered manager told us they and the care manager provided the care first, so they understood the person's needs, get to know the person and their family. They said that after this a staff member was recruited to fill the position and support the person. We found that the staff team communicated with each other on a daily basis so the registered manager had good assurances that they had sufficient staff to meet people's needs.

We looked at one member of staff's recruitment record and saw checks were completed by the registered manager to ensure they were suitable to deliver care and support before they started work. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The registered manager had made reference checks with the staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The registered manager used this information to ensure that suitable staff were employed, so people using the service were not placed at risk through recruitment

practices.

People and relatives we spoke with told us the staff were competent at managing their medicines and were happy that they got their medicines at the required time. Staff we spoke with told us they had received medication training and their practices were checked before they begun working alone and on a regular basis to support their continued competency in supporting people with their medicines. Staff had a good understanding about the medication they gave people and the possible side effects.

Medication chart audits were completed monthly; the monthly checks looked at areas such as missed signatures. The registered manager told us that they also provided care to the people they supported so were able to check they had been receiving their medications in the right way.

Is the service effective?

Our findings

People we spoke with felt the staff knew how to look after them in the right way. One person said, "Truthfully, they are skilled. I'm delighted with them". While a further person said, "They [staff] are very good". We spoke with a relative who told us, "They [staff] are excellent. They are very much focused around [the person's name] needs". They continued to say how staff took the right action when the person had become unwell.

Staff told us they had received training that was appropriate for the people they cared for, such as safeguarding and understanding the mental capacity act. One staff member we spoke with told us the training was tailored to the people they supported and gained their knowledge by working alongside more experienced staff. They told us that the registered manager supported them to develop their knowledge and were gaining qualifications to further their career. They told us they were supported to attend further training in areas which interested them and the registered manager was looking for courses for them to attend to achieve this. Staff told us and we saw from people's care records, that information was detailed in how the staff were to support the person in the right way.

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 we spoke with told us staff had discussed with them how they wished the care to be delivered. They told us staff sought their agreement before carrying out any tasks. Staff we spoke with understood their role and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. One staff member said, "Right from the beginning, the [registered] manager was very clear. It is what they [the person] want and not what I think they want". A further staff member told us that they assumed that people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should the person refuse, they would respect their choice.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection. The registered manager had not identified any person's as being restricted of their freedom. They were aware of this legislation and were happy to seek advice if they needed to.

The support people needed for eating and drinking varied, all staff we spoke with told us that the people they supported were not at risk of not eating or drinking to maintain their health. We saw from people's care records that some people were supported with meal preparation and cooking. A relative told us that they bought the food for the person, the staff would report back to them if the person had enjoyed the meals or not. They told us that this had meant they were able to continue buying meals they knew the person liked.

People told us that staff always checked with them to make sure they had enough to drink. With both people we spoke with confirming that staff always left them with a drink if they chose to have one.

A relative told us that staff were very good at looking for signs of ill health and said that staff had contacted external healthcare professionals previously when this had been necessary. We spoke with a care staff member who told us they had contacted a person's doctor when they were unwell. They continued to tell us that they stayed with the person until the doctor came so to ensure the person was cared for in the right way and did not leave them alone. A further care staff member told us how they liaised with the district nurse to ensure a person's skin stayed healthy.

Is the service caring?

Our findings

People and relatives we spoke with spoke highly of the staff who worked for Infinity Home Care. One person told us, "Absolutely first class", while a further person said, "Very friendly, [staff member's name] has been lovely to me". Relatives spoke of the staff as being kind and considerate towards their family member. One relative said "[Person's name] has a great fondness of [staff members name] nothing is too much trouble". Another relative told us, "I'm happy, very happy and so is [person's name], they would tell me for sure if they were not happy". We saw the registered manager had received a compliment from a relative which said, "[person's name] is always comfortable. It takes a lot of pressure off [the family member's] when we know we can trust [the person's] carers".

Staff spoke about people with compassion and felt they knew people well because they had time to get to know them. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. Staff told us they were always introduced to people before they supported them with their personal care. They said, "We work alongside the manager, it gives us time to get to know the person and for them to know us".

Staff spoke about people as individuals and told us about how they promoted people's independence. One staff member said, "I always make sure it is centred around their [the person's] needs. It is about what they can do and not what they can't do. We adapt to their environment, not the other way around".

The registered manager told us that all staff had a 15 minute time frame for travel in between calls to people. They told us that while staff covered a small area this provided them with time, so they would not need to feel rushed, which they felt would have a potential impact on the quality of people's care. Staff we spoke with confirmed this time was given, they told us this worked well for people too, as they had time to chat with people and provide the social aspect of care to people to. People told us that staff did not rush them and felt that staff were able to spend the right amount of time with them. A relative said, "Carers spend time with [the person's name] and have a chat".

People and relatives told us that staff supported them to make their own decisions about their care and how their support was to be delivered. For example, one person wanted an extra call to be added into the day. The registered manager told us they had done this for the person as it was what they had wanted. People and relatives told us that staff were flexible and adjusted call times to reflect their needs if this changed, for example, if they had an appointment they needed to get to on time.

People told us they were treated with respect and with dignity. One person said, "They are not nasty to me. They do not rush me. They treat me right". A further person said, "They are all very respectful towards me". Staff provided us with examples of how they promoted people's dignity when providing personal care for people. Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they felt involved in the development and review of their care from the start. They told us that staff had provided the care in the way that they had wanted. Relatives confirmed the registered manager discussed with the person and themselves how they would like their care provided. One relative told us how the registered manager was very good at keeping in touch with them if there were any changes, or if they felt that a change was needed. For example, the relative told us that their family member's lunch time call was changed, to reflect the person's preference of when they chose to eat, they told us this better suited the person and was working well. All people and relatives told us that where there were any changes in care, such as changing the times of calls, or increasing the length of calls this was done in agreement with all involved.

People we spoke with told us staff always respected their decisions about their care and their individual needs were met. One person said, "They [staff] come to see me when it is suitable for me". Staff we spoke with knew about the needs of the people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them the way in which they preferred. Staff were updated by management if people's care needs had changed in anyway. Staff gave examples where the support to the person changed when they became unwell. Staff told us any changes in people's care were always promptly communicated and care plans were updated to support people in receiving consistently responsive care.

The registered manager had a complaints procedure which they had shared with people, relatives and staff should they need to raise a complaint. People and relatives we spoke with confirmed they had this information available to them and while they had not raised any concerns, they felt confident the registered manager would respond to them appropriately. The registered manager had not received any complaints about the service provision. The registered manager told us that because of the close working links with people and their families, it reduced the likeliness of receiving a complaint as they were able to deliver a personalised service.

Is the service well-led?

Our findings

People we spoke with felt enabled to make decisions in how the service supported them. People and relatives, where appropriate, felt included and that the registered manager listened and responded to them. One relative told us that while they did not see much of the carers, they had good communication with the management team and kept in regular contact. A monthly newsletter was sent to people which kept people in touch with what was happening within the service, for example, updates for new staff who were starting.

Staff we spoke with told us that the registered manager and care manager were both very approachable and supportive. One staff member said the management team had, "Been marvellous". They continued to say, "They [staff in management] are good people and they know what they are doing". Both staff we spoke with told us that the registered manager and care manager provided personal care for the people they supported, so knew people's needs very well, they felt this knowledge helped when there maybe changes with people's care. Staff told us they attended staff meetings which they found useful. For example, staff discussed the role of CQC and what standards were expected of a good service, which staff told us had been useful to them.

Staff told us they had good support from the registered manager. One staff member told us how the rota had been changed to provide better working times for staff. They confirmed that this did not affect the time that people received their care, but provided a better work life balance for the staff. Staff told us that while they were supported in their role, they also felt the registered manager had equipped them with the right knowledge to understand the role of external agencies that were available for additional advice.

Infinity Home Care was a small service that supported 11 people with personal care, because of this the registered manager had supported all of the people who used the service before another staff member continued the calls. They told us that this meant they knew the person care needs and how they should be cared for. They told us they carried out spot checks on staff to ensure they turned up at the right time and stayed for the full length of time. After the staff member had left, they would speak with the person to seek their feedback about the member of staff, which had been positive.

The registered manager told us they had recruited staff based on their values and approach to people. They spoke of their staff with pride, and staff we spoke with felt valued in the role that they did. People and relatives told us they received good care from a service provision which had the right values.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us they spoke with care staff regularly to ensure they were aware of any potential concerns, for example, if the staff member would be late to the call so they could inform the person. The registered manager told us they supported people with their personal care where they could ask how things were going with their regular staff member. The registered manager also completed monthly checks on people's care records, to identify any shortfalls in records. A survey had been given to people and their relatives in June 2017 to gain their views about the service provision. To which there had been a good response rate. The outcome of the survey was positive with no actions for management team to address.

