

S.A.I Infinity Care Ltd

SAI Infinity Care

Inspection report

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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 service provides a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults. SAI Infinity Care also provides care and support to people with learning disabilities living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 18 people using the service at the time of our inspection.

We gave the service two working days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection took place on 27 December 2017.

This was our first inspection of the service since it registered with us on 20 October 2016. However, the service was registered with us at a different location previously and we rated the service Good in all five key questions we ask of service during our comprehensive inspections, in March 2015.

There was a registered manager in post 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.

The provider went the extra mile in reducing social isolation for people. The provider set up a weekly social club for people with learning disabilities. The provider put on a Christmas meal for people who would otherwise spend the day alone to come together and celebrate.

People were supported to achieve their dreams. The provider supported a person to gain employment in the company of their choice and supported other people to actively pursue hobbies such as singing and acting. The provider supported a couple to celebrate who recently became engaged at the supported housing scheme.

People were supported to do activities they were interested in. The provider spent much time planning activities based on people's interests and people had individual activity programmes in place. The provider organised regular trips to view popular TV shows being filmed, theatre shows, holidays and so forth to provide them with a wide variety of choice as to how they spent their days.

People were safeguarded from abuse and neglect because the provider trained staff to understand abuse and their responsibility to protect people.

The provider identified, assessed and managed risks relating to people's care well. The provider also managed risks relating to a person's behaviour which challenged the service well.

The provider carried out recruitment checks on staff to ensure they were suitable to support people. There were enough staff deployed to support people safely. The provider managed people's medicines safely and supported some people to manage their medicines themselves to help build their independence.

People received care in line with the Mental Capacity Act 2005 and staff understood their responsibilities in relation to this Act. The provider liaised with the local authority regarding an application to deprive a person of their liberty as part of keeping them safe.

People's needs and preferences were assessed by the provider and people and their relatives were involved in the process.

Staff knew the people they supported well and understood the best ways to interact with and care for them. People were supported to live healthier lives and people received the necessary support in relation to eating and drinking.

The provider supported staff with training, supervision and annual appraisal.

The provider worked well with external organisations in providing joined-up care to people.

Staff were caring and supported people with dignity and respect. Staff understood people's need for privacy. People were supported to maintain relationships with those who were important to them.

People were supported to be as independent as they wanted to be. The provider supported people to set up a committee to run the weekly social club. People campaigned each quarter to take on a new role on the committee and roles were decided through an election process.

People's care plans were accurate and sufficiently detailed to provide information for staff to follow in caring for people.

The provider had systems to monitor, assess and improve the service which included gathering feedback from people about their care. The provider communicated openly with people and staff. The provider had a complaints procedure to investigate and respond to any complaints.

The registered manager and staff had a good understanding of their role and responsibilities. The provider had a clear vision regarding the purpose of the company, to make a difference to people's lives and make them more meaningful and enjoyable, and this vision was shared by staff.

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 protected from abuse and neglect.

Risks relating to people's care were reduced due to suitable risk assessment processes.

The provider checked staff were suitable to work with people during recruitment and there were sufficient staff to support people.

People's medicines were managed safely by staff.

Is the service effective?

Good ●

The service was effective. People's needs were holistically assessed by the provider.

People were supported to maintain their health and in relation to eating and drinking.

Staff were supported through training, supervision and appraisal.

People were supported in line with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. People were supported to maintain and build their independence.

Staff had sufficient time to interact meaningfully with people. Staff knew the people they supported and the best ways to support them.

Staff were respectful towards people and maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. The provider aimed to reduce people's social isolation and make their lives enjoyable by providing a range of activities they were interested in.

People were supported to achieve their dreams, such as finding employment and pursuing their singing and acting talents.

People's care plans contained reliable information for staff to follow.

Suitable processes were in place for the provider to respond to complaints.

Is the service well-led?

Good ●

The service was well-led. The registered manager and staff had a good understanding of their role and responsibilities.

The provider had a clear vision for the service to make people's lives more meaningful and enjoyable.

The provider had systems to monitor, assess and improve the service including gathering feedback from people about their care.

The provider worked openly in partnership with key organisations to provide joined up care to people.

SAI Infinity Care

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 checked 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 service provides a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults. SAI Infinity Care also provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We gave the service two working days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The Inspection site visit activity took place on 27 December 2017. Our inspector visited the office location to see the registered manager and care coordinator; and to review care records and policies and procedures. Our inspector also spoke with one person using the service and three care workers. On 27 December 2017 our Expert by Experience spoke with six people using the service and five relatives. After our inspection we received feedback from a social worker, a community nurse and a housing support office.

Is the service safe?

Our findings

People were safeguarded from abuse and neglect as the provider had processes in place to protect people. One person told us, "I am safe with staff" and a relative told us, "I am sure [my family member] is safe [at the supported living scheme]." The provider trained staff in safeguarding people at risk and staff had a good understanding of signs of possible abuse and how to respond to this to keep people safe. The provider also discussed how to stay safe with people during tenants meetings at the supported housing scheme. Many people using the service used social media and the provider regularly posted information on the organisations Facebook page, including videos, about how to stay safe for people to view. The provider confirmed there had been no allegations of abuse since they registered with us but they had clear processes to follow if an allegation was made.

Risks to people were reduced due to risk assessment processes the provider followed. A relative told us, "We are very confident that [my family member] is well looked after, just like we would at home. We can go away without any worries." The provider identified and assessed risks relating to people's care, putting management plans for staff to follow in reducing the risks. Risk assessments included those relating to abuse, health conditions and receiving personal care. The provider assessed the risks relating to a person having access to knives and put in place systems to restrict their access and also placed an electronic tracker on the knife as a second precaution. Staff had a good understanding of the risk relating to individuals' care and how to support them in reducing the risks.

A person received the right support in relation to behaviour which challenged the service. The provider referred the person to psychological services for support in understanding their behaviours and worked closely with the psychologists during the assessment process. Our discussions with staff showed they understood how to support the person in relation to their behaviours, following clear guidelines in the person's care plan.

People were supported by staff who were suitable to work with people. The provider carried out pre-employment checks for all applicants before offering them employment. The provider interviewed all candidates. The registered manager told us, "If a person has a good heart then we can train them to be a good care worker." The registered manager explained how important it was only staff who were caring were selected to work with people and they checked for this attribute during recruitment. These included reviewing work history and obtaining references from former employers, obtaining a criminal records check, checking identification, any health conditions, the right to work in the UK and qualifications. The provider closely monitored the suitability of staff during their nine month probationary period.

There were enough staff deployed to support people safely as people, staff and relatives told us this. People receiving care in their own homes also told us staff usually arrived on time. The registered manager also confirmed there were enough staff and that they varied the numbers of staff deployed at the supported living scheme depending on the activities arranged each day.

People's medicines were managed safely by staff. A relative told us, "[Staff] watch [my family member] take

her medicines as it is so important. [My family member] takes it herself but staff watch to see [my family member] does take it." The registered manager told us staff only administered medicines to one person using the service. We checked medicines records and saw staff completed these appropriately with no omissions to ensure records were accurate and reliable. The provider had developed guidelines for 'as required medicines' for staff to follow in administering these medicines. The provider had assessed some people at the supported living scheme as being competent to administer their own medicines. For these people the provider had put in place a visual reminder sheet for them to tick off when they had taken their medicines which they told us was a successful system.

Is the service effective?

Our findings

People's physical, mental health and social needs were holistically assessed by the provider. The provider met with people and their relatives to find out more about their needs and how they would like to receive care before providing care to them. The provider also considered any available professional reports as part of the pre-admission assessment process. The provider then developed care plans from the information gathered during the pre-assessment process. In this way the provider supported people to receive coordinated, person-centred care when they began receiving care from SAI Infinity Care. The provider ensured people living at the supported living scheme had hospital passports'. Hospital passports are documents to accompany people with learning disabilities to hospital. They contain important information about people to inform hospital staff about their needs such as how best to communicate with them and provide care and treatment to them.

People's care plans were kept under review by the provider to ensure they contained accurate information for staff to follow. People's care was delivered in line with legislation, such as the fundamental standards of quality and safety.

People were supported to live healthy lives. Staff understood people's health conditions and how to support them in relation to these, following detailed guidance in their care plans. Records confirmed staff supported people to access the healthcare professionals they needed, including their GP, neurologists, psychiatrists and psychologists. The provider ensured people using the supported living service had regular health reviews and medicines reviews where relevant.

People received the necessary support in relation to eating and drinking. Staff at the supported living scheme told us they planned individual menus with people based on their preferences. Staff knew people's dietary needs and preferences well and the provider recorded this information in their care plans for staff to refer to. Staff also understood any specific support people required in relation to eating and drinking and followed this as part of maintaining their health.

People were cared for by staff who were supported in their role by the provider. A relative told us, "I would say they are all very well trained." A second relative said, "We mentioned something to them early in the year and they went away and researched it and did some extra training so they could do it. I was well impressed with that." Staff received regular supervision during which they reviewed the best ways to care for people and their responsibilities and training needs. Staff also received annual appraisal to review their performance and to set goals for the coming year. Staff received regular training in topics relevant to their role including learning disabilities awareness, safeguarding adults at risk and moving and handling. The provider also supported staff to complete diplomas in health and social care to enhance their knowledge.

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 were cared for in line with the MCA. When the provider had reason to believe a person lacked capacity to make decisions regarding their care they carried out MCA assessments in accordance with the Act. When the provider determined people lacked capacity they then made decisions in people's best interests, involving others in the decisions such as relatives and professionals. The provider kept clear records of all MCA assessments and best interests decisions to ensure a clear audit trail. Staff understood their responsibilities in relation to the MCA and were all clear about people's right to make 'unwise decisions' in line with the Act. This was because staff received training in the MCA from the provider.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services that provide care to people in their homes which involves an application to the Court of Protection. The provider had liaised with social services to ensure an application to deprive a person of their liberty was made. As the Court of Protection had not reached an outcome regarding the application the provider had made decisions in the person's best interests, in line with the MCA, as part of keeping them safe.

Is the service caring?

Our findings

People were supported to be as independent as they wanted to be. A person told us, "I do my laundry but I need support to put my clothes away neatly." The person also told us, "I like cooking and I make my own sandwiches. I also like cleaning my room." Staff encouraged people living in the supported housing scheme to be involved in household chores as much as possible to build their independent living skills. The provider ran a weekly social club and supported members, who are people with disabilities, to run the club themselves. The provider ran elections each quarter where people were encouraged to make speeches setting out why they should be elected to a particular role, before being voted into a new position on the committee. This helped to increase people's skills, sense of accomplishment and worth.

People and relatives were positive about the service and consistently told us staff were caring. A person told us, "[The staff] that comes is lovely, so kind to me. The office staff are very nice too, they came and brought me a little cake for Christmas. Wasn't that nice?" One relative told us, "[Staff] are very nice to my [family member] and to me, nothing is ever too much trouble." A second relative said, "The staff are so nice and caring with [my family member] and so helpful to us." A third relative said, "The staff are very good. [My relative] seems very happy and the staff are very kind, they seem to look at it as her home rather than their workplace." In addition, staff spoke with us about people in a kind, caring, respectful manner. The provider celebrated special events such as birthdays in ways people enjoyed.

The provider ensured there were enough staff on each shift so staff had sufficient time to interact meaningfully with people. A person also told us there were enough staff on each shift in the supported housing scheme and staff had time to, "sit and share a joke." Staff agreed rotas were developed to allow enough time for meaningful interaction with the people they cared for.

People were supported by staff who knew them well and understood their needs. One person said, "Staff know me well and help me to relax." They explained how at their previous placement they, "didn't talk to anybody" because they were very shy, but staff at the supported living scheme had helped them become more confident and sociable. Our discussions with staff showed they understood people's backgrounds, needs, preferences, ambitions and the best ways to support people.

Staff treated people with dignity and maintained their privacy. A relative told us, "[My family member] is always well dressed and her hair is washed and her teeth are brushed properly. Where she was before they were never done properly." A person told us when they wanted to spend time with their fiancée in the supported living scheme staff always respected that. People confirmed staff closed doors and curtains when providing personal care to them.

Is the service responsive?

Our findings

People were supported by a service which went the extra mile in reducing social isolation. A person told us, "[Staff] are very nice to me and so kind...they said to me 'you can't be on your own for Christmas', so they came and fetched me up to the house with about six others and we had Christmas dinner down there. It was very nice, so kind." The registered manager explained how they realised several people using the service would be alone at Christmas and so arranged for them to come together for a Christmas meal. The registered manager also told us how they set up a weekly social club for people with learning disabilities when they realised the extent of some people's social isolation. People have made friendships at the club where before they had none and it's a regular part of the week for many.

People were supported to do activities they were interested in. One person told us, "I definitely have enough to do." A relative said, "[My family member] is getting lots of stimulation." A second person said, "They do all sorts, so much better than the other agency I had." Each person living in the supported living scheme had an individual activity programme in place based on their interests. Day to day activities included swimming, cinema and shopping for some people. The provider also went the extra mile in arranging frequent outings to places and events which often included being in the audience in popular TV shows, a trip to Disneyland, pantomimes and theatre shows. People were also supported to gain employment by the provider when this was their goal.

People were supported in planning their care to achieve their dreams. One person told us how much they enjoyed singing and attending a local rock choir. The registered manager told us how they had supported the person to join the choir when it became clear it was their ambition to sing and perform. The person told us they wanted to join a jazz company and staff were supporting them to achieve this dream. The same person told us their other dream was to get married. They had recently become engaged to their partner and the provider supported them to arrange an engagement party and was helping them to plan their wedding. Staff told us how a different person had always wanted to work with the a particular charity and the provider had supported them to secure a regular placement there. The provider also supported another person to successfully audition for major roles in theatre productions.

The provider met with people regularly to review their care and plan ahead with them. A relative told us, "We sat down and discussed the care plan including [my family member] and we had a review recently."

People's care plans fully reflected their physical, mental, emotional and social needs. The provider ensured people's care plans were sufficiently detailed to reflect people's needs well to be useful in informing staff about people. Information included details of people's backgrounds, individual preferences, interests and aspirations and details of their learning disability and any health conditions. Staff understood the information in people's care plans well and we found staff supported people in 'person-centred' ways, giving them choice and control in their life.

People at the supported living scheme were supported to keep in contact with those who were important to them. A person living at the supported living scheme confirmed relatives could visit at any time and told us,

"Staff are respectful and nice to my visitors."

The provider was meeting the Accessible Information Standards. Organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. The provider recorded people's communication needs in their care plans and described any support they required from staff in relation to this. The provider had information about the Standards on display in their office for staff to refer to and the registered manager had a good understanding of their requirements. The provider had produced their 'service-user guide' in an easy-read format to help people with a learning disability understand it. In addition, the provider had supported the landlord of the supported living scheme to develop their tenancy agreement in a more accessible format.

The complaints process was suitable and people were aware of how to complain. A relative told us, "I only ever had one complaint and that was dealt with very quickly." A second relative said, "The office staff are great if you ring. We haven't had any real complaints but anything you ask about is dealt with really promptly." The registered manager confirmed they had received no formal complaints in the past year. However, they had logged all issues people and relatives had raised with them and followed the complaints policy in investigating and responding to them.

Is the service well-led?

Our findings

People and relatives were positive about the leadership and management of the service. Comments we received included, "I am very pleased with [the management]"; "Well I can't fault it. They have our mobile numbers and ring us if there is anything. We are very happy with [the provider]"; "It's very good. I can't fault it really"; "We are very pleased with it all. They are very good at communicating with you. It seems very much a person centred service rather than a business. I am very happy that [my relative] is there"; "I couldn't be happier with it" and "It is a very good service." Staff were equally as positive about the leadership and management of the service and told us they were well supported and they found the service to be well-led. The registered manager was also the owner and director of the company. They had a background in psychology and social work and we found they had a good understanding of their role and responsibilities, as did staff.

The provider had a clear vision for the service with values which were shared by staff. The registered manager told us they set up the service to make a difference to people's lives, to make people's lives more meaningful and enjoyable. They personally put much effort into ensuring people had a wide range of activities available to them and also into reducing social isolation. Staff we spoke with shared these values and put importance on helping people to live meaningful lives.

The provider had systems to monitor, assess and improve the service. The provider commissioned an external company to audit the service in line with CQC inspections. The latest inspection was in line with our own findings, identifying numerous areas of good practice and no failings. The registered manager kept good oversight over all documents produced by the service by regularly reviewing them. This meant the provider ensured clear, accurate records were made, retained and regularly reviewed relating to people, staff and the management of the service.

The provider gathered feedback from people and their relatives as part of improving the service, and communicated well with them. A relative told us, "[Office staff] come to see everything is alright and talk to my [family member] and me." A second relative said, "They are very good at communicating with you and if you ring the office I have never even had to go to voicemail, they always answer." The provider checked people were satisfied with their care by visiting them or speaking with them over the phone. People living in the supported living scheme had 'keyworkers' with whom they met to discuss their satisfaction levels. Keyworkers are staff who work closely with a person to ensure their needs are met. The provider also checked how the service could improve from gathering feedback with people at the supported living 'tenants meetings'. The provider sent out questionnaires to people using the service each year to gather their feedback as part of identifying any improvements. The provider also carried out regular spot checks of staff to ensure they cared for people in the right ways.

In addition the provider gathered feedback from staff and communicated openly with them. The provider held regular team meetings during which staff were encouraged to discuss any issues relating to their role. The provider produced a newsletter through which they shared good news stories and provided updates on developments within the organisation and the social care sector.

The provider worked openly in partnership with key organisations. For example, when the provider identified a person put themselves and others at risk on one occasion they reported this to the police and requested the police come and speak with the person to explain the seriousness. The provider worked closely with other professionals involved in people's care such as social workers and healthcare professionals to provide joined-up care.