

Infiniti Care Ltd

# Infiniti Care

## Inspection report

2B Sandy Lane Business Park  
Sandy Lane  
Coventry  
CV1 4DQ

Tel: 03001245550

Website: [www.infiniticare.co.uk](http://www.infiniticare.co.uk)

Date of inspection visit:  
19 May 2021

Date of publication:  
03 June 2021

## 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

### About the service

Infiniti Care is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults and older people, living with dementia, mental health support needs, learning disabilities or autistic spectrum disorder. At the time of our inspection the service was supporting four people, all of whom were in receipt of personal care.

### People's experience of using this service and what we found

People received their care calls at the times they expected and for the length of time agreed. Staff had been recruited safely and had built positive relationships with people and their families. Medicines and risk associated with people's care was well managed. Relatives were confident their family members received safe care and staff understood how to protect people from abuse.

Staff learning and development was achieved through induction and on-going training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager and staff understood and worked within the principles of the Mental Capacity Act (2005).

Staff understood the importance of promoting people's rights and their practice demonstrated how they supported people to maintain their dignity and independence. People and their relatives were actively involved in making decisions about their care. The registered manager valued and cared about their staff team.

People were in receipt of a service which was responsive to their, and their family member's needs. Care plans had been developed in partnership with people and their relatives to ensure they informed staff how to provide care in line with people's preferences, religious and cultural beliefs and values. Complaints were managed in line with the providers procedure and learning gained used to improve the service. People's preferred method of communication was established and respected by staff.

The registered manager had created a service culture based on openness and transparency. Effective systems were in place to monitor the quality and safety of the service and feedback was used to improve and develop the service. The registered manager had developed good relationships and effective communication systems with people, relatives, staff and other professionals. Relative were complimentary about the way the service was managed and expressed their satisfaction with the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 10/10/2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Infiniti 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 was carried out by one inspector.

#### 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager is also the provider for the service.

#### Notice of inspection

This inspection was announced. We gave the service two days' notice of the inspection. This was because the service is small, and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 17 May 2021 and ended on 19 May 2021. We visited the office location on 19 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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

Prior to our site visit we spoke three relatives on behalf of people who used the service about their experience of the care provided. We also spoke with three care workers and reviewed a range of records. This included three people's care records and some of the provider's policies and procedures.

During the site visit we spoke with the registered manager and reviewed further records including, medication and daily communication records, two staff files in relation to recruitment, staff training and support, and records relating to the management of the service including quality audits and additional policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their family members were safe using the service. One relative told us their judgement resulted from their observations of how staff provided care. Another relative said, "I wouldn't allow them (staff) to provide care if I didn't think [Name] was safe."
- Staff had completed safeguarding training and demonstrated they understood the different types of abuse people may experience and their responsibilities to report any concerns.
- The provider had systems and processes in place to protect people from the risk of harm. The registered manager understood their responsibility to report concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were identified, assessed and well managed. A range of risk assessments associated with care delivery and people's home environments were in place.
- Information from risk assessments was used to develop care plans to inform staff how to manage risks safely. For example, one person's plan detailed the need for two staff to support the person to move around their home safely, the type of equipment required and the need for staff to offer reassurance to the person.
- Staff had a good understanding of how to manage and reduce risks. One staff member told us, "It's important to follow the care plan it makes sure we do things properly and safely."
- The registered managers system for recording and analysing accidents and incidents reduced reoccurrence and shared any learning gained with the staff team.

Staffing and recruitment

- Staff were recruited safely to ensure people were supported by staff who were of good character and were suitable to work with them.
- Relatives confirmed their family members received their care calls at the agreed time for the correct duration from a small number of familiar staff.
- Staff confirmed their work rotas were well managed and included the travel time they needed to arrive on time for people's visits.
- The registered manager had considered people's diverse needs during the recruitment of their staff which had a positive impact on people. They told us, "Matching clients cultural, religious and language needs has really brought clients (people) out of their shells."

Using medicines safely

- People received the support they needed to take their medicines safely. A relative told us, "I have no worries about [Names] tablets. They (staff) keep records of every tablet."
- Staff were trained to administer medicines and their practice was regularly assessed to ensure they managed medicines in line with the provider's procedure and best practice guidance.
- The registered manager checked completed medicine administration records (MARS) to ensure people had received their medicines as prescribed and staff had completed MARS correctly.

#### Preventing and controlling infection

- Relatives confirmed staff followed good infection control practice in their homes.
- Staff had completed infection prevention control and COVID-19 awareness training and understood the importance of wearing personal protective equipment in line with the latest government guidance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving a service to ensure their needs could be met. The registered manager said, "We talk through everything, needs, wishes, risks, capacity, religious and cultural needs and preferences and social interests."
- Relatives confirmed they were fully involved in assessments and on-going care reviews.
- The registered manager understood, respected and promoted inclusion and diversity. This ensured protected characteristics under the Equality Act 2010 were considered.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of MCA.

- The registered manager understood their responsibilities and the requirements of the Act.
- Staff completed MCA training and sought consent from people to provide care in line with MCA principles. One staff member told us, "You must assume a client (person) has capacity, until it is proven otherwise. Capacity or not you always start a visit by asking permission."

- Care records documented if a person had authorised restrictions on their liberty and or family members appointed to make decision on their behalf.

Staff support: induction, training, skills and experience

- Relatives had confidence in the ability of staff to deliver care safely and confidently. One relative described staff as 'very well trained.'
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard. Staff spoke favourably about the content and level of training provided.
- Practical training for staff who had joined the service during the COVID-19 pandemic had been provided by the registered manager and through working alongside experienced staff. The registered manager confirmed face to face training was scheduled now the restrictions have been eased.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the support they needed to meet their nutritional needs. Information in people's care plans included instructions on any specific dietary requirements relating to people's health, medical conditions, religious and cultural beliefs and values.
- Staff monitored people's well-being and reported any concerns to their relatives and the registered manager. The registered manager told us, "Our families are really hands on and they take ownership for their loved one's appointments and health." Adding, "We have really good communication so we can document everything and follow up if we need."
- The registered manager and staff worked with health and social care professionals to improve outcomes for people, including Occupational therapists, social workers and district nurses.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Relatives provided positive feedback about staff and the care provided commenting, "They (staff) go beyond their duty. They are patient, polite and considerate." And, "They know the little things that are really important which make such a positive difference to [Name's] quality of his life."
- Staff knew people well. They cared for the same people which enabled them to build meaningful relationships with people and their families. A relative told us, "Most of the staff are from our local community, so they are not strangers, they speak [Name's] language and understand our religion and culture. That is important and makes a big difference."
- Staff felt supported and cared for by the registered manager. The registered manager said, "How can you care for someone else if you don't feel cared for."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Relatives confirmed they and their family members were actively involved in making decisions about their care.
- People's rights were upheld by the registered manager and staff. A relative told us, "They respect [Names] home which is an important element."
- Staff gave examples of how they promoted privacy and independence, including ensuring a person's meal was in easy reach so they could eat independently and asking family members to leave the room before providing personal care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Feedback from relatives confirmed the service was responsive to people's needs. Requests for changes to call visit times were accommodated and care review meetings were scheduled at times to suit people and their families, including late evenings and at weekends.
- Care plans were detailed, individualised and had been developed and regularly reviewed in partnership with people and relatives.
- Staff had time to read care plans and were confident they provided the information needed to provide care safely, in line with people's wishes. One staff member said, "The care plan is our starting point. Follow the plan and you know you are doing everything as you should."

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.

- People's care records detailed their communication needs, including sight, hearing and speech as well as sensory aids such as glasses, or hearing aids.
- The registered manager demonstrated good knowledge of AIS standards. Information about the service was available in different formats, for example large print which met people's needs.

Improving care quality in response to complaints or concerns

- Relatives knew how to make a complaint. One told us, "I have a copy of the complaint procedure and I would not be shy in coming forward, if I needed."
- Staff understood their responsibility to support people and relatives to share any concerns or complaints. Records confirmed complaints received had been managed in line with the providers procedure.
- The registered manager had received numerous compliments about the staff and the quality of the service. Compliments had been shared with individual staff.

End of life care and support

- No one in receipt of a service at the time of our inspection was at the end stage of life.
- Where people had chosen to share their end of life wishes these were documented.
- Staff had completed end of life training.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Without exception relatives were satisfied with the care provided. One told us, "[Registered manager] is very thorough, very organised, wants to know as much information as possible so they could provide good care." Another said, "I hope the company continue to provide. It's so hard to find a reliable and good one. I wish the all the very best."
- The registered manager led by example and promoted an open and transparent service culture. A staff member told us, "The manager works with us, we talk together, we learn. We are a team."
- Staff enjoyed working for the service. One staff member described their job as the best they had ever had. They said, "The difference is the manager, she makes sure we have time to really care." The registered manager added, "I don't want to be a service that just does tasks. I want our service to make a difference to the lives of our clients and their families. To achieve this, we have to work in partnership."
- The registered manager understood their responsibility to be open and honest when things had gone wrong. For example, a letter of apology and a bouquet of flowers had been sent to a person when an item of importance to them had been accidentally damaged.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had very good oversight of the service. They achieved this by completing a range of effective quality audits to continually monitor, evaluate and improve the service provided to people. This included checks of staff visit arrival times, care and medicine records.
- Staff spoke very positive about the support they received, including individual and team meetings and working alongside the registered manager.
- The registered manager understood their regulatory responsibilities. They kept their knowledge of legislation and best practice up to date through mentoring and discussion with other registered managers.

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

- People and relatives were encouraged to provide feedback about the service through regular visits and telephone calls from the registered manager. Where an improvement had been suggested this was actioned. A relative told us, "There was no big discussion or excuses the manager just implemented it because it was better for [Name]."

- Discussion with relatives, staff and the registered manager demonstrated partnership working underpinned the services approach to care delivery. The registered manager told us, "We all (people, staff and family) have to work together if we want clients (people) to be truly happy which is my priority."
- The registered manager was committed to continuous service improvement and development. They told us, "I am very proud feedback shows people and relatives are happy and I am proud of my staff's commitment. I will continue to learn what works well and not so well, so I can build on what we have achieved."