Infinity Care Services Limited

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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

The inspection took place on 4 July 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This was the first inspection of the service since it was registered in July 2017.

Infinity Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection two people were using the service and had been doing so since January 2018. One was an older person and the other a younger adult with disabilities. The registered manager told us that one of the aims of the service was to provide care to people within the local community from ethnic minority groups.

The service was one of two locations run by the provider. The other location was also a domiciliary care agency based in Leicester.

The owner of the company was also the registered manager. 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 and associated Regulations about how the service is run.

People using the service and their families were happy with the support they received. They were involved in planning and reviewing their care. They liked their care workers and felt they were kind, compassionate and caring. They also had good relationships with the registered manager and were able to contact them when they needed.

People's needs and choices were recorded in clear, personalised care plans. There was evidence the provider sought regular feedback from people and had responded to their requests or changes in people's needs. People had the support they needed to stay healthy and to eat a balanced and varied diet. People's cultural needs were being met. Neither person spoke English as a first language and both were cared for by staff who spoke their language and understood their cultural needs.

The staff were well supported and happy working for the provider. They had the training they needed and opportunities to meet with the registered manager. There was good communication within the agency so any changes or important information was shared.

The provider had assessed risks to people's safety and wellbeing. At the time of the inspection, no one was being supported to take their medicines, although there were procedures in place for this should people have this need in the future. The provider had procedures for safeguarding adults and the reporting of

incidents, accidents and complaints. However, there had not been any of these at the time of the inspection.

The provider understood the principles of the Mental Capacity Act 2005 and had assessed people's capacity to make decisions. Both people using the service had the mental capacity to understand about their care and treatment and they had consented to this.

The registered manager had developed policies and procedures for the organisation which reflected the provider's aims and objectives. They had systems for asking stakeholders for their feedback and monitoring how the service was being delivered. The provider was also working with other organisations in the local community to develop their services. One of the main aims of the provider was to offer a service with staff from a diverse background who could speak different languages and know the cultural needs of the local community, which was also ethnically diverse. As part of this aim, the provider had sourced a consultant to liaise with local religious groups to recruit staff and advertise the business for local people.

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.

There were systems and processes designed to safeguard people from abuse.

Risks to people's safety had been assessed, monitored and managed.

There were sufficient numbers of suitable staff to support people and meet their needs.

There were procedures for supporting people to take their medicines.

People were protected by the prevention and control of infection.

There were processes to learn from incidents and when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and care was planned to reflect these assessments.

People were cared for by staff who received the support and training they needed.

People consented to their care and treatment.

People's healthcare needs were recorded and the staff worked in partnership with people and their families to monitor their health.

People received the support they needed to have a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

The staff respected people's privacy, dignity and independence.

People were involved in planning their own care and their views were actively sought.

Is the service responsive?

Good

The service was responsive.

People received personalised care which reflected their needs.

There was a procedure for making complaints and people felt confident they would be listened to.

Is the service well-led?

Good

The service was well-led.

There was a clear vision and strategy which enabled the provider to deliver a person centred service.

There were effective systems for monitoring and improving the quality of the service.

The provider engaged with people using the service and other stakeholders for feedback and to help make improvements.

The provider worked closely with local community groups with the aim of tailor making a service to meet their needs.

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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 was 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 4 July 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The inspection was conducted by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included information about the registration of the service and looking at the provider's own website. We had not received any notifications from the provider because there had not been any accidents, incidents or safeguarding alerts. The provider had submitted a Provider Information Return (PIR).
The PIR 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.

Neither person using the service spoke English, but they had allocated their next of kin to speak on their behalf, and we spoke with both people's representatives on the telephone.

During the inspection visit we spoke with the registered manager and one of the three care workers who were employed. We met a consultant who works with the provider. We looked at the care records for both people using the service and the records for all three care workers. We also looked at the records used by the provider to monitor and improve the quality of the service, for example, feedback from stakeholders and

meeting minutes. At the end of the inspection, we discussed our findings with the registered manager.

Good

Is the service safe?

Our findings

The representatives of people who used the service told us that they felt it was safe. They said that the staff knew people well and cared for them in ways that were safe. They knew who to speak with if they had any concerns and they felt the registered manager listened to them.

The provider had procedures for safeguarding people from abuse. Information about these was shared with people using the service and the staff. The staff received training in this area as part of their induction. The staff we spoke with understood what they needed to do if they suspected someone was being abused.

The registered manager had assessed the risks to people's safety and wellbeing. These assessments included moving people safely, the risk of falls, use of equipment, people's home environment, risks of financial abuse, risks associated with their physical and mental health, nutritional risks and skin integrity. The assessments scored the level of risk for each person and included a detailed plan to minimise each risk and describing how the person should be supported.

There were enough staff to meet people's needs and keep them safe. There were three care workers, as well as the registered manager, working at the service at the time of our inspection. The provider had recruited additional staff and provided training for them, so they were available for when more people started using the service.

People's representatives told us that they always had the same regular care workers who they knew well. The care workers arrived on time and stayed for the agreed length of time. The records of care provided showed that this was the case with the times of visits reflecting the planned care. One person liked some flexibility in the timing of their calls and the provider accommodated this. Their relative confirmed this.

The provider had appropriate arrangements for recruiting staff. These included checks on their suitability such as a full employment history, references from previous employers, checks on their identity, checks on their eligibility to work in the United Kingdom and information about any criminal records from the Disclosure and Barring Service. The registered manager told us that they carried out formal interviews for the staff. However, records of these had not been kept within the three staff files we viewed.

At the time of our inspection, both people using the service managed their own medicines. The provider had developed a risk assessment in relation to this. There was information about the medicines people were prescribed within their care plans. One person who did not speak English had recorded on the provider's feedback forms that the staff assisted them by translating the labels on medicines. The staff had received training so that they knew how to administer medicines safely should people require this assistance in the future.

People's representatives told us that the staff followed good infection control procedures by washing their hands and wearing protective clothing, such as gloves and aprons. There were procedures relating to this

and the staff had undertaken infection control training. During spot checks where the registered manager assessed individual staff performance in the work place, there were records to show that the staff had followed these procedures.

The provider had policies and procedures for investing and responding to complaints, incidents, accidents and safeguarding alerts, so these could be learnt from. However, at the time of our inspection, there had not been any negative feedback or incidents of this kind.

Good

Is the service effective?

Our findings

People's representatives told us that the registered manager had met with them and the person being cared for to assess their needs. They explained that they could discuss their preferences and requirements and that these formed part of the care plans. We saw that individual assessments of needs were detailed. They included information about people's social, physical and cognitive needs. The assessments detailed people's preferences, likes and dislikes and there was clear evidence of their involvement in these.

People's representatives told us the staff had the skills needed to support people. With one representative telling us, ''They are trained so well, [the registered manager] really knows how to train them.''

New members of staff took part in four days of induction training which included training regarding assisting people to move, health and safety, safeguarding adults, medicines management, food hygiene, first aid, end of life care and other areas which reflected the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The staff member we met told us that the training was useful for their role. There was evidence of completed training in staff files.

The staff member told us they felt supported by the registered manager. They regularly visited the office and told us any concerns they had were immediately addressed. This was reflected in the staff feedback to the provider which they completed each month. All three members of staff spoke about the positive support they received. There was evidence of regular team meetings although we did not see any records of individual formal supervision meetings. The staff were invited to feedback their opinions about the service each month in the form of a questionnaire and we also saw that the registered manager had observed them in the work place each month. These observations, known as spot checks, included information about their performance in all areas and feedback from the person using the service. No concerns about staff performance had been identified during these, although there was space for the registered manager to record any actions on the record of these, if this was needed.

The staff meetings had been attended by all of the staff and included discussions around good practice, changes to the service and changes in legislation. They had also discussed some procedures, such as how to implement the Mental Capacity Act 2005.

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. We checked whether the service was working within the principles of the MCA and found that they were.

The provider had carried out assessments of people's mental capacity. There was also information about how to support people to understand choices, such as using their first language, using short sentences and maintaining eye contact. Both people using the service had the mental capacity to understand about their care and make choices in respect of this. They had signed consent forms for different aspects of their care and to their care plan.

People's healthcare needs were recorded in their care plans. Both people using the service lived with family members who arranged medical appointments. However, information about people's GPs were recorded in case the staff needed to know this in an emergency. There was evidence that the staff liaised with the person and their families to indicate if someone was feeling unwell or needed additional support to access healthcare services.

People's representatives told us they were happy with the support the person being cared for received at mealtimes. Both people had family members who helped to prepare food. However, they said that sometimes the staff assisted with shopping and making food or drinks. They were happy with this support.

People's nutritional needs were recorded in their care plans and there was information for the staff about dietary requirements and any specific needs. One person's representative told us that the staff caring for the person shared the same culture and understood about how to prepare and present food in a traditional way.

Good

Is the service caring?

Our findings

People's representatives told us that they had good relationships with the care workers and registered manager. Some of their comments included, ''They are wonderful all the time'', ''They help so much and always talk with [person]'' and ''[My relative] looks forward to seeing the carers each day.'' The provider's own quality assurance, which included feedback from people using the service and their representatives included positive comments about the staff's attitude and support. These included, ''I feel respected'' and ''The carers speak the same language as [person].''

The staff respected people's needs and individuality. They spoke the same first language as people and came from the same ethnic background. People's representatives confirmed that this was important in establishing positive relationships and meeting people's needs. They also told us that the staff always asked people for their consent and explained about the care and support they were offering. One relative commented, ''They talk about what they are doing and explain everything.''

People were involved in planning their care and their views were sought and recorded within care plans. The care documents included details about individual preferences and how people wanted to be cared for. Each month the provider asked people to complete quality satisfaction surveys about their care. People's representatives confirmed this and said that the registered manager was in regular contact with them over the telephone and visiting them. One relative told us, ''We have all been involved in making the care plan.'' They went on to tell us, ''Every month they ask us to give feedback about what we think about the service.''

People's representatives told us that the staff respected people's privacy, providing care behind closed doors. They said that the care workers were respectful and also supported people to do things for themselves. Their comments included, ''[Care workers] speak the same language as [person] so they communicate really well'' and ''They are always motivating [person], they encourage [them] to do things for themselves.'' Care plans included information about things people could do and how to support them to stay independent. One care worker explained that they always tried to encourage people where they could do something independently. They also spoke about how each day a person may feel different and need different levels of care, telling us, ''It is important to listen and ask the person what they want.''

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. Their representatives confirmed this by telling us that the care was centred around their needs and preferences. One relative explained that care workers supported the person flexibly, meeting different needs at each visit, depending on what the person wanted to do. They explained that the care workers supported the person to access the community. The relatives of both people told us that their cultural needs were met by staff who understood the importance of different aspects of their culture.

People received support from the same regular care workers who knew them well. The rotas explaining who would be working with each person were sent to the person and staff in advance. The rotas included a summary of the care plan, information about the person's GP and next of kin and any special requirements or needs to be considered for that visit.

Care plans were comprehensive and included a life story, detailing things that were important to the person, such as special dates or people in their lives. The person's views and experiences were recorded. Care plans also included information about what a typical day, a good day and a bad day for the person looked like. There was plenty of detail about how the person wished to be cared for, their needs, planned outcomes and how these outcomes should be achieved.

Care plans had been regularly reviewed with the person and changes in their needs or wishes had been recorded. The staff completed records at each care visit to show how they had supported people. These were checked and signed off by the registered manager to make sure care provided reflected the care which had been planned.

People using the service and their representatives were given a copy of the complaints procedure along with a handbook of information about the service. The representatives we spoke with told us they felt confident raising concerns with the registered manager, although they had not yet needed to. There had not been any complaints about the service since it started operating.

Neither person was being cared for at the end of their lives. However, the staff had received training in this so they would be prepared if they needed to support a person and their family at this time.

Good

Is the service well-led?

Our findings

There was a clear vision and values which were based on the principles of personalised care and independence. People's representatives confirmed that they, and the person being cared for, were fully involved in planning and reviewing their care. Their involvement was documented in care plans and in the records of care provided. The provider's own quality assurance included feedback from people using the service and their representatives. Some of the comments recorded in these included, ''I am very happy with the carer and the service which is provided'', ''[Person] feels happy when they visit [person]'', ''The carers are very reliable and talk to [person]'', ''I am consulted'' and ''They are very efficient and friendly.''

The registered manager was also the owner of the organisation. They worked closely with the staff, who told us that the registered manager was supportive and involved them in discussions about the service. The care worker we spoke with told us they enjoyed their work and ''making a difference'' in people's lives. They said, ''It is important we help as much as we can to make people's live easier.'' They went on to tell us, ''[The registered manager] is very understanding and helpful, he asks for feedback and has a positive attitude.''

The provider's website laid out the services on offer, information about the vision and values and how to contact the service to make a complaint or with an enquiry. The registered manager told us they were using leaflets to communicate about the services to the local community. The registered manager explained to us that many people in the local area had no previous experience of accessing paid for care services. They told us how they had helped one of the people they were caring for find out what they were entitled to and had acted as an advocate for the person when they had dealings with the local authority.

The provider engaged with people using the service, their representatives and staff. The representatives confirmed that they regularly spoke with and met the registered manager. The staff told us this was also the case. Both relatives and staff explained that they were invited to give their opinions about the service and felt they were listened to. We saw monthly questionnaires completed by people using the service/their representatives and the staff. The questionnaires asked a series of questions about their experiences and any changes to the service they wanted.

The provider had a range of policies and procedures which they kept under regular review. The procedures for dealing with complaints, accidents and incidents and safeguarding alerts included analysis of these and learning from them. At the time of our inspection, there had not been any such incidents, but the provider had set up systems for dealing with these and recording them.

The registered manager explained that they wanted to provide services to the ethnic minority populations in the area where they were based. As part of this, the registered manager had sourced a consultant to help reach different communities. The consultant was a well respected and known member of one of the communities and had links with other groups. We met them and they explained they were talking with people in places of worship and community gatherings to tell them about the services they could receive. The provider was also taking this opportunity to recruit staff from the same communities. The registered

manager told us that they felt it was important to make sure the staff spoke the same first language as the people who they were caring for and understood their culture and traditions.