

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

About the service

SAI Infinity Care is a domiciliary care agency which is registered to provide personal care and support to people in their own homes including supported living settings. At the time of our inspection the service was supporting ten people across two supported living settings. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Three people were being supported with personal care at the time of our inspection.

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

People told us they felt safe with the staff who supported them. Risks to people were assessed and procedures were in place to help keep people safe. The provider's systems protected people from the risk of abuse. Staff were aware of their responsibilities with regards to safeguarding people.

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. People were supported by staff who were well trained and competent in their role. Staff completed an induction when they started work at the service and had regular supervision and training.

We observed there was a kind, caring and respectful culture in the service and people told us staff treated them kindly. People experienced continuity of care and we saw they engaged confidently with members of their support team. People were encouraged to be as independent as possible which had a positive effect on their self-esteem. Staff were committed to enabling people to live their lives in a way which was as close to their choosing as possible.

Staff and the management team ensured that people and their families were at the centre of the delivery of care. People told us they felt they were treated as individuals whose life and experiences were considered and factored into planning their care. Their family members told us they still felt included in their relative's day to day life.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were encouraged to have control in their daily lives and staff ensured people were able to live as independently as possible. For example, people had been supported to learn new skills such as preparing meals, budgeting and planning their day to day schedules. Risks were managed well to keep people safe while promoting their independence and staff supported people to access healthcare services when they needed them.

Right Care

Staff knew people well and ensured that people received the support they needed to keep them safe and to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected. Staff were kind and caring, treated people with respect and encouraged them to make decisions about their care and support. The support staff provided was flexible to take into account people's needs and preferences.

Right Culture

There was a positive ethos at the service and a culture of empowering people to live the lives they wanted to. People were involved in planning their own care and were encouraged to give their views about the support they received. People's families were also able to give their feedback about the support their family members received and their views were listened to.

Rating at last inspection

This is an established service which registered in a new location address on 05 February 2020. This was the first inspection since the service registered with us on this date.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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 ●

SAI Infinity 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

Two inspectors carried out this inspection.

Service and service type

SAI Infinity Care is a domiciliary care agency which is registered to provide personal care and support to people in their own homes including supported living settings. 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 service had a manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 13 May 2022 and ended on 23 May 2022. We visited the location's office on 18 May 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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

We reviewed a range of records in the provider's office. This included three people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We visited three people in their homes and spoke with them about their experience of the care provided. We spoke with six members of staff including the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- One person told us, "I feel safe here and would be able to speak up if I am not happy about how I was being treated." Another told us, "If I need help at any time, I can pull the cord and staff will come, even during the night."
- A family member told us, "[Relative] is very safe in their care, they really know how to manage them."
- Staff received safeguarding training in both induction and regular refresher training sessions. One told us, "Safeguarding comes up at pretty much every supervision, we know the whistle-blowing policy and we know who to report things to."

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

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Risk assessments and care plans were comprehensive, personalised and provided clear guidance for staff. For example, some people had epilepsy and their risk assessment and care plan guided staff in how to support them and how to recognise possible situations which led to a seizure.
- A family member told us, "[Registered manager] met [relative] and me and we ironed out any risks that were emerging as it was their first time living away from home. There are now risk assessments in place so I have no worries about the service."
- The service helped keep people safe through formal and informal sharing of information about risks. For example, they arranged a workshop for people on cyberbullying to enable them to recognise when might be happening. In addition, they invited a charitable organisation which provides information and support about online safety and the risk of grooming to do some work with people.
- Whilst people lived in supporting living homes, the registered manager ensured that their accommodation had adequate health and safety checks. This included fire safety and equipment checks to support people to follow up with the landlord if any improvements were required.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned in emails and team meetings.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- People told us there were enough staff. One told us, "Staff are always around, this makes me feel safe that

there is a staff member here with me at all times, which I have agreed to."

- The registered manager had oversight of rotas for each supported living location. This ensured that staffing levels were in line with the requirement to ensure all people's needs were met. They said, "We are able to cover requests from people to do something in addition to their allocated hours. We are not a service to refuse, we want people to live their best life."
- People were supported by staff who had been recruited and inducted safely. One member of staff told us, "There are plenty of staff and there are always enough to cover shifts," and another said, "I would say so [enough staff], they have employed more staff recently and the senior care team are always willing to help out."
- People were supported by staff who had been recruited and inducted safely. The registered manager completed full recruitment checks prior to commencing employment of new staff. These checks included a Disclosure and Barring Service (DBS) check, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Preventing and controlling infection

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff had received training and were assessed to be competent before administering medicines to people.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. There were risks assessments in place for when a person may refuse to take their medicine.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people were supported to have their medicines reviewed by prescribers in line with these principles. Staff were knowledgeable about people's needs and the medicines they were prescribed.
- The service used effective infection, prevention and control measures to keep people safe. People were responsible for keeping their accommodation clean and hygienic and staff supported them with this.
- Staff followed appropriate infection prevention and control practices to ensure people were safeguarded from the risk of infection. There were easy read posters which demonstrated safe hand hygiene and the service had sufficient supplies of personal protective equipment (PPE).

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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Family members told us people were supported to achieve good outcomes. One told us, "Staff are absolutely wonderful. [Relative's] independent living skills have developed so much since living there, as has their confidence." Another told us, "We could never have imagined we would be setting long term goals for [relative], but we are, because staff are able to stimulate [relative] so well."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support.
- A family member told us, "Staff are definitely very well qualified, [registered manager] is always willing to promote training for staff," and another said, "The staff are very good, there is a good vetting procedure; they really know what they are doing."
- Staff told us they were well supported and received the training they needed. One told us, "The induction was really good. It was packed with information. We went through everything; it was really helpful. Then I did shadowing [observing and working alongside an experienced member of staff] for a couple of weeks."
- Staff training needs were identified as part of the supervision and appraisal process. A member of staff said, "I have supervision usually about every eight weeks and can talk about anything. I sometime ask for training in a certain area if I think I could do with it."
- We saw how the provider prepared a quiz leaflet to strengthen staff and people's knowledge on certain topical subjects, for example, cyber security, infection prevention and control, equality, diversion and inclusion and COVID-19.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. They supported each person to plan their weekly menu and to make a shopping list.
- One person told us how they enjoyed shopping for their food and staff supported them with this and with

preparing meals. They said, "We sit down and think of a menu plan for a week. We each have a separate list of the food we want on each day. Then we write the shopping list and go to the shops to get what is on the list." They also told us, "I will say that when I first moved here my diet was awful. Since I've moved into this house I've learned there is more to food than pizzas and burgers."

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. We saw they monitored people's weights where there was a risk of them becoming malnourished. One person said, "Oh yes I plan my menu, I like to eat good things and staff are very knowledgeable about what is good for me to eat."
- We observed how people were supported in different ways to prepare their evening meal. This was relaxed and well-coordinated so that those who wished to sit and eat together could do so.
- People were supported to attend annual health checks, screening and primary care services.
- Family members told us they were confident that staff understood people's health needs and had the skills to care for them effectively. One said, "[Relative] has constant healthcare reviews so [health condition] is really well monitored."

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.

- Staff empowered people to make their own decisions about their care and support. One person told us, "Staff always ask me how I would like this and how would I like that. I am living the best life. I make my own decisions and choices for what I want to do." Another said, "I make free choice about things. I have the right to make my own choices, and staff respect that right."
- The provider ran occasional workshops for people to ensure they understood that their rights with regards to consent. A family member told us, "[Relative] is well aware of their need to give consent to staff for things; the first thing staff do before they ring me is to check with [relative] to get their permission."
- Staff demonstrated a clear understanding of their responsibilities for seeking consent from people. We observed how staff were consistently offering people choices and checking with them before providing care and support.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People were well matched with their designated support workers and as a result, people were at ease, happy, engaged and stimulated. A family member told us, "Staff built up a relationship with [relative] over time and now [relative] trusts them to care for them. We hear lots of giggling and fun sounds coming out"
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "Staff treat me with respect; they let me take charge of my life, but are always there, just in case."
- Staff members showed warmth and respect when interacting with people. One person said, "It is a joy to live here. The best bits are that my friends live and work here, I see the staff as my friends too. They give me so much support, they are never too busy to do things with me. They are kind and patient."
- A family member said "The staff are very kind and very warm, no matter how challenging the situation is. They are patient no matter what."

Supporting people to express their views and be involved in making decisions about their care

- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. One person told us, "I attend my review meetings and give my opinions. Even though we make a [care] plan, it is not a set plan and we can change our minds," and another said, "I like that we can make our own choices and decisions but we still have the guidance of staff."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A family member told us, "[Registered manager] comes by and discusses [relative's] care plan, they always want our views on how things are going."
- A staff member told us, "We want people to feel able to come and talk to us, to feel able to make choices. We want them to be able to make informed decisions."
- The provider created a booklet during COVID-19 restrictions for people to express to a member of staff their fears and concerns during this time. This included their feelings on visiting restrictions and wearing of personal protective equipment, as well as how they or their families may be affected if they contracted COVID-19.

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us, "I like the fact it's not like a formal care setting. It's much more relaxed and I can be myself." Another said, "I get help from staff to be independent and to budget. I am so much more independent since

living here with cooking, shopping and dressing."

- A family member told us, "The changes and maturity that have come over [relative] since living there have been amazing, so much more assertive."
- Staff told us that promoting people's independence was central to how they worked. One told us, "People make their own choices. They would all like their own places eventually. We try and take it step by step with them and say that is something to aim for."

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- One person told us, "I have learned to stand up for myself. I feel more confident to say what I want to say," and "I think it has been a good launching pad to find the skills I need to move on."
- Another said, "I like to be independent and am used to this being respected. Staff encourage me to do even more and have developed this with me, for example, I now phone up for my own appointments but having the support there means a lot."
- Care plans were regularly reviewed and updated. One family member told us, "I have been present at all the review meetings and can give my view. I feel listened to, they are always welcoming of my input, open and listening."
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and told us they had time to read and understand people's care plans. One staff member told us, "When new people start we definitely make time for them to do read plans." One person told us, "Staff understand what I need because they read my care plans."

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.

- Staff ensured people had access to information in formats they could understand
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- A family member told us, "The carers communicate with [relative] at their pace and level. This really works as it relaxes [relative]."
- Consent forms, for example, when people consented to vaccinations, were clearly set out in pictorial and word form.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Staff provided person-centred support with self-care and everyday living skills to people and supported them to participate in their chosen social and leisure interests on a regular basis. One person told us, "They let us do what we want but push us to try new things. Sometimes they challenge us to take us out of our comfort zones but still try to support us."
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests.
- On the day of inspection, people were in and out of their homes going to the wide variety of activities they took part in. This included art and drama workshops, theatre productions, yoga and dance. One person said, "Life is very busy here, there are so many things I am involved in."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The provider's complaints procedure was in a format accessible to everyone.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- The provider received no formal complaints. However, they maintained a record of general issues raised by people or family members which documented the nature of the issue, lessons learned and how this was shared with staff.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One person told us, "I think the staff are probably the best care staff I have had, and lots of different carers have worked with me in the past. I think the staff are fantastic."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One said, "I cannot fault the support I get, [members of senior leadership team] are in touch a lot by phone or just popping in to the service." Another told us, "We are well-supported and everyone is approachable. The managers know the guys [service users] individually, which really helps."
- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. There were no reportable duty of candour incidents.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a robust system of audits in place, done at frequent intervals throughout the year.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs, as well as oversight of the services they managed.
- One person told us, "The service is definitely well managed, I get a lot of support and it's all to do with my independence. My family are very happy that I live here."
- Family members described a consistent approach and were happy with the care and support provided to people, one said, "The agency really knows what they are doing, that is why we are with them for so long. We have a very good relationship, communication is so good, we get on very well, it is a comfortable relationship."
- Staff delivered good quality support consistently. Staff understood their roles and responsibilities and

spoke with pride about the care and support provided to people. One told us, "Working here means everything to me; I feel I make a difference to people's lives for example, going home knowing I made someone's hair look beautiful."

- The provider kept up-to-date with national policy to inform improvements to the service. These were shared with staff in staff meetings.
- Staff described how learning was encouraged and supported. One staff member told us, "We share things in the team and in staff meetings, we look at what might have happened and why."

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, an additional family meeting was arranged in response to a request for this from one family.
- One person told us how staff with them, "I have a meeting once a month with my keyworker and we go through how I am feeling, anything I am unsure about or if there is anything staff are doing that I am not happy with. Basically, it is about whether there is anything that can be improved. [Registered manager] just wants us all to be happy here."
- The provider engaged with people, their family members and staff through a series of tenants meetings, house meetings, staff meetings and feedback forms, as well as newsletters. The registered manager told us, "We are a service which if we do not work with parents then it is hard to get it right."
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.