Infinite Intermediate Care Limited

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Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Infinite Intermediate Care Limited is a domiciliary care service. At the time of our inspection the service provided personal care to two people. One of the two people was receiving 24 hour care from the service. The service provides care to adults in Peterborough and surrounding areas.

People's experience of using this service and what we found
Sufficient action had not been taken to make the improvements needed that were identified at the last inspection. The provider had not followed their own action plans to make the required improvements. There was a lack of oversight regarding the care being provided. This meant that people's health and safety continued to be at risk.

People's medicines were not always managed safely. The medication administration records contained numerous omissions for signing of medication administered and did not contain all of the relevant information required. Staff had not completed competency assessments for the administration of medicines to ensure they were following correct and safe procedures.

Care plans and risk assessments had not been updated when people's needs changed. This meant that staff did not have access to current information about how people should be cared for.

Not all staff had completed training in the protection of vulnerable adults. The registered manager was still not aware of the correct procedure to follow if there was an allegation of abuse. Allegations of abuse had not been reported to the Care Quality Commission (CQC), as required.

The provider's recruitment procedure continued to not be followed. This meant not all of the required pre-employment checks had been completed to ensure staff were suitable to work with vulnerable people. Not all staff had completed the training as required by the provider to ensure they had the skills to carry out their roles. Action had not been taken to ensure that staff were competent to carry out their roles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Inadequate (report published 01 April 2020) and there were multiple breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service was rated requires improvement as a result of their first inspection and inadequate

for the last inspection.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We planned to carry out a targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We inspected and found there was a concern with safe use of medicines, safe recruitment, infection control procedures, staff training and risk assessments, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led. We did not inspect the other key questions. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Infinite Intermediate Care Limited on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to a lack of oversight of the service, safe recruitment, safe use administration of medicines, risk assessment, training and competency of staff and notifications to the commission at this inspection.

We asked the provider for assurances that they would take immediate action to ensure that people received their medicicnes as prescribed. We were not confident that the providers response was adequate to ensure people's safety. Therefore we urgently imposed a positive conditions on the provider stating that they could not provide a service to any new people.

We also urgently imposed a positive conditon on the provider to make the necessary changes to ensure safe administration and monitoring of medicines. This inlcuded the provider sending information to the Commission on a weekly basis about the action they had taken to comply with the regulation.

Follow up
The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

Infinite Intermediate Care Limited

Detailed findings

Background to this inspection

The inspection
This was planned to be a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the concerns identified we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Inspection team
This announced inspection took place on four days between the 15 and 23 September 2020 and was carried out by two inspectors.

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 providers Nominated Individual and sole director.

Notice of inspection
This inspection was announced. We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We talked with two relatives of people who used the service, the registered manager and four members of staff. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at 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.

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

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had not followed their own action plan to ensure that there was safe administration of medicines. This meant that people's health and safety was at risk.
- The medication administration charts (MARs) had numerous omissions for errors and did not contain all of the required information. It was impossible to know from looking at the MARs if people had received their medicines as prescribed. As the stock levels of medicines were not recorded it was not possible to tally up the medicines with the records to see if they had been administered but not signed for.
- The MARs showed that a suppository had been administered by staff who had not been trained or authorised to administer them. We raised this with the local safeguarding team.
- Although staff had completed their administration of medicines training the Registered Manager had not carried out any competency assessments to ensure staff were following the correct procedures.
- We identified at the previous inspection that medicines were not always administered in line with the manufacture's recommendations. This information was shared with the registered manager and included in the previous inspection report. However, the manufacturer's guidelines were still not being followed for all medicines. This placed people's health and safety at risk.

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

- Risk assessments were still not being reviewed when needed. This meant that there was a lack of current guidance for staff to follow about how they should support people to remain safe.
- The registered manager stated that they reviewed care plans and risk assessments when people's needs changed. One person had suffered a serious injury that meant that they were no longer using their frame to walk between rooms and staff were required to use the hoist to assist them out of bed and into their wheelchair. However, neither their risk assessment or care plan had been reviewed or updated to reflect the changes. Although staff were aware that they should use the hoist one member of staff told us they did not understand why.

●Risk assessments were not in place for specific risks to people's health. For example, one person was diabetic and at times their blood sugar levels fluctuated. Their family member told us that they kept sweets/sugary drinks in the home for staff to administer if they thought the person was displaying signs of their blood sugar being too low. However, there was no risk assessment regarding the person's diabetes or what action staff should take. One staff member told us they knew what to do as they had a family member who was diabetic.

●Risk assessments were not always in place for equipment being used. One person had bedrails to prevent them from falling out of bed. The registered manager was not aware of the government guidance regarding the safe use of bedrails or that a risk assessment should be completed. This put people's health and safety at risk.

●The registered manager told us that they were only aware of one accident since the previous inspection. They had assessed the accident information but did not think that there was anything that could have been done to prevent it.

●The family member of one person using the service told us that their relative had, "Several slips" since Infinite Intermediate Care Limited had been providing their relatives 24 hour care. These had not been recorded as incidents. Failure to record all information prevented the registered manager from identifying any trends to prevent further incidents.

●The registered manager had completed a COVID-19 risk assessment. However, the risk assessment did not include what personal protective equipment staff should use when working with people. The registered manager stated that she relied on staff staying up to date with government advice regarding reducing the risk of spreading infections including COVID-19. There were no procedures in place to ensure the latest guidance was being followed. This meant that the registered manager had no assurances that staff were following the latest guidance and protecting people from the spread of infections.

●Five of the six staff had completed infection control training. One member of staff had failed their infection control training in April 2020. The registered manager stated that they had not taken action to ensure that their infection control practice was appropriate such as supervisions or observations. This put people at increased risk of harm as the member of staff may not be aware of the correct infection prevention procedures to follow.

The provider had failed to ensure that medicines were managed safely. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures. This was a breach of regulation 19 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

●The registered manager told us that they had made the necessary changes to ensure the right staff were employed. However, the records showed that this was not the case and the registered manager was still not following the provider's recruitment procedure.

●The recruitment records of two new members of staff showed that not all of the required information had been received before they commenced work. There was not a full record of people's employment and gaps in employment history had not been explored. Two references were not in place for either person as

required by the providers recruitment policy. This meant that the provider could not be sure that the right people were employed to work with vulnerable people.

●The staff induction records for two new members of staff showed that they had not received Health and Safety awareness briefing. The registered manager stated that their induction had not yet been completed even though they had been working with people on their own since July 2020.

The registered manager continued to not complete the appropriate checks to ensure that staff were recruited safely into the service. This was a breach of Regulation 19 of The Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

●Not all possible safeguarding incidents had been identified or the appropriate action taken to investigate and report concerns.

● The registered manager had completed training about how to safeguard vulnerable people. The registered manager stated they had informed all staff they must complete the safeguarding training. However, of the five staff training records we looked at only one staff member had completed safeguarding training. This meant that safeguarding concerns may not always be identified.

● The staff we spoke to were aware of the procedures to follow if they suspected someone had been harmed.

Inadequate

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were continued widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our previous two inspections the provider did not have process in place to effectively assess, monitor and improve the quality of the service provided. This was a breach of Regulation 17 Good Governance of the Care Standards Act 2008 (Regulated Activities) Regulations 2014. We used our enforcement powers and served a warning notice on the provider on 20 February 2020 and told them that they had to make the necessary improvements by 22 May 2020. We also met with the provider to ensure they fully understood what improvements must be made. Before carrying out this inspection we received assurances from the provider that the necessary improvements had been made.

However, our findings show that the provider continued to have a lack of oversight of the service and continued to be in breach of regulation 17.

- The service was not well managed. The registered manager was also the nominated individual and sole director of Infinite Intermediate Care Limited. This meant that there was no-one else involved in running the service or providing oversight of the quality of the service being provided.
- There continued to be a lack of identifying areas for improvement. Necessary action was not taken to ensure the delivery of care to people was safe and did not place them at risk of harm. For example, although there was a medicines audit document these were not being regularly completed. Two medicines audits had been completed by an office member of staff however they had not been completed accurately. The registered manager had not given the staff member guidance on how it should be completed or checked the completed audit. Of the 23 MARs we looked at, all of them contained either omissions of information required or signatures to show they had been administered. This had not been identified as an area for improvement.
- Record keeping continued to be poor. Risk assessments and care plans had not been updated as necessary to mitigate risk to people and provide staff with the information they needed.
- The registered manager had not ensured that the right staff were employed and that they were competent to carry out their roles effectively.
- The registered manager told us that they purchased the policies and procedures for the service from a policy writing company. However, they had not personalised the policies and procedures to ensure they were relevant to the service being provided. We were unsure what part of the governance policy meant. The registered manager said that they did not understand it either.

●Action had not been taken to ensure staff were competent in their roles. The registered manager stated that they had told staff that they must complete a total of 13 online training courses by the end of August 2020. However, a high number of the training courses had not been completed. The registered manager stated they had extended the deadline for when staff must complete the training by. However, they did not know what else to do to ensure that staff completed the training. Staff competency assessments or observations of their work had not been carried out for all staff. The providers induction had not been completed for two new members of staff.
●The registered manager stated that other than the two medication audits no other audits had been completed since the previous inspection. For example, no health and safety or care plan audits had been completed.
●The registered manager had not notified the Commission about an alleged safeguarding incident as required.

The provider continued to fail to monitor and improve the quality and safety of the services provided. The provider failed to maintain accurate, complete and up to date records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection we issued a warning notice against regulation 17 and at this inspection we found there was not enough improvement made to meet this notice.

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 registered manager was aware of their responsibilities regarding duty of candour. However there had not been any incidents that required the duty of candour to be applied.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager had sent quality assurance surveys to people who used the service and staff members. The reply from people who used the service had been positive. People's relatives also told us that they often spoke to the registered manager when they dropped off items for the care staff.
●Staff surveys had also been given out. However not all staff comments had been responded to where necessary.
●The family of one person who used the service told us that staff took the time to get to know their relative and involve them in activities they enjoyed. They said one member of staff was very good at calming their relative when they were distressed.

Working in partnership with others
●The registered manager was working with other services. For example, they had made phone calls to the occupational therapist. However, this had not been recorded.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that medicines were managed safely.

The enforcement action we took:

We urgently imposed a positive conditions on the provider stating that they could not provide a service to any new people.

We urgently imposed a positive conditon on the provider to make the necessary changes to ensure safe administration and monitoring of medicines. This inlcuded the provider sending information to the Commission on a weekly basis about the action they had taken to comply with the regulation.