

Infinity Health Group LTD

Ransom Wood Business Park

Inspection report

40 High Street
South Normanton
Alfreton
DE55 2BP

Tel: 07715278957

Website: www.infinityhealthgroup.co.uk

Date of inspection visit:
22 July 2022

Date of publication:
08 September 2022

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

Ransom Wood Business Park is a domiciliary care agency providing nursing and personal care to people in their own homes. At the time of the inspection one person was using the service.

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

This small, caring service was run by two experienced registered nurses. The staff were friendly and kind and got on well with people using the service. A relative said, "The staff have earned [person's] affection. [Person] looks out of their window and waits for them to come. They brighten [person's] day."

The service was well-staffed. People using the service and relatives received a weekly rota, so they knew which staff were coming to them. A care worker said, "We have enough travel time, calls last the length they're meant to, and we are rarely late or early for calls due to well-organised, realistic rotas."

Staff protected people from harm and followed risk assessments to ensure they were supported in a safe way. Staff wore personal protective equipment (PPE), including face masks, when supporting people and were trained in infection control.

People's healthcare needs were assessed, monitored and met in conjunction with healthcare professionals where necessary. People's care plans were personalised and included their preferences. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported.

The registered manager communicated well with people, relatives, and staff and involved them in decisions about people's care and support. A staff member said, "Messages are always passed on. If there are any changes in people's care needs staff are told right away."

The service had a positive, person-centred approach and staff had a good understanding of equality, diversity and human rights. They were sensitive and respectful regarding people's cultural needs.

The provider and registered manager audited the service to ensure it was running effectively. They sought feedback from people, relatives, and staff and used it to make ongoing improvements to the quality of care and support.

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

This service was registered with us on 08 July 2019 and this is the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

During the inspection

This was an 'inspection using remote technology'. On these type of inspections we do not visit the office location and instead use technology such as electronic file sharing to gather information, and video, phone calls and emails to engage with people, relatives, staff and other stakeholders.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ransom Wood Business Park

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides nursing and personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be available to meet with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This inspection was carried out without a visit to the location's office. We used technology such as video and phone calls to enable us to engage with stakeholders, and electronic file sharing to enable us to review documentation. We spoke with the provider and registered manager on 22 July 2022 and received all the files needed to complete the inspection on the same date. We also spoke with a relative and two care workers and had email contact with a commissioner.

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 of 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 safe using the service. A relative said, "When the staff come, I can have a little time off and I know [person] is safe."
- Staff were trained in safeguarding (protecting people who use care services from abuse) and understood their duty to protect the people they supported.
- The service had clear policies and procedures for staff to follow if there were concerns about a person's well-being. Staff understood these and knew to immediately report any concerns to the registered manager.

Assessing risk, safety monitoring and management

- People had risk assessments, so staff understood how to support them safely. Risk assessments were personalised and where possible, written in conjunction with the person themselves and their relatives.
- Risk assessments were stored electronically, and staff had continual access to them. This meant if a person's needs changed staff were informed immediately and could adjust the person's care and support as required.
- Staff followed risk assessments. For example, if a person needed two staff to support them to transfer, two staff were always provided. Risk assessments highlighted specific risks, detailed how to minimise risks and advised action to take in the event of an incident.
- Staff ensured people were supported in a safe environment. Risks in people's homes were assessed and reviewed regularly. If staff identified any new hazards they knew to report them to the registered manager and, where applicable, to the person themselves and/or their relatives.

Staffing

- The service was well-staffed and only took on new care packages if they had staff available to meet people's needs. People using the service and relatives received a weekly rota so they knew which staff were coming to them.
- Staff said their rotas were fit for purpose. A care worker said, "We always have enough time on calls to do all the tasks."
- Arrangements were in place to ensure any gaps in staffing were covered. A care worker said, "We are very rarely late, but if we get delayed because a client needs extra help, we phone ahead to let the next client know. If we're very delayed, we contact (the registered manager) who arranges for another staff member to go in instead."
- Staff were safely recruited. The service used a staff recruitment checklist to ensure all the relevant checks were done including Disclosure and Barring Service (DBS) checks which ensure that staff have no previous cautions or convictions that would prevent them from working with people who use care service.

Using medicines safely

- A relative said medicines were well-managed by trained staff.
- All staff were trained in medicines management with three of them qualified to train others. The service had policies and procedures in place to ensure medicines were managed safely.
- At the time of our inspection staff were supporting one person with their medicines. They supported the person to have their medicines on time and recorded this on the person's MAR (medicines administration record). The registered manager audited medicines records to ensure they had been given safely in line with the prescriber's instructions.

Preventing and controlling infection

- Staff wore personal protective equipment (PPE), including face masks, when supporting people with personal care. The service provided staff with the PPE they required and ensured it was properly disposed of after use.
- Staff were trained in infection control and had regular updates as necessary.
- The service follow government and CQC guidance on infection control and carried out infection control and COVID-19 risk assessments. Staff understood that people were at high risk of contracting COVID-19 due to their age and/or medical conditions and made infection control a priority because of this.

Learning lessons when things go wrong

- The service recorded accidents and incidents, analysed them, and took steps to ensure future risk was minimised. For example, after a person fell the registered manager asked their local CCG (clinical commissioning group) to review the person's support package. This was done and the person was given extra support hours to reduce the risk of them falling again.

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.

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

- Senior staff assessed people's needs before they began using the service to ensure they could be met. If people were referred to the service in an emergency staff used the first 48 hours of care provision to carry out detailed assessments. Following this they wrote comprehensive personalised care plans and risk assessments for people.
- The service had good policies and procedures in place to ensure people's health and social care needs were met. For example, the pressure area management policy and procedure included all the information staff needed to provide support in line with standards, guidance and the law.

Staff support: induction, training, skills and experience

- All staff completed the Care Certificate as part of their induction. This is a nationally recognised qualification which aims to equip health and social care support workers with the knowledge and skills needed to provide safe and compassionate care. New staff worked alongside experienced staff to ensure they could meet the needs of the people they supported.
- Staff told us they received excellent training opportunities including online and hands-on courses, for example moving and handling. The registered manager was supporting a care worker to progress their career via a Leadership and Management course. Another care worker said the service's induction and essential training gave them the skills they needed to provide effective care and support to people.
- Staff completed a wide range of training courses including dementia care, falls prevention, and equality and diversity. If specialised training was needed this was provided. For example, staff had previously been trained to use a PEG (percutaneous endoscopic gastrostomy) feeding tube when this was required for a specific person.

Supporting people to eat and drink enough to maintain a balanced diet

- If people needed support with their nutrition and hydration staff provided this. Care plans included instructions to staff on how to ensure people had the meals, drinks, and nutritional supplements they required.
- Where necessary, staff used food and fluid charts to monitor people's intake. They prompted people to eat and drink enough, and prepared meals and assisted people to eat them when this was required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and met. A relative told us the staff had a good understanding of

their family member's healthcare needs and knew when to contact healthcare specialists for additional support if required.

- Care workers monitored people's healthcare needs and worked closely with healthcare professionals including GPs, district nurses and occupational therapists, to ensure people's healthcare needs were met. For example, a person's tissue viability improved following interventions from staff and a district nurse.

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 MCA 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.

- People's mental capacity was assessed, and plans put in place to ensure they had the support they needed to make decisions.
- Staff were trained in the MCA and understood the importance of gaining consent from people and ensuring the care and support they received was in their best interests.

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 were respectful, kind and considerate towards the people they supported and developed caring relationships with them. A relative said, "They have grown a bond with [person]. They are so polite, friendly, and efficient."
- Staff were trained in equality, diversity and human rights, and respected people's individuality. The service assessed people's equality and diversity needs and ensured they were met. The multicultural staff team understood the importance of respecting people's beliefs and upholding their human rights.
- The registered manager fostered a caring and respectful culture among the staff team. Staff told us they enjoyed supporting people and making a difference for them. Care records were written in a respectful and caring way and showed people and their relatives were central to any decisions made.
- Where necessary, staff supported relatives, explaining care and support decisions to them, and providing cover should a relative need time away from their family member.

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

- Staff always obtained consent from people before commencing care. This promoted trusting relationships and created an environment where staff, people, and relatives felt comfortable to express their views.
- Personalised care plans were drawn up with people's and their relatives' involvement. A relative said they signed and agreed their family member's care plan and were consulted if changes were made.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to remain as independent as possible and encouraged them to make choices about what they wanted to wear, activities, and meals. They promoted people's independence and enabled them to do as much as it was safe for them to do themselves.
- Staff respected people's privacy and dignity. They were trained to provide discreet and sensitive care and support. Where possible, people chose the gender of the staff supporting them.

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

- A relative said their family member's care plan addressed all their needs. They told us, "[Person's] care plan ensures staff tackle everything that has to be done. It works so well for us." They said the care plan was written with their input and based on their family member's preferences.
- Staff said care plans were informative and easy to follow. One care worker said, "[Registered manager] has already done an assessment before we go out and explained the client's needs to us and we can ask questions. We then follow the client's care plan and check for updates every time we go out."
- People's care plans were personalised and written from their perspective. They explained to staff what people would like them to do from when they first arrived at the person's home. They included people's preferences, for example, how they liked to dress and what they would like to eat and drink.
- People's care plans were comprehensive. They covered areas such as personal care, medicines, nutrition, and oral hygiene. Where people's relatives were involved in their care, care plans explained the breakdown of tasks, so staff and relatives could work in partnership with each other.

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 communication preferences, abilities and needs were in their care plans. Staff know how to communicate with and understand the people they supported using verbal and non-verbal cues.
- Information about the service was available on request in a range of formats including easy-read and braille. The registered manager told us they would consult specialists and seek advice if staff needed support in communicating with a person with particular communication needs

Improving care quality in response to complaints or concerns

- The provider, registered manager and staff encouraged people and families to give feedback, both positive and negative, on the service as it enabled them to improve it. A relative told us if they had a concern they would speak to informally to care workers or the registered manager about it and were confident it would be addressed.
- The service had a complaints procedure which people and relatives could use if they wished to make a formal complaint. The registered manager understood their responsibility to acknowledge complaints, investigate them, and respond appropriately to the complainant.

End of life care and support

- The registered manager and staff were experienced and trained in providing end of life care and support and the service specialised in this.
- The registered manager had previously worked in a hospice and used her knowledge to ensure the service provided high-quality end of life care. She told us, "We [the staff] know the difference good end of life care can make to people and their families."
- The service's end of life care plans focused on people's preferences for their end of life care. They took into account people's spiritual and cultural needs and their wishes regarding medical interventions.

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

- The service was small and run by the provider and registered manager who were both registered nurses. They engaged with people, relatives and other stakeholders to ensure the service provided high-quality care and support.
- A relative said using the service had a positive effect on their family member. They told us, "[Person] has had many good days because of this agency. The staff respect them and fit in with their culture."
- A staff member told us, "Infinity is a good agency to work for. The (registered manager) is lovely and all the staff are nice caring people. I would recommend this agency to my family members if they needed care at home."
- The service has a positive, person-centred culture. The provider, registered manager, and staff had a good understanding of equality, diversity and human rights. This was evident in discussions with them and in the service's policies and procedures.

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

- The provider and registered manager carried out regular audits to ensure the service was running effectively. For example, by auditing the service's call monitoring records the registered manager checked staff were punctual and stayed for the planned amount of time when they supported people.
- Care plans were continually reviewed and care workers updated if people's support needs changed. A care worker said, "Communication is very good. If anyone's needs change the (registered) manager makes sure we know before we go on the call."
- The service was well-organised to ensure it operated safely and effectively. For example, the Business Continuity Plan (Winter 2022-2023) addressed potential challenges and set out how the service would address these so people continued to receive the support they needed.

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 and registered manager understood their responsibility to be open and honest with people if things went wrong.
- The registered manager submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service used quality monitoring surveys to measure people's and relatives' satisfaction with the care and support provided. Results showed the three respondents who completed the June 2022 survey were satisfied with all aspects of the service.
- The provider and registered manager valued their staff, acknowledged their expertise, and included them in decisions about the service.
- All staff had regular one-to-one supervision. This gave them the opportunity to discuss their practice, identify any training needs, and share their views on the service. A staff member said, "[Registered manager] is very supportive, I can phone her any time for advice and support, she's very kind and accommodating."

Continuous learning and improving care

- The registered manager supported staff to increase their knowledge and skills via training opportunities. A care worker said the registered manager was supporting them in their career progression by enabling them to do a leadership and management course.
- The provider and registered manager completed regular training as a requirement of their nurse registration status. They were members of a healthcare training association and took part in provider and managers forums on social media.

Working in partnership with others

- Staff worked in multidisciplinary teams facilitated by their CCG (clinical commissioning group). This enabled them to be part of a holistic approach to care provision alongside other health and social care professionals.
- If people needed additional support with their healthcare needs staff contacted district nurses who were able to refer people to other services like occupational therapy, tissue viability, and SALT (speech and language therapy).