

Infinite Intermediate Care Limited

# Infinite Intermediate Care Limited

## Inspection report

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## Ratings

|                                 |  |
|---------------------------------|--|
| Overall rating for this service | Requires Improvement  |
| Is the service safe?            | Requires Improvement  |
| Is the service effective?       | Requires Improvement  |
| Is the service caring?          | Good                  |
| Is the service responsive?      | Requires Improvement  |
| Is the service well-led?        | Requires Improvement  |

# Summary of findings

## Overall summary

Infinite Intermediate Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to both older and younger adults.

This is the first inspection of this service since it registered with the Care Quality Commission. This announced inspection took place between the 2 and 8 November 2018. There were three people receiving the regulated activity of personal care during this inspection. All care was provided by the registered manager.

This service had a 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 2008 and associated Regulations about how they run the service.

The registered manager was also the sole director of Infinite Intermediate Care Limited. This meant there was no-one else involved in running the service and there was no other oversight of the registered manager's practice. The provider did not have sufficient oversight of the service nor were there adequate systems in place to ensure that people received a high-quality service and were kept safe.

Where people did not have the mental capacity to make decisions, processes had not have been followed to protect people from unlawful restriction and unlawful decision making. Not all potential risks to people had been managed to ensure that the risks were minimised. Care plans were not sufficiently detailed guidance on how to meet each person's individual needs.

People were supported to manage their prescribed medicines safely. There were processes in place to reduce the risk of infection and cross contamination.

There were enough staff to ensure people's needs were met safely and in a timely manner. The registered manager had very good relationships with people and their relatives. The registered manager knew the people she cared for well and understood, and met, their needs.

People were supported to have enough to eat and drink. People were assisted to have access to external healthcare services to help maintain their health and well-being.

The registered manager worked in partnership with people's relatives who were fully involved in making decisions about their family member's care and support. They were involved in the setting up and review of their or their family member's support and care plans.

People were treated kindly and were made to feel that they mattered. The registered manager respected and promoted people's dignity and independence. People's suggestions and concerns were listened to and

acted upon. The provider had a complaints process in place but had not received any complaints.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

## 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 not always safe.

Not all potential risks to people had been managed to ensure that the risks were minimised.

There was a system in place to safeguard people from avoidable harm.

There were sufficient staff to ensure people's needs were met safely.

People were supported to manage their prescribed medicines safely and there were processes in place to reduce the risk of infection and cross contamination.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Where people did not have the mental capacity to make decisions, processes had not have been followed to protect people from unlawful restriction and unlawful decision making.

The registered manager knew the people they cared for well and understood, and met, their needs.

People were assisted to have access to external healthcare services when needed and encouraged to maintain their health and well-being.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

The registered manager treated people kindly and made people feel that they mattered.

People were treated people with respect. Their privacy, dignity and independence was promoted and maintained.

People had access to information about the service.

**Good** ●

### **Is the service responsive?**

The service was not always responsive.

Care plans were not sufficiently detailed with guidance on how to meet each person's individual needs.

People knew how and to whom to complain should they need to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The provider did not have adequate oversight of the service to ensure that people were provided with a high-quality, safe service.

People, their relatives and other stakeholders were not given enough formal opportunities to express their views about the service.

People were very happy with the service and would recommend it to others.

**Requires Improvement** ●

# Infinite Intermediate Care Limited

## **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 was planned to check whether the provider is 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 announced, comprehensive inspection took place on 2 and 5 November 2018. It was undertaken by one inspector. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Before our inspection we looked at all the information we held about the service including provider information return (PIR) which we received on 14 May 2018. This is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

To help us with planning our inspection, we asked for feedback from representatives of a local authority commissioners, Healthwatch, and local safeguarding teams. We also checked the reviews website [homecare.co.uk](http://homecare.co.uk) for comments.

The inspection took place between 2 and 5 November 2018. On 2 and 5 November 2018 we spoke on the telephone with two relatives of people who use the service. On 5 November 2018 we visited office and spoke with the registered manager and looked at records relating to the provision of care and the management of the service. The provider employed no other staff and the registered manager provided all the care.

Following our inspection, the registered manager sent us further records relating to people's care which we received on 8 November 2018.

# Is the service safe?

## Our findings

Although the provider had systems to help them identify and reduce risks to people who used the service, the registered manager had not completed these in sufficient detail. For example, one person's environmental risk assessment stated that their home had rugs which were 'constantly assessed'. The form asked for what existing controls were in place and if the control was adequate. This section had not been completed. Another person had swallowing difficulties. Their risk assessment stated the person's drinks were thickened, but it did not state the consistency. The registered manager told us she had received training from the SALT along with the person's family members. However, there was no guidance in place should new staff support the person.

Moving and handling risk assessments reflected the number of workers the person needed to assist them to move, the type of equipment for each type of transfer and who was responsible for its maintenance.

Relatives told us that their family member felt safe receiving care from the service and that they trusted the registered manager. The registered manager had received training and understood the procedures they needed to follow to help safeguard people from harm. She had access to information about this in the service's office and knew how to make referrals to the local authority. The information in people's care records was held securely within the office and within people's own homes.

The provider had not employed any staff since the service started but had procedures in place should they do so.

At the time of our inspection there was only the registered manager who provided people's care. Relatives told us that the registered manager knew their family member and their preferences well. They spoke highly of them saying they were, "Excellent," and "She always finds time to help me [and my family member]." They said there were no missed care calls, that the registered manager was, "Always on time and stays to do everything." This showed that people received continuity of care. Relatives told us that they could provide care to their family member when the registered manager was on leave or in an emergency.

The registered manager administered medicines to only one person using the service at the time of our inspection. This was done safely. The person's care plan showed that their relatives managed most of their medicines and stated which medicines were administered by the registered manager. Records showed this was done in line with the prescriber's instructions.

The registered manager had received training in infection control and food hygiene. Relatives confirmed the registered manager used personal protective equipment, such as single-use disposable aprons and gloves, when they gave personal care to their family members. There were processes in place to reduce the risk of infection and cross contamination.

The registered manager was aware of the provider's reporting procedures in relation to accidents and incidents but none had occurred since the service started.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own homes, an external agency would make the DoL application to the Court of Protection.

We found the service was not always working within the principles of the MCA. The registered manager told us they had received training in the MCA and did have a basic understanding of it, but this needed embedding. One person's care plan stated that they had dementia and were 'not to be left unsupervised'. The registered manager confirmed she did not believe it was safe for the person go out alone and they were constantly supervised. She told us she did not know if another person's mental capacity to make decisions about being alone, leaving their home or receiving personal care had been assessed. They told us they would raise this with the person's relatives and refer to the local authority if necessary.

The registered manager told us that some people who lacked mental capacity had relatives with lasting power of attorney to make decisions on their behalf, about their care. However, the registered manager confirmed she had not seen these authorisations although people's relatives had signed their family member's care plans.

The registered manager provided us with a copy of the provider's policy in relation to the MCA. However, under the 'scope of the policy' it named other organisations as the employers of staff, rather than the provider.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager carried out assessments of people's needs, such as people's physical, mental health and social needs, before they received the service. However, these were not comprehensively completed and missed out important information such as a person's health condition. The registered manager used, and promoted the use of, by supporting people to contact other professionals, technology and equipment to enable people to be as independent as possible. For example, hoists and commode chairs. These items enabled people to maintain their independence.

Relatives told us the registered manager was knowledgeable and seemed well trained. The registered manager had achieved a national vocational qualification (NVQ) level 4 in care in addition to a management qualification. She had also completed training in key areas such safeguarding, moving and handling, and food hygiene. However, although the provider's policy was that staff should receive refresher training

annually, the registered manager told us they received their last training in August 2017, 15 months earlier. This meant they may not be up to date with legislation and best practice in these key areas. The registered manager submitted to us a certificate showing they had attended a one-day refresher course following our inspection, on 12 mandatory subject areas, which included two practical sessions on moving and handling and basic life support.

Although no new staff had started working at the service, the registered manager told us they had an induction programme that reflected the Care Certificate. This is training that includes a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker.

People and their relatives were responsible for providing people's food and drinks. The registered manager made sure that each person had enough to drink while they were with them. They provided minimal support around meal times, but did occasionally help one person with their breakfast. They spoke knowledgeably about the support the person needed in relation to food and ensuring they got enough to eat and drink. The person's relative told us, "[The registered manager] is mindful of [my family member's] dietary intake."

The registered manager told us of how they looked for ways to improve people's health. For example, they encouraged one person to do simple exercises to increase their muscle-tone after a stroke. People's relatives handled arranging appointments with any healthcare professionals that the person needed to consult. Relatives told us that the registered manager told them if they saw "something out of character" or the person's health condition changed. They told us the registered manager had noticed early symptoms and enabled them to relay these to a healthcare professional.

## Is the service caring?

### Our findings

Relatives were very happy with the care the service provided. They described good working relationships with the registered manager. One relative said, "The continuity and relationship [between the staff member and family member] is very good. The rapport she's established with my [family member] is reassuring." They told us that they, an independent care worker and the registered manager met all their family member's care needs. They told us they worked as, "a close team."

The registered manager treated people kindly and made people feel that they mattered. A relative told us the registered manager was, "Kind and patient. I'd recommend her but I wouldn't want to lose her." Another relative said about the registered manager, "I couldn't ask for a more considerate person."

Relatives told us the service made a positive difference to their lives. The registered manager clearly knew people well, including their personal preferences and how they preferred to communicate. People's care plans stated how they preferred to be addressed. One relative told us their family member originated from another country. They described how the registered manager communicated well with the person. They said, "They have this engagement where they engage with each other." They told us they had seen the registered manager use objects of reference to aid communication.

People had access to information about the service including a copy of their contract and the providers service user guide. Relatives told us the registered manager consulted with them and their family members about the service provided. The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Relatives told us that the registered manager treated their family members with respect and promoted their dignity and independence. A relative told us the way the registered manager provided care, "enabled" their family member's dignity. The registered person knew each person well and spoke about people in a very respectful manner.

## Is the service responsive?

### Our findings

Relatives told us that people's individual care and support needs were assessed prior to them using the service to make sure that the service could meet their needs. One relative told us, "The first time [the registered manager] met me was when my [family member] was in hospital. She asked me all about [my family member] and met [them]."

Relatives made positive comments about the service. They said how the registered manager supported people in a person-centred way focusing on their individual needs and giving care in the way they preferred. A relative told us the service was, "Very good. Excellent. It's the way [the registered manager] pays attention, the way she works." A relative described the care their family member received from the service as of a "good standard... very thorough."

Whilst it was clear the registered manager had a good knowledge of people's needs and wishes, people's care plans did not consistently record these. This meant that if new staff provided people's care, they would not have sufficient guidance to ensure people's needs were met. For example, one person's care plan contained no information about the continence aid they used or the aids they used to help them drink independently. Another person's care plan stated they needed 'complete support' with dressing, but not how to provide this to ensure the person's independence was promoted.

The registered manager told us the service did not provide end of life care at the time of our inspection. The registered manager told us she had not received any training in end of life care, but had professional experience from their previous employment. They recognised they needed to update their knowledge before providing end of life care. People's care plans did not have any information about their end of life wishes or preferences.

Relatives said that the registered manager listened to them and they could speak to her if they had any concerns. The registered manager had provided people with information about how to complain should the need arise. Relatives were confident the registered manager would listen to them and address any issues they raised. The registered manager told us they had not received any complaints since they had registered with the CQC.

## Is the service well-led?

### Our findings

The registered manager was also the sole director of Infinite Intermediate Care Limited. This meant there was no-one else involved in running the service and there was no other oversight of the registered manager's practice.

The registered manager was clear the service's vision was to provide good care for people; and people's relatives were pleased with the service their family members received. However, systems were not in place to ensure people consistently received good quality care that was safe, complied with other legislation, such as the MCA, and followed current good practice.

The registered manager told us they had systems to audit the service, but they had not used these because they did not employ any other staff. People and other stakeholders had not been formally offered a way in which they could give their views about the service, although the registered manager told us they planned to do this in the future. This meant the provider did not have adequate systems or processes in place to effectively assess, monitor and improve the quality and safety of the services provided.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives were very complimentary about the service their family members received. They told us the registered manager always checked with them that they were happy with the service. One relative said, "I can't say anything bad about [the registered manager]. I'd give her 11 out of 10. She is brilliant." Another relative told us the registered manager couldn't do anything better. They said to do so she would need to be super woman."

Records we held about the service, and looked at during our inspection, showed that the registered manager had not sent a required notification to the Care Quality Commission (CQC). A notification is information about important events that the provider is required by law to notify us about. The registered manager was aware of the circumstances that required them to send a notification to us and assured us these had not occurred.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people did not have the mental capacity to make decisions, processes had not have been followed to protect people from unlawful restriction and unlawful decision making.</p> |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate oversight of the service to ensure that people were provided with a high-quality, safe service.</p>   |