Rainbow Social Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out the inspection of Rainbow Social Care Limited on 13January 2016. This was an announced inspection as the provider had been given a 48 hours' notice. The location provides a domiciliary care service and we needed to ensure that the people we needed to contact would be available to speak with us. This was the first inspection since the agency had re-registered on 12 June 2014 due to the change of the location's address. Thus it was also the first inspection of this service under its current registration.

Rainbow Social Care Limited is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 13 people. The service is based in an office on the first floor of a building. The office is accessible via a passenger lift and there are also accessible toilet facilities.
There was a registered manager in post who was present during the inspection. 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 the service is run.

People and their relatives told us they felt safe using the service. There were processes in place to keep people safe and minimise any risks that may arise in the course of delivering care to them. This included the completion of risk assessments and checks on staff. Staff demonstrated an in-depth understanding of what may constitute signs of abuse and knew how to respond to such signs.

There were enough staff to meet people's needs. The provider had completed checks on new workers to ensure that they were safe and suitable to provide care to people who use the service. People were supported by the same group of staff as far as possible, ensuring continuity and consistency of the care. Moreover, such practice enabled staff to gain knowledge about the individuals they were caring for. As a result, these factors contributed to enhancing the quality of the care. The service had quality assurances processes in place to monitor the quality and safety of the service that people received.

Medicines were administered by appropriately trained staff who were aware of the potential risks involved in medicine handling. Care workers had received training to administer medicines safely, which included checks on their competence. They recorded the medicine dosage and times of their administration by signing a medicine administration record (MAR) sheet. MAR sheets were checked by care workers during their visits and by senior staff during spot checks for any gaps or errors. Completed MARs were returned to the office every month for auditing.

The culture was open and staff were encouraged to raise their concerns if they witnessed any incidents of malpractice. Staff members told us they felt they worked in a safe environment and they could always contact the manager for support and advice.

People using the service, their relatives and staff said the registered manager was approachable and supportive. The manager actively sought feedback from all parties involved in running the service in order to develop and improve it.

The registered manager had a good understanding of the Mental Capacity Act 2005 and had received training in this area to meet people's care needs. Staff had also received awareness training in the Mental Capacity Act.

Each staff member had received induction and a programme of training to support them in meeting people's needs effectively. Staff were knowledgeable about their roles and responsibilities. Appropriately recruited and trained, they had the skills and knowledge to meet people's varying support needs.

People were offered support concerning their nutrition, and the support suited people's specific needs. People had access to health and social care arranged as needed.

People told us that their privacy and dignity were respected, and that their support was provided in a caring, considerate and a patient way. Staff understood people's preferences, likes and dislikes.

Staff sought people's consent before supporting them and encouraged them to make decisions for themselves. When people refused to be supported, their choice was respected. If some people had difficulty communicating verbally, staff would look for other forms of communication, such as body language, gestures or writing things down for people. As some people did not communicate in English, they were supported by staff members who spoke their native language.

A complaints procedure was in place, enabling people to raise their concerns at any time.

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.

People felt safe and comfortable with the care and support provided by staff.

Systems were in place to ensure that people who use the service were protected from the risk of abuse. Staff were aware of and followed safeguarding procedures.

Relevant assessments were undertaken to minimise risks to people who use the service. Written plans were in place to manage these risks.

Medicines were administered by adequately trained staff, following appropriate safety rules.

Recruitment procedures and sufficient staffing levels ensured care was provided to meet people's needs and expectations.

Is the service effective?

Good

The service was effective.

People felt supported by confident and knowledgeable staff who received regular guidance and training.

Staff understood the principles of the Mental Capacity Act 2005 and people's consent was gained before care was provided.

The service cooperated with health and social care professionals to ensure people's needs were met and to help them maintain good health.

Is the service caring?

Good

The service was caring.

Staff supporting people were kind and respectful, and paid attention to people's preferences and wishes.

People told us they were involved in making decisions about

their care and their support needs were always taken into account. They also participated in reviewing their care needs and were able to express their views on the matter.

Is the service responsive?

Good

The service was responsive.

People's care was assessed prior to care being delivered by the service. Care plans detailed the kind of support people required and the ways and means to meet their needs.

People were aware of the complaints procedure and were able to raise their concerns with the management and staff.

People were given the care they needed in response to their own diverse needs.

Is the service well-led?

Good

The service was well-led.

Staff told us they were supported by their manager. The culture of the service was open and transparent.

Staff understood their role and were confident to report any concerns regarding potential incidents of malpractice.

The manager regularly checked the quality of the service provided and ensured people were satisfied with the service they received.

Rainbow Social 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 January 2016 and was announced. It was carried out by one inspector.

We reviewed the information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Prior to the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they are planning to make. We found the PIR reflected the status of the service provided.

During the inspection we visited the provider's main office location and interviewed the registered manager. After the visit, we spoke with three people who use the service, one relative and four care staff members. We also contacted three healthcare professionals involved in commissioning the services on behalf of people. We looked at records in relation to four people's care and four medicine records to see how their care was planned and delivered. We also looked at records relating to the management of the service, including staff training and recruitment, as well as a selection of the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe. One person stated, "I feel very safe." A relative said, "I feel that [family member] is safe and well treated by staff".

Staff understood the service's policy of responding to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to. They knew they could contact external bodies, such as the local safeguarding team and the Care Quality Commission, if their concerns were not being dealt with by the management team. Staff had received training in safeguarding adults. Health professionals told us that staff were reliable and responded to any concerns they raised.

Assessments were undertaken to assess any risks to people using the service and to staff supporting them. This included environmental risks and any risks arising due to the health status and support needs of a person. For example, assessments included information about risks of falls and details of people's nutritional needs. They constituted a part of the person's care plan and there was a clear link between care plans and risk assessments. Both risk assessments and care plans included clear instructions for staff to follow. As a result, the chance of the occurrence of harm was reduced whilst people were supported to maintain their independence.

There were guidelines for staff regarding the administration of medicines. Care plans detailed the level of support required and stipulated whether the person or their family would be responsible for the administration of people's medicines. Samples of medicine administration records (MAR) we looked at had been completed accurately by staff where required. Staff noted in people's records that medicines had been given and signed a MAR sheet to confirm this. MAR sheets were double-checked: by care workers during their visits and by senior staff during spot checks. It helped to detect any gaps or errors as early as possible. Completed MARs were returned to the office every month for auditing. Any changes in medicine administration were recorded and reviewed by a member of the agency's management team. Staff told us that they had attended annual training in administering medicines and that the registered manager carried out regular competency checks monitoring their practice. The training records we saw corroborated that satisfactory competency checks had been made.

We reviewed the incident/accident log and noted that all incidents were appropriately documented. The registered manager reviewed the logs to identify any regular patterns of incidents/accidents. As a result, the risk of a recurrence of an incident was significantly reduced. For example, when the number of a person's accidental falls had increased, the registered manager had contacted the person, their relatives and other health care professionals. The person's case had been re-assessed by an occupational therapist and a hospital bed had been requested for that person. As a consequence, the risk of harm resulting from a fall was reduced.

There were a sufficient number of experienced care workers to provide all the calls required by people who use the service. People told us that staff arrived when expected and stayed long enough to meet all their care needs comprehensively. One of the relatives told us, "They are very reliable and they always come on

time".

Recruitment procedures were in place and demonstrated that appropriate checks were made prior to a member of staff commencing their employment. We looked at the recruitment information for four members of staff and saw that appropriate applications forms had been completed, a formal interview had taken place and appropriate references had been sought. In addition, a Disclosure and Barring Service (DBS) check was carried out for each prospective staff member. These checks helped ensure that only people suitable for the role were employed.

There were robust contingency plans in place in case of an untoward event. The contingency plans assessed the risk of such events as fire, burglary or bad weather conditions.

Good

Is the service effective?

Our findings

People found staff to be knowledgeable and understanding when working with older people, particularly those living with dementia. One of the relatives told us, "The staff have got a great knowledge and they are never late". Staff said that the training they received enabled them to meet people's needs effectively. The training matrix showed that each staff member had completed the necessary training (for example, in safeguarding adults, equality and diversity, and emergency, first aid), which was mandatory for all care staff. Refresher training had also been planned so that staff's skills and knowledge in these areas were kept up to date.

Newly recruited staff were required to complete induction training. This included information about the running of the service as well as guidance and advice on how to meet the needs of people. Staff confirmed they had worked alongside a more experienced staff member to ensure they had a good understanding of people's care needs. The manager told us that new staff were supported with relevant training and they would now commence the new Care Certificate. The Care Certificate is a training course which enables staff who are new to care gain the knowledge and skills that will support them within their role. This meant that staff were provided with the training and support they required to do their jobs effectively.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 decision 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.

All staff had undergone the training regarding the MCA and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware that the local authorities could be contacted for further information in this area and knew the contact details of the authorities. The manager also informed us that no person currently using the service was deprived of their liberty.

Staff understood the principles of the MCA. They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. Staff explained to us how they supported people to make decisions in various aspects of their lives. For example, people were shown a choice of clothes to wear or food to eat. Staff were aware that any decisions made for people who lacked that capacity had to be in their best interests.

Staff told us they felt supported in their role. This was mainly achieved through regular twice yearly supervisions from their team supervisors. Each supervision was an opportunity to discuss any problems or doubts they faced at work and concerns about the people they looked after. We saw copies of supervision notes and they covered discussions about the well-being of people using the service, performance issues,

training and time keeping. Staff were also appraised annually by the registered manager. Staff could always contact the manager for guidance or advice.

We checked how people's nutritional needs were met and found that people were assisted to access food and drink. Both food and drink were provided in relevant amounts and forms, suited to the individual needs of each person. Those people who required assistance with eating and drinking had their meals prepared or heated by staff. Staff also purchased food for them if needed.

Care records demonstrated that the service worked jointly with health professionals to meet people's needs and help them maintain good health. The registered manager told us the service also cooperated with other care providers. The service contacted the local authority and other professionals to assist people to get the mobility equipment they needed. People's care records showed that staff liaised with GPs where requested, although this was usually managed by people themselves or their relatives.

Good

Is the service caring?

Our findings

People who use the service and relatives we spoke with on the phone confirmed that staff were caring and respectful. For example, one person remarked, "I like them very much. They are caring and they make me laugh". People described staff as considerate and sensitive.

People's privacy and dignity was respected. Staff asked for people's permission before carrying out any tasks and consulted them about their support requirements. Records showed that staff received training on how to promote and maintain respect and dignity for people. The training also dealt with meeting people's needs in a caring way, including the specific needs of people living with dementia. Care and support plans reflected people's wishes and preferences and indicated how staff should support them. Healthcare professionals told us that found the service caring and that people were supported, with their dignity and independence respected and promoted by staff.

Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

The registered manager had taken steps to offer people the choice whether they wished to be supported by male or female staff. People's preferred names were recorded. We were told by the registered manager that care plans were drawn up to ensure that each person was encouraged to maintain as much of their independence as possible. People we spoke with agreed with the manager's statement.

People and their relatives told us that they understood the reasons and consequences of decisions to be made about people's care and support. Having been informed of these, they were involved in making such decisions. All the care plans we looked at had been signed either by the person or their relatives where appropriate.

Records showed that people were asked if the care was meeting their needs and expectations, and if there were any changes they required. People told us that staff involved them in making decisions in all aspects of their care. They could decide whether they need assistance in the activities of daily living, for example getting up, bathing, toileting or putting on clothes. People were also given choices of what they would like to eat, what they would like to wear or where thy would like to go.

People were supported to maintain their personal, cultural and religious needs. People's diversity was respected as part of the strong culture of individualised care. Care plans recorded people's requirements in relation to communication needs and preferred spoken language so appropriately skilled and trained staff member could be allocated to meet the person's needs. This showed us that people's diversity was genuinely considered and acted upon. People told us they were matched with staff from similar background to facilitate mutual communication and understanding. People's communication needs were recorded and staff's skills and knowledge enabled them to communicate with people appropriately.

People and relatives told us people were visited by the same staff members. This meant that people were

able to develop relationships with staff that cared for them which ensured the continuity and consistency of care.

Good

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. One of the relatives told us, "Staff are providing [name] with any possible care to meet her needs". People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs.

Assessments of people's needs had been carried out before people began using the service. It ensured that the provider would be able to deliver care that met people's needs. People's preferences were recorded so that staff could learn about them. This included people's preferred names, and also their life stories. It aided staff in communicating and understanding each person. The needs and preferences of people were taken into account while formulating care plans and outlining the care which was to be provided at each visit.

People confirmed that they received regular contact from the agency regarding their care plans and were consulted about changes. This was reflected in people's care records where changes to the original care plan had been recorded.

The provider responded to the changing needs of people and conditions of delivering care. People told us they were able to change their support visit times. They could also stop and restart the care package as they wished. We were told by people and their relatives that they were able to request assistance of a different member of staff if the one supporting a person could not meet their needs.

People enjoyed a variety of meaningful activities and were supported in pursuing their interests and hobbies. The range of activities varied from shopping, attending church services to going out to restaurants. We could observe that staff did their best to ensure each person took part in activities they liked and were interested in. There were enough staff employed to assist all people, in whatever activity they chose.

People and their relatives had been given a copy of the complaints policy so that they were familiar with the procedure of making a complaint. No complaints had been raised since the last inspection. However, the registered manager told us that such would be investigated and feedback would be given to the people concerned. Complaints would be used as part of ongoing learning by the service and so that improvements could be made to the care and support people received. People and their relatives were clear about who to speak with if they were unsatisfied with the service or wished to raise a concern. One person stated, "I do not have any concerns but if I had I'm sure that the manager would sort things out." People we spoke with felt able to raise and discuss their concerns with care workers and the registered manager at any time.

The service had received four compliments since our last inspection. One relative wrote, "Thank you for the kind service you and the wonderful girls provided for my sister [name]. Their company, care and compassion meant so much to [name] who had always been so independent before her illness".

Good

Is the service well-led?

Our findings

There was a clear company structure with well-defined areas of responsibility. In addition to the staff responsible for the provision of care, there was support in the form of a deputy manager, and senior carer. The clearly defined areas of responsibility enabled good communication and discussion with people who use the service, staff and third party agencies.

People knew the registered manager well and were confident to report any issue to them. One of the relatives told us, "The manager is visiting [name] on a monthly basis and calling us regularly to provide an update and to ask for feedback". People told us they had trust in staff and management and they considered the service to be friendly and homely. It was clear that staff and the management endeavoured to ensure a good quality of people's lives and they empowered people in this process.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant parties, such as the local authority, where appropriate. The manager had completed the Provider Information Return (PIR) which is required by law. We found the information in the PIR to be an accurate assessment of how the service operated.

The registered manager regularly monitored the quality of care they provided and took appropriate actions where required. The opinions and views of people, their relatives, staff and health care professionals were sought and valued. Competency checks were undertaken to ensure the high quality of care. This was confirmed by staff we spoke with.

In order to gather people's views and comments about the service, the registered manger sent people an annual feedback form. Once the information was collated, the findings of the feedback were analysed by the registered manager. If required, appropriate actions were taken.

The registered manager used a range of quality checks to make sure the service was meeting people's needs. This included monthly checks of visit records, equipment checks and medicine records. The latter check was used to make sure that people received their medicines as prescribed and care was delivered as outlined in their care plans.

Due to the size of the service, the registered manager also performed the same work as care staff. This enabled the manager to observe the operating of the service in detail. Staff were involved in developing the care and support provided to people through their daily interaction, and with informal feedback given to the registered manager.

We saw there were regular monthly staff meetings at which staff were asked to contribute and raise issues to discuss. Ideas for staff development, new guidance and legislation were shared. The registered manager asked for feedback from staff. Staff confirmed there was good communication between staff members and they were motivated to improve the service.

Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation. They found the registered manager and provider very supportive in their work and also to them as individuals. Staff described the management as flexible and approachable. They could speak to the management at any time of day and night if the matter was urgent. They could also rely on the manager's advice. One staff member stated, "If I have any issues, concerns or needs I can always call my manager and talk. We can meet up, e.g. in the office to discuss my needs and I can ask for advice. We had lately lovely Christmas dinner and gifts. I am well treated and I love working for Rainbow!"