

Rainbow Care Solutions Limited

Rainbow Care Solutions (Redditch)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rainbow Care Services (Redditch) is a domiciliary care agency that provides care and support to adults who may have a range of needs which include physical disabilities, varied health conditions, learning disabilities, dementia and sensory impairments. living in their own homes. When we inspected, 50 people were being provided with personal care by the service.

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

People had comprehensive assessments, care plans and risk assessments which included information about their care and support needs and preferences. Staff understood t people's individual needs.

Staff had received training about safeguarding adults. Although staff did not always understand some of the terms used to describe some processes, they understood their responsibilities in reporting any allegation or suspicion of harm or abuse.

Safe recruitment procedures made sure staff were safe and suitable for the work they would be undertaking. New staff did not work with people until satisfactory references and criminal record disclosures had been received.

People were treated with dignity and respect and staff showed warm and caring attitudes to the people they supported. The care and support people received reflected their personal needs and preferences. People were supported to access appropriate health care professionals and services to ensure care remained responsive to their individual needs.

The provider had processes to monitor and improve the quality of the service, there was a culture of openness and of reflection and learning. Feedback from people using the service showed people were satisfied with the care and support they received.

Rating at last inspection:

The last rating for this service was good (published 24 February 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rainbow Care Solutions (Redditch)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission (CQC) who was also the provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We reviewed a range of records. This included five people's care records and medicines records for people receiving support to take their prescribed medicines. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance monitoring were also reviewed. We spoke with the registered manager (who was also the provider), a care manager, an area manager and two care staff.

After the inspection

Following our inspection visit we spoke with eight people who used the service and one family member. We also spoke with three care staff.

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 Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff and a manager that understood their responsibilities to safeguard people from abuse and harm. Staff did not always understand some of the common terms used by care professionals. For example, some staff did not know what was meant by the term whistle-blowing. However, when we discussed scenarios where the need for whistle-blowing may occur, staff demonstrated that they would report poor or abusive care immediately. The provider told us they would take steps to increase staff knowledge of care terminology.
- The provider's systems and processes helped ensure people that received personal care were kept safe from the risk of harm or abuse.
- People told us they felt safe. One person said, "I trust the staff completely."
- The provider understood their responsibilities in reporting safeguarding concerns to the local authority and CQC. They told us, "We welcome input from other professionals in making sure people are safe."

Assessing risk, safety monitoring and management

- People's risk assessments were comprehensive and detailed. They contained the relevant information to manage risks such as diabetes and safe moving and handling. However, even though people told us that risks were managed safely staff told us they did not always fully understand what was written in the risk assessments. We discussed this with the provider and care manager who told us they would review all care plans and risk assessments and adapt them for staff whose first language may not be English.
- Risks were assessed and reviewed using key information from staff, such as observations and their experiences of providing support to the person. This was also carried out with the full involvement of the person that used the service and their family members.

Staffing and recruitment

- There were enough staff to safely meet and support people with their needs.
- Staff were available to provide people with the care calls they needed, at the times they preferred.
- The provider had a recruitment process which had the relevant checks to ensure that new staff were suitable to work with vulnerable people.
- People told us staff were punctual and reliable. The provider had a system where care staff logged into each call and this was then monitored by management staff. There was 'on call' arrangements which meant there was always a designated person who could be contacted in the event of unexpected absence or if staff were running late.

Using medicines safely

- The provider had systems and procedures to ensure medicines were administered safely.
- People received their medicines in line with their prescription and from staff that had the training and knowledge to do this safely.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to disposable gloves and aprons. Staff understood the importance of good infection control and what measures needed to be taken, including effective hand washing. All staff had received training in safe infection control practice. .
- Guidance was in place to protect people from the risk of infection.

Learning lessons when things go wrong

- All incident and safeguarding reports were reviewed by the registered manager to identify points of learning to further improve the management of risk.
- Where actions were identified this was discussed and shared with the staff team. For example, team meetings had been used to discuss any concerns or issues relating to people's care. Following our inspection feedback, the provider was planning to address some of the language barriers with staff through these meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

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

- People's needs had been assessed before they started to receive care and support from the service. People's assessments included information about their individual health and care needs, personal preferences and religious and cultural requirements.
- People and family members said that they had been involved in developing and agreeing their assessments and care plans. Where people had been unable to provide consent, family members or health and social care professionals had been involved in any decisions about care.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. This included mandatory training and learning from more experienced staff. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff members in health and social care services.
- The provider had ensured that all staff had received training that was relevant to their roles. Training included moving and handling, medicines, safeguarding and the mental capacity act.
- Staff felt supported to expand their knowledge in other areas of care. For example, some staff were completing NVQ training to widen their care experiences.
- Staff had regular supervision sessions where they could discuss issues in relation to their work and personal development. Unannounced observational spot checks in how staff supported people in their own homes took place on a regular basis.

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

- People had the support they needed to ensure that they could eat and drink safely. For example, staff knew about any specific dietary requirements and any choking risks.
- Where required there was a system that was used to record what people were eating and drinking and highlight any concerns that staff may have so this could be followed up.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the registered manager told us they worked in partnership with other health and social care professionals to meet people's needs. This was reinforced by what we read in people's care records.
- Guidance provided by healthcare professionals was included in their care files. People's care records showed that staff had recorded that they had followed such guidance.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- The provider arranged and encouraged people to attend regular coffee mornings at the services office. The provider told us this was to encourage the making of friends and networking for people that may otherwise be lonely and isolated. They recognised the potential health benefits of this for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA. People's care assessments included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff had received training on the MCA. Although not all staff understood the terminology around mental capacity, when we discussed scenarios with them they demonstrated that their approach was in line with MCA principles of choice and consent.
- People were involved in making decisions about their care and support. They had signed their care plans and risk assessments where they were able to. Family members and other professionals had also been involved in supporting people to make decisions where required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "They are lovely and kind." Another person said, "I am always treated with dignity and respect."
- Staff were knowledgeable about the people they were caring for and were able to explain to us people's individual needs, interests and requirements.
- The registered manager and staff took care to ensure support was personalised so that people's experiences of care was focussed on what they needed.
- Staff understood the principles behind equality, diversity and human rights. We were assured that whatever denomination, sexual preference, gender or faith of the person, no one would be prejudiced in any way.

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

- People and their family members were involved in decision making. A person said, "They involve me throughout my call and also if there are changes,"
- The provider gathered the views of people and relatives on the service provided.
- There were regular reviews of care plans that involved and focussed on what people wanted in relation to their care and support.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people were treated with dignity, respect and that their independence was promoted.
- Staff told us they took pride in providing care that was high quality and tailored to people's individual needs. Staff reinforced the importance of promoting dignity and respect in everything they did. For example, one staff member said, "You treat people like you would want to be treated yourself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were detailed in their care plans and care records which contained the information about how they wished to receive their care and support.
- People's own individualities were recorded in their care records. This reflected their own histories, hobbies and interests and likes and dislikes.

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 care plans included information about their communication needs. However, the registered manager recognised that some information in people's care records needed to be made more accessible for the staff whose first language may not be English.
- People felt that information was presented in an accessible way for them.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond and to investigate complaints within set timescales.
- We reviewed the complaints and concerns that had been received. Complaints had been dealt with in line with the providers policy.

End of life care and support

- The provider did not currently have any people receiving end of life care.
- We discussed with the provider how they would support people at the end of their life. The manager said they would work closely with the person's GP and other professionals to maintain people where they wanted to be for the maximum amount of time and to ensure a dignified and pain-free death.

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 Good. At this inspection this key question has remained Good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The principles and aims of the service were regularly discussed with staff through supervisions and team meetings. Staff we spoke with were positive about providing the best service that they could deliver.
- The provider understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- People and family members were positive about the service. A person said, "I couldn't ask for better." A family member told us, "We have had other services before. This is one of the better ones."

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

- The provider maintained an overview of the safety and quality of the service. This included checks on staff competence, care records, complaints and obtaining regular feedback from people that used the service.
- There was a new management structure that aimed to increase the number of registered managers across the providers offices including Redditch. The provider told us this would give them more time to develop the service

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

- The provider used a range of ways to involve people and staff including formal and informal meetings. This helped people to be able to communicate effectively with the manager and staff about any aspects of care or support.
- Staff had regular team meetings, supervisions and appraisals which ensured staff were up to date with important information. The registered manager said they had an open-door policy so that staff had access to raise any concerns straight away.
- Staff told us they felt well supported by the provider and management team.

Continuous learning and improving care

- There was a culture of continuous improvement and learning within the service. The provider immediately started to take steps to address the concerns we shared with them during our visit. For example, as soon as we highlighted that staff did not always understand what was written in care plans, plans were made to review them as a matter of priority.

Working in partnership with others

- There was a good working relationship with other agencies such as other health and social care professionals.
- The provider told us they were on the list of preferred care providers for the local authority, and to meet this commitment they had to regularly produce evidence of systems and paperwork to the required standards to representatives of the local authority.