

Rainbow Care Services Ltd

Rainbow Care Services Limited - 2a Kempson Street

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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: This service provides care and support to people living in their own homes within the community. At the time of the inspection there were nine people using the service.

People's experience of using this service: Sufficient and effective quality audits had not been completed by the provider. People were not always safe from harm due to risks not being managed and recorded safely. Guidance for staff on people's as required medicines was not in place. New staff had not received mandatory training and longer term staff had not had refresher training or their competency assessed. All staff had not received regular formal supervision to carry out their duties.

Failure to operate a robust governance framework was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff were motivated to provide care based on people's choices, preferences and likes. However care plans did not always reflect this. People had good relationships with the staff who protected their rights to lead as normal a life as possible. People and relatives told us the office staff do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to do the things they wanted to in the way they wanted. Staff dedication was praised by people who received care. Staff had completed safeguarding training. People were supported to keep their homes clean and staff followed good food hygiene practice. Sufficient numbers of staff were employed so that people's needs were met. Safe recruitment practices had been followed.

Care records reflected people's current needs but required a more person centred approach. Records of people's and relative's feedback showed us they were satisfied with care received and staff were kind and caring. People's privacy and dignity were respected. Staff promoted people's independence in all aspects of their life. No complaints had been received. People told us they would contact the office if they had concerns. There was a registered manager in charge of day to day operations, whose was in regular contact with people, relatives and staff.

Rating at last inspection: The last rating for this service was good (published 29 April 2017)..

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

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: The service is a 'domiciliary care agency' providing care to people in their own homes. At the time of inspection, the service supported nine people.

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

Notice of inspection: We gave the service 72 hours' notice of the inspection because we wanted to make sure someone was available to speak with us. We visited the registered office on 23 October 2019 and visited three people in their homes.

What we did before the inspection: We used information we held about the service which included any notifications that they sent us to plan this inspection. Notifications are used to inform us about certain changes, events or incidents that occur. The Provider Information Return (PIR) had not been completed. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had evidenced they had attempted to complete this and we therefore gave opportunities for them to

update us throughout the inspection. We requested feedback from local authorities, health and social care professionals about information they may wish to share with us.

During the inspection: We spoke with the three people in their homes and one relative. At the office we spoke with the office administrator, a senior carer and the registered manager who was also the owner of the business. We looked at care files belonging to six people who used the service and recruitment files and personnel files for all five care staff including training records. We viewed records and documentation relating to the running and monitoring of the service.

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Systems and processes to safeguard people from the risk of abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff had received training in medicine management. However this training had not been refreshed as per the provider's policy. Staffs competency had also not been assessed. This put people at risk of receiving unsafe support with medicines. The registered manager advised that since inspection visit, staff have been competency assessed and training has been arranged.
- The service did not have clear guidelines for staff to follow if people required medicines that were as and when required.
- Regular medicine audits had not always been completed.

Assessing risk, safety monitoring and management □□

- People were not always protected from risks associated with their care and support, as risk assessment records and reviews had not been completed effectively.
- Risk assessments had not been regularly reviewed for each person's level of risk, examples included when people needed support to move from room to another in their house, or when people's health needs changed. People confirmed they were supported safely in their home and at no time did they feel risks were not managed effectively. The registered manager agreed to get these records reviewed and updated.
- Information on incident recording with body maps were vague and did not clearly state the person it related to.
- Records and people's care files did not always contain signed consent that confirmed people or their representative had been involved in creating risk assessments. The registered manager agreed to get care records signed.

Learning lessons when things go wrong □□□□□□

- Staff and management regularly met at the office informally to discuss areas of care delivery to make sure the service continued to offer safe care. These meetings were not recorded so regular themes could be missed. The registered manager agreed to record all future meetings.
- People and a relative told us they were extremely satisfied with the service offered and on the odd occasion when calls were running late the office would always inform them.

Systems and processes to safeguard people from the risk of abuse

- We spoke with one relative and people using the service who confirmed their family members were always supported safely. One person told us, "I feel safe because they [staff] make sure I'm wearing my care line before they go."
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager. □□□□
- All staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies.

Staffing and recruitment □

- We checked the recruitment files of five staff members and safe recruitment and selection processes were followed. □□□□□□ □□
- People confirmed there were always sufficient staff to meet their needs and staff stayed for the duration of their calls.
- The provider had arrangements to cover unplanned staff absence.
- People and their relatives told us they had never experienced any missed calls.
- People told us they were notified if calls were running very late.

Preventing and controlling infection □□□□□□

- Policies and practices in the service ensured people were protected by the prevention and control of infection. □□□□□□
- Staff had received food and hygiene training. People and relatives told us care staff left their homes clean and tidy after each visit and washed their hands regularly.

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 Requires Improvement. At this inspection this key question remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- New staff had not completed an induction and had not completed training that the provider considers mandatory to carry out their roles. This put people at risk of being supported by staff who were not qualified and skilled to deliver safe effective care. The registered manager agreed to get this completed and we received confirmation after our inspection visit of this.
- Staff had not received regular supervision or an annual check of their performance. This meant staff were not supported effectively by the registered manager to make sure they were carrying out their roles effectively. No staff raised concerns about the lack of supervisions, as they told us they would pop into the office weekly and have an informal general catch up with the registered manager. The registered manager told us supervisions and competency assessments should be completed six monthly but these had been missed over the last 12 months. The registered manager told us they would create a supervision and appraisal timetable to make sure staff received this formal support.
- Established care staff had received most mandatory training required to carry out their role. We received confirmation from the registered manager that all staff were booked onto any overdue training such as medicine awareness.

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

- People had an initial risk assessment of their needs carried out which was then used to create people's care plan. The registered manager told us these documents were reviewed yearly.
- Care plans had not been reviewed yearly which meant people's needs may not be met. An example being one person had a change in their health needs and this had not been added in the person's care plan. This person was happy with the care they received from staff who understood the person's needs. However, new staff may not be aware of any change in needs if these were not recorded in the care plan so the registered manager agreed they would review all care records. We received confirmation from the registered manager that this had been completed after our inspection visit.
- People's rights were respected. People with diverse needs were supported in a way that made sure they were not discriminated against.
- People's environment was assessed and reviewed where necessary to ensure it was safe for staff to carry out caring tasks.

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

- People were happy with the support they received with meals and drinks. We observed one person being supported in their home with a freshly prepared meal, which looked nutritious.
- People's food and fluid intake was monitored. Currently no-one receiving support was required to have their weight recorded. Professional advice was requested, when this was necessary.

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

- Staff worked with other health and social care agencies. People were supported with improving their home environments to keep them safe and independent. These details were not clearly recorded in people's care files. Better recording would evidence joined up working with other agencies.
- Staff supported and encouraged people to maintain healthy lifestyles and attend health appointments where possible.
- Staff ensured people received the health care they required and the correct treatment arranged by their GP.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The service worked within the principles of the MCA when people received care and treatment in their own home.

- The registered manager confirmed people would only be restricted with their liberty to make sure they were safe, following 'best interest' decisions made by the person's representative and a multi-disciplinary team of professionals.
- At the point of inspection no one had been referred to the Court of Protection. Care staff understood the principles of the MCA and how it supports people.

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 remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received the care and support they needed from caring staff who understood their needs. Daily records documented people's responses to care. These showed positive and caring working environments and people and a relative we spoke with agreed.
- Staff had taken time to get to know people and their preferences or wishes. This included understanding people's life histories, to effectively engage and interact with people to maintain their abilities and lifestyles.
- The registered manager told us they had received positive comments about the friendliness of staff and their commitment in understanding people. People and relatives regularly visited the office for a catch up over a cup of tea. These meetings were not recorded as they were informal drop ins.
- Where people had specific diverse needs, staff were aware of these; they respected those differences, while maintaining an equality in delivering the service to people. For example, some people requested female care staff and this was provided but not recorded in people's care plans.

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

- People led the way in how they wanted their care and support delivered. People told us staff always respected their wishes around meeting their care needs.
- People expressed their likes or dislikes in their support documentation and staff respected these.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. For example, support plans documented to close doors and curtains and cover intimate areas during times of personal care.
- People confirmed they were encouraged to be as independent as possible and their privacy and dignity were maintained. One person said, "They [staff] make sure they close the curtains when I'm changing in my room."

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 remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained information to support people and were devised with input from people. When people's needs changed staff were able to support them effectively, but these changes were not always recorded in care plans. This had no impact on people's care, but if new staff or other professionals needed access to this information it would not be up to date. The registered manager agreed to review all nine care files.
- Staff had a good understanding of people's social and cultural needs, diverse values and beliefs. Feedback from people and a relative confirmed this.
- People valued and felt comfortable in having a small consistent team of staff support them. This meant staff knew each person's individual preferences.
- Staff were determined and dedicated in providing a responsive service.

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.

- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required. Some documentation was printed in a larger font to aid people with their reading.

Improving care quality in response to complaints or concerns.

- People and relatives told us they had never needed to complain but if they had any concerns they would contact the registered manager. One relative confirmed this and said they had, "No complaints at all."
- People, and relatives knew how to feedback to the registered manager about their experiences of care and the service provided a range of accessible ways to do this. Records showed four annual feedback surveys documenting people were satisfied with the care they received.
- Copies of the complaint procedures and complaints form to complete was available in the service user guide which was available in people's homes.

End of life care and support.

- No one was receiving end of life care at the time of inspection.
- People's end of life wishes were not recorded in people's care plans. This can be a sensitive subject to

discuss and providers need to have recorded this discussion or refusal to discuss.

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 now deteriorated to Requires Improvement.

This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality audits had not been completed which would have picked up lack of reviews of care records, risk assessments, staff training and induction. The provider was unable to demonstrate how they maintained oversight of the running of the service as the governance was ineffective at identifying concerns.
- Information on incident recording with body maps were vague and did not clearly state the person it related to.
- The provider failed to implement systems and processes to drive improvement. Shortfalls in documentation had not been identified.

Failure to operate a robust governance framework was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Continuous learning and improving care

- People were fully involved in discussions about their care and received a reliable service which supported them to achieve good outcomes.
- People, a relative and staff fed-back that the company was responsive to the needs of the service.
- Improved recording of feedback across the service would highlight any themes that required any action by the registered manager.

Working in partnership with others

- People and a relative confirmed they were always able to speak with someone at the office, who were always helpful.
- Staff meetings had not taken place regularly. The registered manager agreed to put these in place.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems established or operated effectively to assess, monitor and improve the quality of the services. Regulation 17 (1), (2)(a), (b), (c). |