Rainbow Homecare 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

The inspection took place on 11 December 2017 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

At our last inspection in April 2015 we found a breach of the legal requirements. This was because staff did not undertake regular training about safeguarding people and robust checks were not in place to monitor any monies spent on behalf of people. At this inspection we found improvements had been made and that they now met the previous legal breaches.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our inspection they were supporting 74 people with personal care.

The service was safe and had practices in place to protect people from harm. Staff had training in safeguarding and knew what to do if they had any concerns and how to report them. People who used the service told us they felt safe and protected from harm.

Risk assessments were personalised and detailed. Staff had the information they needed to mitigate risks.

Staffing levels were meeting the needs of people who used the service.

Recruitment practices were safe and records confirmed this.

Systems were in place to promote the safe administration of medicines. Staff undertook training before they were able to support people with medicines.

Systems were in place to prevent the spread of infection in people's homes; care workers had access to protective clothing and gloves.

The service documented and learned from incidents and put procedures in place for prevention.

Training for care staff was provided on a regular basis and updated regularly. Staff spoke positively about the training they received.

Care workers demonstrated a good understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis.

People were supported with maintaining a balanced diet and had a choice of food and beverages.

People were supported to have access to healthcare services and receive on-going support.

Staff demonstrated a caring and supportive attitude towards people who used the service and people and their relatives told us they were happy with the care provided.

The service promoted the independence of the people who used the service and people felt respected and treated with dignity.

Concerns and complaints were encouraged and listened to and records confirmed this. Relatives of people who used the service told us they knew how to make a complaint.

The registered manager had a good relationship with staff, people who used the service and their relatives. People spoke positively about the registered manager and their management style.

The service had robust quality assurance methods in place and carried out regular audits.

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. There were systems and practices in place to safeguard people from abuse.

Risk assessments were thorough.

Staffing levels were sufficient to meet people's needs.

Medicines were managed safely and all staff received medicines training.

Staff took steps to prevent infection in people's homes.

Lessons were learned from accidents and incidents.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Rainbow Homecare 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 checked 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.

The inspection took place on 11 December 2017 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information we held about the service. This included any notifications, safeguarding alerts and the previous report. A notification is information about important events which the service is required to send us by law. Before the inspection the provider 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 improvements they plan to make.

During the inspection we spoke with the registered manager, training manager and four care workers. We also spoke with four people who used the service and seven relatives. We looked at 10 care plans and six staff files. We also looked at medicine records, policies, procedures and risk assessments.

Good

Is the service safe?

Our findings

During our previous inspection in April 2015, we found that staff did not undertake regular training about safeguarding people and robust checks were not in place to monitor any monies spent on behalf of people. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

People who used the service told us they felt safe. One relative said, "Yes I trust them [care workers]."

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy stated how to raise a safeguarding alert and who to contact. Care workers received safeguarding training and demonstrated a good understanding of the principles of safeguarding and what action to take if they had any concerns. One care worker said, "There are different types of abuse. If I had concerns I would call the office and tell them. If I wanted to raise a whistleblowing I would feel protected, it's confidential." Another care worker told us, "I'd call the office and tell the coordinator. If I suspected the manager of anything, I'd go to social services."

People had risk assessments in place. Risk assessments looked at the person's environment in their home, any behavioural needs, falls, personal hygiene, nutrition and medication. For example, one person's risk assessment stated, "[Person] has had three falls last year, Carer needs to support [Person] while they are there to avoid the risk of falls. Carer needs to make sure that before leaving [person] is comfortable." Another person had a risk assessment in place relating to manual handling and hoisting. It stated, "Carers to use comfort sling when transferring [person] from bed to chair in the morning, lunch, and safely transfer back to profiling bed. Carers to check hoist, sling before transfer to ensure safe transfer. If any concern/faulty equipment need to contact manager/office ASAP."

People also had risk assessments in place in relation to their medicines. For example, one person's risk assessment stated, "[Person] needs support with prompting medication. [Person's] medication is in the blister pack. As [person] is forgetful, carer needs to make sure she has her medicine." Care plans also contained information about people's medicines, for example the name of the medicine, the dosage, the route of administration and where the medicines were stored in the person's home. Contact details for the person's GP and who to contact in an emergency were also documented in people's care plans to support care workers. Where people took their medicines independently, this was clearly recorded in care plans.

Records showed that risk assessments were reviewed annually. The review consisted of looking at personal safety, mobility, falls, pressure sores, personal care and nutrition. People who used the service were involved in reviewing risk assessments. Records showed risk assessments and subsequent reviews were signed by the people they related to.

The provider had robust staff recruitment processes in place. People told us and records confirmed that various checks were carried out on staff before they began working at the service. One member of staff said, "I did the DBS, all the necessary checks." DBS stands for Disclosure and Barring Service and is a check to see

if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed checks carried out on prospective staff included DBS checks, proof of identification and employment references. This meant the provider had taken steps to ensure suitable staff were employed safely.

The provider made sure there were sufficient numbers of suitable staff to support people and meet their needs. One care worker told us, "There is always cover if someone is off. I am not allowed to do a double up myself." The training manager told us, "If a carer is going to be very late, we have a nominated cab office that we use and they take the carer to their visit. We cover this cost. Carers who work double up, they pick up each other and we pay towards their petrol. We always put the customer first. We go to any length to achieve this." A relative of a person who used the service told us there was always enough time for care workers to provide care, "They are only allocated half an hour but she is not rushed". Another relative said, "There's allocated time so [relative] is aware that they will be there, if they are late they will call her because they speak her language they call her and tell her direct that they are running late." A third relative said, "If they are late Rainbow rings us and tell us, they inform us".

The service received a weekly update from the local authority regarding any missed visits. Records showed that there had been no missed visits recorded in recent months. In addition, the local authority also provided the service with a punctuality score. The training manager told us that they awarded the top five members of staff with the best punctuality by presenting them with vouchers and also contributed towards their travel costs. This meant that the service was proactive in ensuring punctuality and preventing missed visits and they supported their staff in being motivated to provide a high quality of care.

The service had systems in place to promote the safe administration of medicines. Staff undertook training before they were able to support people with medicines. Medicine administration charts were maintained which included details of the medicines to be administered. Staff signed these charts each time they supported a person to take a medicine which meant there was a clear audit trail in place to demonstrate the medicine had been taken. Medicine records were checked by a senior member of staff to help ensure medicines were administered correctly.

Care workers told us about infection control practices whilst in people's homes. One care worker said, "I always wear an apron and gloves during personal care. We get our supplies from the office. There are always supplies." Another care worker said, "I use gloves and aprons and foot covers. First of all I wash my hands then put on my gloves and apron."

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. For example, we saw an incident report where one person who used the service had developed a pressure sore. As a result, the service made a safeguarding referral and notified the CQC. In addition, they interviewed all care workers involved with the person's care and documented their lessons learned which consisted of offering pressure care training to care workers. An action plan was created, their risk assessment updated and a referral was to be made to a physiotherapist. This meant the service learned from incidents and put procedures in place for prevention.

The service had a 24 hour on-call system for care workers to access. One care worker told us, "If you need help you can call and they always answer." A relative of a person told us, "There was a time when my mum rang them at four in the morning and they answered, and they were at her door by 6 am." A person who used the service said, "I don't know about other people but they listen to us. We called them at 5am in the

morning and they listened to us." This meant the service was responsive to people and staff, including out of hours.

Good

Is the service effective?

Our findings

People's needs were assessed before the service provided them with care. The assessment process involved the commissioning local authority and the service. The commissioning local authority carried out their own assessment of the person's needs and this information was provided to the service. A senior member of staff from the service met with the person and their relative where appropriate to carry out an assessment of their needs and to determine if the service was suitable to meet those needs. A relative of a person who used the service told us, "Someone came from the office when the service started and they came every day to note the care."

The registered manager told us on occasions they had declined to provide care to people as they could not meet their needs, for example where a person had complex mental health needs. Assessments covered needs in relation to personal care, nutrition and medicines.

Staff received support through training and supervision to enable them to develop skills and knowledge to aide them in their role. Newly recruited staff undertook an induction which included a mixture of classroom based training, shadowing experienced staff and completing the care certificate. The care certificate is a training programme designed specifically for staff who are new to working in the care sector. A care worker said of their induction, "I did safeguarding, first aid, dementia, health and safety [training]. The shadowing was very good to know how to work with our clients." Another care worker told us about the training they received and said, "All the time they're giving us training. It's good." A third care worker said, "The training is good. I learned so much. The last training I had was last month on dementia, medicines, safeguarding and pressure sores."

Staff told us they had regular one to one supervision with a senior member of staff and records showed this included discussions about performance, training and development, issues relating to people who used the service and teamwork. A care worker said of their supervision, "They ask me if I am happy with the clients, about the rota, about my colleagues." Another care worker told us, "We have supervision and we have an appraisal every year. It's a good thing having a one to one. The registered manager is very good at explaining things and if you need help you can always call the office." A third care worker said, "Supervision is very good." Staff also undertook an annual appraisal which reviewed their performance in the past year and set objectives for the year ahead.

People were supported to eat and drink enough and were supported by care workers in preparing food. Staff told us they offered people choices when preparing meals for people. One care worker said, "I always ask what they want for breakfast." Another care worker said, "I will ask him what he wants to eat." A third care worker told us "I make African food for one client, for example 'fufu' and 'kalinka'. I learned to make this, the client teach me. I asked her questions about the food they enjoyed eating. I like learning about different cultures." A relative of a person who used the service told us. "They [care workers] always give her fruits, they will give her water they will ask her what food she wants, she has her curries and they will offer to make her a sandwich if she does not want to eat that." This meant that people were supported with eating and drinking in a personalised way.

Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin. We saw that care plans included contact details of GP's and relatives.

Records showed the service worked with other agencies to promote people's health. For example, for one person we saw they contacted the NHS because the person required a pressure relieving mattress and for another person a referral was made to the occupational therapy team because the service had concerns about the person's mobility. For another person, the service had been in communication with the local authority to arrange extra hours for supporting the person with health appointments.

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.

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service.

Consent to care and treatment was reflected in people's care plans and signed by people who used the service. Care workers demonstrated that they understood the principles of the MCA and the importance of seeking consent. One care worker said, "Without the person's permission, I can't provide care." The service was proactive in arranging mental capacity assessments for people who used the service and records confirmed this. For example, the service had been in contact with the local authority by email to arrange an assessment.

Good

Is the service caring?

Our findings

People who used the service spoke positively about the care they received. One person told us, "[care worker] will help me. Like today my husband went to the hospital for a check-up and [care worker] phoned me at twelve o'clock and asked me if I am alright. She is very nice she is helpful." One relative said, "Yes, well, each time they come in they greet [relative] they introduce themselves they tell [relative] what they are going to do for him they treat him with respect and dignity." Another relative said, "It's like the carer is part of the family."

Care workers told us how they treated people with dignity and respect. One care worker said, "For example I close the door during personal care. I explain to the person what is happening and go with their preferences." Another care worker told us, "I always tell the service user I'm doing this or that. I always close the door." A third care worker said, "I will get his robe ready so he can put that on before he goes to the bathroom. I will close the curtains." A relative of a person who used the service said, "They treat [relative] with dignity'. They wash him well, they talk to him he feels at ease with them." Another relative told us, "They are very gentle and patient and supportive they take their time with [relative] they will even say when she is under the weather they will check if she is ok." This meant that people were treated with kindness and were given emotional support when necessary.

On promoting independence one care worker told us, "Some people can do things for themselves and you support them to do what they can." Another care worker told us, "Independence means promoting people. I very politely encourage people."

Care staff recognised the importance of treating people as individuals. One care worker told us, "It wouldn't bother me if a client was LGBT (lesbian, gay, bisexual, transgender). At the end of the day it's my client and I treat everyone the same."

People's religious needs were also met, one care worker told us, "I take one person to church every Sunday."

Good

Is the service responsive?

Our findings

Care workers told us how they got to know people before working with them. One care worker said, "We have training but we look at care plans. Without the care plan I can't do the job. The care plan is very useful." Another care worker told us, "When getting to know people we talk to them but we read the care plan. The care plan has enough information for us and the local authority's assessment is very useful, it tells us what we need to do." A relative of a person who used the service told us they were involved in the care planning process, "Yes the care plan, I had a look at it. They [staff] asked me a lot about my mum. It contains what they do for her."

Care plans contained personalised information about people who used the service, for example detail about their background, medical needs, living arrangements and care needs. Care plans were subject to regular review which meant that they were able to reflect people's needs as they changed over time. Daily logs were maintained so the service was able to monitor the care people received on an on-going basis.

People who used the service and their relatives had access to their care plans. One relative said, "The manager of the place gave me a copy of what's in the [care] folder."

The care coordinator told us how they matched care workers to people who used the service, "I match clients to the language." We always respect their wishes if they want a male carer, that's fine." They also told us, "When I put a carer with a client after one week I always check that it's going well, I always keep in touch."

One care worker told us about how they supported a person where there was a language barrier, "The family stick some common words on the wall [in the persons language] we use every day, things like 'please stand up' or 'please sit down'." This meant the support worker worked together with the family to support the person in a personalised way, despite there being a language barrier.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. A relative told us, "Oh yes, I would say If I'm not happy then I would ring the office." Records confirmed that complaints were responded to and resolved within time frames.

Good

Is the service well-led?

Our findings

The registered manager told us about their motivation and the culture of the service, "My passion is to give people work and help people who are struggling. Giving people employment and skills and obviously helping the customers receive the quality care." They also told us, "I am always available. I have an open door policy." One care worker told us about the registered manager, "She is good, if I need help with anything I can go to her, she is very helpful." Another care worker said, "I am very happy working here, it is a good team culture."

The provider carried out on-going quality checks to ensure that a high standard of care was being delivered to people who used the service. For example, the registered manager and team leaders completed regular spot checks on staff practice. Records showed that spot checks had been completed recently and looked at care worker performance, completion of paperwork, asking client's consent before carrying out care and infection control. Spot checks also recorded any comments made by people who used the service. For example one spot check recorded, "[Person] is pleased and happy with care because speaks same language. Can communicate and meet my needs. Always on time and respectful." One relative service told us, "They come and check if my husband is ok and if everything is alright."

The provider also carried out telephone questionnaires on a monthly basis and records confirmed this. Questions included whether carers were on time, whether they wore their uniform and carried out their duties to a high standard. We looked at responses and found that they were positive and complimentary on the quality of care provided. For example, one person said, "Everything is alright. No issues/concerns." Another person's questionnaire said "[Person] is happy with the service provided. She does not like too much change of carers. She wants to continue with one carer."

An annual survey was sent out to people who used the service and records confirmed this. Questions were asked around quality of care, how well the service responded to people's questions and complaints, and whether people or their relatives had any suggestions as to the quality of care being provided. We saw examples of responses and feedback was positive. People were asked to score the service out of 'five', with five being "excellent". Records showed that there were no ratings below 'three'. One person wrote, "So nice of you sending a Christmas card!"

Care workers were also asked to complete an annual survey and records confirmed this. One care worker said the three things they liked most about working at the service were, "How we are trained at Rainbow, friendly staff at the office, the location of head office is convenient for me." This meant that the service was pro-active in regularly checking the practices of staff to ensure a high quality of care was being provided.

Team meetings took place on a quarterly basis and records confirmed this. Minutes from the most recent team meeting consisted of discussions around the annual survey, complaints and lessons learnt training, the care certificate, best carer award for 2017 and the Christmas party. One care worker told us, "We have team meetings. They're useful."

The registered manager told us about their work in the community, "We have a coffee morning every three months with our service users and other people from the community. We use different locations. In September we celebrated 'Dance for Dementia', we got everyone up dancing and singing. These people have contributed to their community and it shouldn't have to stop, we can learn from each other and these coffee mornings are great for that."

The registered manager also told us about their involvement with other agencies and stated, "We have a lot of support from the local authority and also a local councillor who is very supportive of our coffee morning and wants us to make it more regular." They also said "I'm part of a local group that arranges yoga classes, cookery, support in people's homes for example if their heating packs up. This sort of thing is so helpful as it helps me to network. I am also an Alzheimer's Society champion which means I get regular updates and pass on my knowledge."

In addition the training manager told us, "The local authority do a survey every three months and we have been number one twice and we have been told the mayor of Newham is to award us and we will be attending an award ceremony. This has made us very proud." This meant the service was actively involved in community engagement in order to facilitate the high quality of care provided.