

Rainbow Medical Services Ltd

# Rainbow Medical Services Ltd

## Inspection report

179-181 Streatham Road  
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Tel: 02086485066

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18 March 2021

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Rainbow Medical Services Ltd is a domiciliary care agency. At the time of our inspection they were providing personal care to 31 adults who lived at home. Most people using the service had a range of complex health care needs. Two people received 24-hour care from live-in staff.

### People's experience of using this service

People told us they were happy with the standard of care and support provided by this domiciliary care agency and the way their carers followed the latest infection prevention and control (IPC) guidance including, using personal protective equipment (PPE) correctly.

We were assured the service was following the latest IPC and PPE guidance.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last overall rating for this service was good (published 16 October 2020).

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had about how the provider prevented and controlled infection. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had about the infection prevention and control measures the service had in place to keep people safe. This was so we could understand the preparedness of the service in preventing and managing COVID-19.

#### Inspection team

The inspection was carried out by one inspector 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 community care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the CQC. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the office-based managers and staff would be available to support our inspection. Inspection activity started on 18/03/2021 and ended on 19/03/2021. We visited the providers offices on 18/03/2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this

information to plan our inspection.

We made telephone or email contact with two people who received personal care from the service, 10 relatives, and six care staff.

During the inspection

We spoke in-person with three office-based managers including, the registered manager, the human resources manager and the nurse case manager.

In addition, we looked at a range of records. This included three people's care plans, multiple staff records in relating to their training and other records relating to the providers management and governance of infection control.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to people's risk assessments, their risk assessment policy and personal protective equipment (PPE) monitoring records.

# 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. This meant people were kept safe and protected from avoidable harm. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the providers infection prevention and control measures. We will assess all of the key question at the next inspection of the service.

### Preventing and controlling infection

- Staff used PPE correctly and in accordance with current IPC guidance. Staff demonstrated a good understanding of current IPC guidance and how to use PPE correctly. They had received up to date external IPC training, which included guidance about how to don, doff (put on and take off) and dispose of PPE safely. One member of staff said, "My employer makes sure staff working in the community are well equipped with all the PPE and infection control guidance we need to keep ourselves and people we look after safe." The service had adequate supplies of PPE that meet current demand and foreseen outbreaks.
- The provider was participating in a COVID-19 testing program for staff. This meant staff were routinely tested for COVID-19. The provider also knew how to apply for COVID-19 home testing kits and had adequate supplies of these kits.
- There were IPC and PPE policies and procedures in place, which were regularly updated to reflect ongoing changes to COVID-19 related guidance and followed by staff. This included contingency plans for managing adverse events, such as COVID-19 outbreaks and staff shortages. The office-based managers and staff had measures in place to regularly check staff wore their personal protective equipment (PPE) correctly in accordance with current IPC guidance. This included routine face-to-face spot checks of staffs working practices during their call visits/shifts and weekly telephone contact with people using the service and/or their relatives. People told us staff always wore PPE during their visits. One relative said, "Staff are very good and making sure they wear a face-mask, gloves and apron before they give my [family member] any personal care."
- Infection risks to people receiving personal care from this home care agency had been thoroughly assessed and were well-managed. Action had been taken by the provider to reduce the impact to people who were more likely to be disproportionately at risk from COVID-19. This included ensuring peoples personal care needs were being met by a small group of staff who made up their dedicated support bubble. In addition, staff with underlying health conditions and deemed to be at higher risk from COVID-19 were supported to keep safe and shield at home during the pandemic. We also saw the lay out of the providers offices ensured staff could sit safely socially distanced from one another.

However, the provider had not always completed infection risk assessments in relation to their staff team. For example, no recorded risk assessments or management plans were available in respect of staff deemed to be in high COVID-19 risk groups, such as staff who were members of Black, Asian and Minority Ethnic (BAME) groups.

We discussed this risk assessing and recording issue with the provider at the time of our inspection and signposted them to resources to develop their approach, which they agreed to look into.