

Rainbow Direct Care Ltd

Rainbow Direct Care

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 Direct Care is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. At the time of the inspection there were 19 people receiving personal care and support.

People's experience of using this service and what we found There were systems and processes in place to safeguard people from potential harm. All the people we spoke with told us they felt safe when receiving care. Staff completed training about safeguarding people from harm and knew how to report abuse. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

There were sufficient numbers of staff to meet people's needs safely. We saw on the staff rotas that staff had sufficient travel time between care calls. They were supported by regular staff who knew them and their needs well, which promoted continuity of care. The provider had followed their recruitment practices to ensure people employed were suitable to work at the service and support people.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs. People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw that the service worked closely with healthcare professionals to ensure good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and provided people with warm, person-centred care. Staff understood people's individual care needs and preferences and used this knowledge to provide people with good quality care.

People and their families were fully involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to people using the service. This was used effectively when complaints were received.

The service had good governance systems in place to ensure all aspects of the service and people's care

were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision. Lessons were learned when things went wrong, and the provider was committed to the continuous improvement of the service.

The service was well-managed and well-led. Everyone we spoke with knew who the registered manager was and said they saw them regularly. They told us they were approachable and always available to talk.

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

Rating at last inspection:

This service was registered with CQC on 11 September 2019 and this is the first inspection.

Why we inspected:

This was a planned inspection following registration.

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 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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below

Good ●

Rainbow Direct Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by one inspector.

Service and service type

Rainbow Direct Care is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means 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 two working days' notice of our inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

Inspection activity started on 1 November and ended on 2 November 2021. We visited the office location on 1 November 2021.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

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

As part of the inspection we spoke with five people using the service and five relatives. We had discussions with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four care and support staff and received written feedback from a further three staff members.

We spoke with a healthcare professional involved in one person's care who the service was supporting.

We reviewed a range of records. This included four people's care records, their risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at key policies and procedures, staff training information and governance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff and trusted them. Relatives also echoed this view and felt staff were always kind and well trained. One person told us, "I am definitely safe with the carers. They know exactly what to do to keep me safe from falling." A relative commented, "I think the staff are well matched and well trained which means my [family member] is kept safe."
- Staff had received training in how to keep people safe from potential harm and recognised signs that might indicate a person was being abused. Staff were clear on how to report concerns both to the management team and external agencies.
- Records showed the provider had worked with the local safeguarding authority when concerns were raised, and action was taken to keep people safe.

Assessing risk, safety monitoring and management

- Peoples safety had been assessed. Potential risks to people's safety and the home environment in which they would be supported had been assessed. Care plans provided staff with guidance as to how to support people, the number of staff required and the equipment to be used.
- People were happy with how risks were managed. Risks were monitored and reviewed regularly to keep people safe. A relative told us their family member was supported by care staff who were well trained to use various equipment safely.
- A staff member said, "Everyone has risk assessments which tells me how I need to support them to keep them safe and avoid any risk to them." Staff informed the registered manager when they had concerns about people's health, or their needs had changed. This enable the registered manager to review the risks and identify the additional support needed.
- Risk assessments were up to date and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People told us they were supported by a core group of staff, who understood their needs, which contributed to their sense of feeling safe and confident. Most people were satisfied with the organisation of their care calls. For example, one relative said, "We have the same team of staff and they are very reliable, and they get on well with [family member]."
- One person told us that staff did not always stay for the time allocated and said they would raise this with the registered manager as they had not done so before. We spoke with the registered manager about this and she told us this would be addressed in staff meetings.
- Staff told us they had enough time to provide the care people needed. We looked at staff rotas and saw

that they were given sufficient time to travel to each call. Any changes to the rotas was communicated to staff and people in a timely way.

- Staff recruitment records demonstrated the provider carried out robust pre-employment checks that including obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People received their medicines when they needed them. A relative said, "My [family member] always gets their medication on time. The carers always let me know when they are getting low so that I can re-order."
- People were supported by staff trained in the safe management of medicines and they had their competency checked regularly. Staff confirmed they had received detailed medicine training. One commented, "Management watch us give medicines and check we are safe to do so before we do it on our own."
- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- Infection control was well managed. Everyone we spoke with said all staff wore personal protective equipment (PPE), washed their hands and cleaned surfaces to reduce the risk of cross infection. A relative said, "I've got no concerns, they all follow the COVID-19 rules and are vigilant to keep [family member] safe."
- Staff were trained in how to minimise the risk of infection for people and had information in the staff handbook which they could refer too. Staff practices were checked by the management team to ensure infection control procedures were followed. Staff confirmed they had a good supply of PPE and disposed of them after each task.

Learning lessons when things go wrong

- Lessons had been learnt. The service had a system in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the management team were open and shared learning from incidents with them, such as revised measures to reduce risks to people and staff training.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were involved in the process to identify their care needs and in the development of their care plan. The manager used this information to ensure staff had the skills and understood how people wished to be cared for.
- Assessments were completed in line with best practice guidance, for example, using the nutritional and falls risk assessment tools. All aspects of a person's needs were considered including the characteristics identified under the Equality Act such as cultural needs and sexuality.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One person said, "The staff know what to do and they do it well." A relative told us, "The staff are very competent and knowledgeable."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, "The induction was very good and very helpful, so I knew what to do and what to expect."
- The system for staff supervision and support was consistently applied. Staff told us they were supported by senior staff through one to one meetings. One told us, "We have regular supervision, so we can raise any issues and discuss our training."

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

- People were supported with their nutritional needs. Staff were aware of people's individual food preferences and assisted them to prepare food and drink of their choice, whenever this was required. For example, one person told us, "The carers make sure I have had breakfast and will leave me snacks and drinks. They know what I like."
- Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People experienced positive outcomes regarding their health and wellbeing. Staff maintained effective working relationships with a range of external organisations to support them in the provision of effective

care and support. For example, they worked closely with the occupational therapy service to ensure people had the right equipment to enable them to be moved safely.

- One person told us how they had been supported to obtain several pieces of equipment this meant they were able to remain independent in their home.
- We saw that for one person with very complex needs there had been joint working with a multi-disciplinary team that included numerous health care professionals. We received very positive feedback from a healthcare professional about the staff skills and commitment. Training and detailed care planning had been used to ensure the person received the correct care and positive outcomes.

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.

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.

- We checked whether the service was working within the principles of the MCA and were satisfied staff understood the importance of seeking consent before providing care or support.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People gave very positive feedback about the attitude of staff and the way they were treated. For example, one person said, "They are all absolutely lovely. Very kind and caring." A relative told us, "The staff are outstanding. I look at [family members] smiling face and can see how happy they are with the staff. I cannot fault them and always recommend them to friends."
- People were supported by a small team of staff who they felt comfortable with and who knew them well. Staff were knowledgeable about people's preferences, routines and gave examples of how they promoted and respected the things that were important to them.
- We saw compliments received from people's relatives who had used the service. One read, 'We would like to thank you and your carers for the wonderful care you gave [family member]. You really treated [family member] with the kindness dignity and respect that they deserved.'
- The registered manager and staff understood the importance of maintaining an approach based on people's diverse and differing needs. They told us this helped them to recognise the importance of treating people as individuals.

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

- People were involved in decision making. Staff took time to involve people in decisions about their care and respected their individual wishes and preferences. For example, one person told us, "I say to them what I would like them to do, and they always respect my decision. They never question me." A relative said, "The carers take account of what [family member] wants and they always ask for permission before they do anything."
- People and their relatives confirmed they were involved in the planning of their care. Care records demonstrated that people's care needs had been reviewed with them and they had participated in decision making.
- The registered manager told us if people needed any additional help in communicating their views, they could be supported to access information about advocacy services. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff do treat me with respect, especially when they help me with my care. They make it as dignified as they can." A relative commented, "The staff treat [family member] with such care and dignity and they have a lot of patience. I can't fault them."
- Staff described how they protected people's privacy and dignity, for example, by closing the curtains and

doors, knocking on doors before entering and always asking for the persons consent.

- People were encouraged to maintain their independence and do as much as they could for themselves. One person told us, "I can do some things for myself and the staff don't take over, they let me do it."
- A confidentiality policy was in place. The management team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care and support specific to their needs. One person told us, "I get the care I want which suits me. I couldn't ask for better." A relative commented, "It's the best care my [family member] could get. We are so pleased with the fantastic care. We all have peace of mind."
- People were involved in the development of their care plans. This enabled them to express their choice and control as to how they wished to be cared for. A relative commented, "We are fully involved and know exactly what's in the care plan. If we want something to change, we are all involved, and the changes are made quickly."
- Care and support plans contained personalised information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. They were reflective of people's current needs and included information about their personal preferences.
- Staff provided continuity of care, they monitored and identified any changes to people's needs. A relative told us the daily notes completed by the staff were detailed and showed their family member received the care as per the care plan.

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 communication needs were assessed, and details of any needs were recorded. People using the service at the time of the inspection did not have any specific additional communication needs; however, the registered manager said they considered each person individually and would provide any support they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain meaningful relationships with family and friends.
- Staff had good insight about people's family, hobbies and interests and said the information in the care plans were useful for topics of conversation when providing care and support to people.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns they may have. One person told us, "I would go to the manager or [senior staff member] and they would sort things out for me."

- A complaints policy was available for people to access. Informal concerns had been responded to with records maintained to show any actions taken. No formal complaints had been received.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 leadership, governance and culture of the service promoted the delivery of high-quality, person-centred care. The provider, registered manager and staff demonstrated they were motivated and passionate about providing person-centred care and support for people. One staff member said, "I love to come to work and caring for people. I try to make people's day a little bit better."
- The service was led by an enthusiastic registered manager who was passionate about providing person centred care. Staff echoed the commitment to person centred care and worked flexibly and collaboratively together to enable them to respond to people's changing needs and wishes.
- The provider promoted the welfare and happiness of the staff team in a variety of ways. Staff received gifts on their birthdays and there was an employee of the month scheme where employees had the opportunity to receive gift vouchers. The provider had also purchased two cars for staff to use as part of their work.
- The registered manager explained they were always open and honest when things went wrong and had a full discussion with the person affected and their relatives (with the person's permission). They were committed to completing a full investigation to identify learning and prevent recurrence.

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

- The quality of service provided to people was monitored. Regular audits had been carried out on people's care records and action plans were put into place when areas needed to be addressed. Unannounced spot checks were carried out on staff to ensure their training was followed to meet people's needs.
- Staff felt well supported in their roles. One staff member told us, "We get lots of support and there is always someone available to give us help and advice."
- Staff understood their roles and responsibilities towards the people they supported and felt listened to and well supported by senior staff. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service. They looked at all accidents and incidents to see if lessons could be learned when things went wrong. This was then shared with all staff.

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

- People were involved in decisions about their care. This was achieved through regular reviews of people's care, spot checks and surveys.
- Staff meetings were held regularly. Staff told us the meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work.
- Arrangements, including communication systems were in place for senior members of the organisation to be accessible to support front line staff. Staff told us they were confident in raising any concerns they had at any level within the organisation and confident they would be addressed.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The management team ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.
- The provider had invested in the service. Information about people's care, staff records, and management information was being transferred to a new electronic care management system. This system would enable the registered manager to monitor more effectively and identify trends so action could be taken promptly.

Working in partnership with others

- The management and staff team worked in partnership with other professionals and agencies such as the GP, district nurses, Occupational therapists and the local authority to ensure people received joined up care.
- A healthcare professional gave positive feedback about the service and the quality of care provided by staff who were responsive. They told us, "The staff have been very flexible and worked hard to achieve really good outcomes for [name of person]. The staff have been willing to learn new tasks and are committed to providing [name of person] with the best care."
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.