

Rainbow Outreach and Healthcare Solutions Limited

Rainbow Outreach and Healthcare Solutions Limited Cambridgeshire

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 Outreach and Healthcare Solutions Limited Cambridgeshire is a domiciliary care agency providing personal care and support to two people. The service provides live-in care support to people. This means the staff member lives with the person they are supporting for an agreed time period. At the time of our inspection there were two people being supported with the regulated activity of personal care in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridgeshire and Peterborough. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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

Staff knew the people they supported well. Staff were kind, polite and respectful towards the people they supported. People's equality, diversity and human rights were promoted and respected. There were enough knowledgeable and trained staff to help meet people's care and support needs.

Staff were trained and were able to develop their skills and career through further training. Trained staff, including external agency staff had medicines administration spot checks undertaken to check their competency. Staff were encouraged to discuss and review their performance with their registered manager through supervision and regular conversations. Potential new staff to the service had checks carried out on them to ensure they were suitable to work with the people they supported.

Support from staff helped make people and their relative feel reassured. Staff demonstrated their understanding of how to keep people safe from poor care or harm. Staff knew they should report any concerns they may have had to their registered manager or to external organisations such as the local authority or the police.

Where people wanted to discuss their end of life wishes this information was recorded to guide staff. Staff had access to information in peoples' care plans and risk assessments that helped guide them to care and support people effectively. Staff had plenty of single use personal protective equipment, such as gloves, aprons and face masks. Infection control practices were in place to reduce the risk of cross contamination. There were systems in place to learn lessons when an incident or accident occurred or there was a risk of this.

Staff supported and encouraged people to drink and eat plenty and healthily. People were given choices and these choices were respected by staff. Staff helped promote and maintain people's privacy and dignity. Staff also encouraged people to be as independent as possible. Staff supported people and relatives to be involved in discussions around their, or their family members, support and care needs. People and their relatives felt listened to, respected and their wishes and preferences valued by staff.

The registered manager and staff, when required, worked with external health and social care professionals. This helped people to receive joined up care and support. Whilst no complaints about the service had been received, there was a process in place to investigate and take actions as a result of learning to try to reduce the risk of recurrence. Communication was good.

People, their relatives and staff were asked to feedback on the service. Information was available in different formats when required to help enable people's understanding. Pre-assessments were undertaken on potential new people to the service, this helped make sure there were enough suitably trained staff to support people in line with current guidance and legislation. Audits were undertaken to monitor the quality of the service provided and drive forward any improvements needed.

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.

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 us on 24 March 2020 and this is the first inspection.

Why we inspected

This is the first inspection since the service registered with the CQC on 24 March 2020.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Outreach and Healthcare Solutions Limited Cambridgeshire

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team

The 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 and specialist housing. The staff live with the people they support.

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 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 they registered. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 one relative during this inspection, we also spoke with two care staff and the registered manager. We looked at a selection of two people's care plans and risk assessments. We also looked at a staff recruitment file, medication records, policies and procedures, training and supervisions records and records that helped the provider monitor the quality of the service provided.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

This inspection started on 11 March 2022 and ended on 24 March 2022.

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 of 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

- Staff understood how to safeguard people from harm or poor care. Staff talked us through their understanding of safeguarding people from poor care or harm. A staff member said, "I would collate it [safeguarding information] and report to my [registered manager] and make them aware of it." They went on to say that outside of the organisation they could report concerns to the police and local authority safeguarding team.
- A relative described to us how having staff support their family member made them feel. They told us, "It gives the family reassurance to have staff support [family member], it does help us feel more relaxed. [Family member] has never said they don't feel safe."

Assessing risk, safety monitoring and management

- Staff had guidance on how to support people safely with their individualised risks. This information was found within people's risk assessments and care plans. This enabled staff to monitor people's known risks such as COVID-19, medicines support and known health conditions. However, one person's medicines risk assessment did not have all the assistance staff gave recorded. The registered manager told us they would make this improvement.
- A relative confirmed, "Staff have an understanding around [family members] risks. They will hold their hand or their bag when going up or down the stairs to help steady them."
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.

Staffing and recruitment

- There were enough trained staff to meet people's individual needs. There were continuity plans in place to cover should staff become ill, take leave or must self-isolate due to COVID-19. Consistent external agency staff were used to support shortfalls in staffing numbers.
- Employed staff to the service had to undergo a series of checks to help ensure that they were suitable to work with the people they supported. Checks included references from previous employers and explanations for any gaps in their employment history and criminal record checks. The registered manager obtained assurances from the staffing agency about the external agency staff used.
- A relative told us they were happy with the support their family member received. They reported that just before Christmas there appeared to be a lack of staff, but this had now improved. A relative said, "We normally know in advance who the next carer will be, the [registered manager] will now text and let us know regarding change over day. The [registered manager] is now more on the ball. The change of staff can cause [family member] anxieties." The registered manager respected people's preferences about the staff who supported them, for example, having staff of a similar age. A relative told us, "They match the staff to [family

member] better."

Using medicines safely

- Staff supported people to remain as independent as possible with their medicines, following a risk assessment around safety. People self-medicated or were either prompted by staff to take their medicine or staff administered people's prescribed medicines.
- Staff were trained to administer people's prescribed medicines safely and had their competency to do so spot checked by the registered manager.
- Audits were undertaken of people's medicine administration records. No improvements required had been identified by these audits.

Preventing and controlling infection

- Staff had training in infection control. Staff told us they had plenty of personal protective equipment (PPE) to help keep themselves and the people they supported safe. A staff member said, "We are given plenty [of PPE] such as face masks, gloves and aprons. We test for COVID-19 weekly and register the result with a copy going to the registered manager."
- People had a COVID-19 risk assessment in place to guide staff on how to promote good infection control practices and what PPE to wear and when. A relative told us, "PPE is being worn by staff and they are COVID-19 tested."

Learning lessons when things go wrong

- The registered manager and staff told us that there had not been any incidents or accidents to date. They explained the process of how the registered manager would communicate learning from incidents when they happened in the future and learning from any findings from audits undertaken.
- A staff member said, "We try to avoid incidents but if they happened, we would report it and notify the client. We would narrate the way in which it happened, what led to it, and share this with the [registered] manager to learn and help train other staff. No incidents needing reporting as of yet."

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

- Potential new people to the service had their individualised care and support needs reviewed before the care package was accepted. This helped ensure staff were suitably skilled and confident to meet the persons care and support requirements in line with current guidance and legislation.
- Staff had training in equality and diversity. People's care records contained individual information to guide and remind staff about people's diverse requirements and personal preferences.

Staff support: induction, training, skills and experience

- Staff were trained to care for and support people safely and effectively. Staff worked four weeks and then had a two to three-week break. A relative told us they were now satisfied with the staff supporting their family member. They said, "We have these agreements in place. It is about building routines and getting staff on board with us."
- Agency staff used told us they had previous experience of supporting people with live-in care. Staff, including long-term consistent external agency staff, had supervisions and competency spot checks to review and discuss their performance.
- A staff member told the registered manager carried out spot checks in ways that were mindful of people's preferences and needs. They said, "The [registered manager] does spot checks following our training, usually monthly. However, my [named person] has anxiety of people coming into their home so we do a virtual spot check to alleviate the anxiety."
- The registered manager told us they would support staff who wished to develop skills and knowledge to take on qualifications in health and social care.

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

- Staff supported people with their choice of what food and drinks they wished to have. Staff encouraged people to eat and drink enough amounts. A staff member talked us through the individualised support with preparing foods in line with the guidance for a person with a specific health condition. This reduced the risk of the person becoming unwell due to their diet.
- A relative told us how their family member was starting to lose interest in their meals. With the support from staff the person was now encouraged to eat and drink at the same time as the staff member. They said, "[Family member] does have a good relationship with the carers. [Family member] wanted an [certain gender staff member] that they would feel comfortable cooking and eating a meal with. This has improved."

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

- Staff called emergency services when needed to support people. People's independence was promoted and encouraged by staff. They respected people's choice to manage external health appointments by themselves.
- A relative told us they managed their family members external health appointments when needed and that so far, they had not had to rely on staff. They said, "[Staff] communicate to us if [family member] has a sore throat or cough, they made us aware. [Staff] have not had to seek health professional help yet, I would hope they would if they needed to. I am sure they would."

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 MCA 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.

- Staff promoted and maintained people's right to make choices. This included what to wear and what to eat. A staff member talked through how they supported a person to make day to day choices to promote their well-being. They said, "I still try to involve and get [person's] consent before doing [laundry tasks] and try to do it together, this makes them happier. I will try to get consent."
- A relative told us, "Staff totally respect choice and we feel listened to. For example, [family member] does not like staff sitting in the [named room] and they respect this. Staff, and my sister and I try to persuade [family member] regarding care tasks together, but [family member] can be so particular...Staff are now understanding not to push [family member] if they don't want something done."
- Whilst staff promoted people's well-being and clearly understood the importance of choice and respecting choice, records did not always document staff member's support. This support was individual to a person's needs and good health and should be clearly documented as being in the persons best interest. The registered manager told us they would make this change.

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

- Staff respected people's individual preferences and protected characteristics.
- Records guided staff on people's likes, dislikes and how they wished to be supported. Staff listened to and respected people's preferences for gender specific staff to assist them with personal care support.
- A relative said, "Overall, we are happy with the care."

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

- The registered manager and staff gave people and their families opportunities to discuss their care and support needs. This helped make sure people's preferences were acted on without discrimination.
- People's care plans detailed relatives or other representatives the person had authorised to be involved and help make decisions about their care.
- A relative confirmed that they were involved in discussions about their family members care, and support needs and that communication was now good. A relative said, "We expressed what we wanted for [family member] in the beginning, and this was then recorded in the care plan. Although it didn't start that well, what we have now requested is reflected in the care plan."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained and promoted people's privacy and dignity. A relative told us how staff would leave the room to give their family member privacy when they were speaking on the telephone.
- Staff promoted and maintained people's life skills where the person wished to remain independent wherever possible. A relative said, "[Family member] still likes to Hoover and polish."
- Staff described to us how they encouraged people to remain involved with daily tasks around their home. A staff member told us, "[Person] does not like me doing laundry on my own so we do it together, such as washing bed clothes. [Person] didn't used to eat and drink so we eat and drink at the same time and this encourages them. [Person] likes to eat meals I have prepared from my own culture."

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

- Staff provided personalised care that met people's individual needs. A relative told us how they were involved in the discussions and planning of their family members care and support requirements. A relative confirmed, "We recently had a six-month review of care needs and the registered manager and social worker were involved."
- Staff understood people's individual needs and wishes on how they wanted to be supported.
- People's care records were updated regularly during reviews and any updates were documented under the review notes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- No one currently using the service required information in a different language or format to help aid with their understanding. The registered manager told us they would be able to provide this information when 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

- Staff supported people to attend and take part in activities that interested them, helped them learn or were intended to help them feel better about themselves.
- A relative told us how staff had tried all different activities and interests with their family member. They said, "Staff have tried to get [family member] involved in hobbies and interests when they are at home to help reduce the amount of TV they watch. [Staff] have really tried with puzzles and board games but [family member] is really reluctant." They went on to say, "We got [family member], with staff support to go to a dementia music group in [named town]. They loved it. [Family member] still gets their hair and [beauty treatments] done and the staff support this. It makes [family member] feel better."

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any formal complaints about the service provided.
- During this inspection we were made aware of some soft concerns that had been raised around laundry and food shelf life dates. These had been raised and the concerns listened to and resolved where possible.

We discussed this with the registered manager. They confirmed that when a person or their relative did not want to raise a formal complaint but wanted to raise concerns, this would now be recorded as part of their governance records. This would help the service have a more complete overall picture of concerns and complaints raised about the service. Including any learning and actions taken to try to resolve.

End of life care and support

- Nobody currently using the service was on end of life care.
- People's end of life wishes, for those people wishing to discuss these, were documented to guide 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

- The registered manager and staff promoted a positive and open culture within the service. A relative gave us positive feedback about the registered manager and staff. They spoke about how in the beginning the service for their family member didn't start that well, it had now improved, and communication was much better. They said, "The registered managers communication has got a lot better; we got a lot more notice regarding staff."
- Staff, including agency staff told us they felt supported by the registered manager and that communication was good. One staff member said, "The [registered manager] undertakes weekly calls to check what is going on. She is a very nice lady. I feel comfortable talking to her." Another staff member told us, "Yes I feel listened to, the [registered] manager acts upon concerns or suggestions and takes action."
- Whilst there had not been any accidents or incidents for staff to learn from, staff had a clear understanding of what would be expected from them should this occur. Staff told us how they would learn from incidents that had occurred and take action to reduce the risk of recurrence. A staff member said, "We are quality checked on our performance. Things are working. Communication is good."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had good knowledge regarding their responsibility to report notifiable incidents or events to the Care Quality Commission and Local Authority.
- Staff understood their roles and responsibilities towards the people they supported. A staff member said, "Everything is running well. If we notice anything, we report it. Communication is a two-way thing. We report on what is happening, such as a written report which are our daily contemporaneous notes [of how the person is supported during the day]."
- Audits were carried out to monitor the quality of the service provided. Improvements required were turned into actions to improve the service and reduce the risk of recurrence.

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

- A relative and staff members told us how they felt engaged. A relative told us communication was now good and they felt engaged with the registered manager and staff from the service. They confirmed they had

recently been given a survey to complete to feedback on the quality of the service provided. However, they felt the survey should have been clearer that it could be completed anonymously. We fed this suggestion back to the registered manager.

- Staff had meetings to discuss any issues and to agree any actions to be taken. Staff were also asked for their feedback on the service via a survey. The results were positive, and no improvements noted.

Working in partnership with others

- The registered manager and staff team, when needed, worked with external health and social care professionals to help people receive joined up care and support. This included health visitors, social workers, GPs, and physiotherapists.