Rainbow Care Services Ltd

# Rainbow Care Services Limited - 2a Kempson Street

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Rainbow Care Services Ltd provides personal care and support to people living in their own homes in the area of South Nottinghamshire. At the time of our inspection there were 20 people receiving a care package.

At the last inspection, in April 2016, the service was rated Good with one breach of one Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was with regard to staff training. Following the inspection the provider sent us an action plan detailing the action they had taken to meet this breach in regulation. At this inspection we found that the service remained Good and the breach was met. Some continued improvements were required to ensure sustainability.

People continued to receive safe care. People were protected from avoidable harm and risks because risks associated to their needs had been assessed and planned for, and were regularly reviewed. People had not experienced missed calls and were informed if staff were delayed and staff stayed for the duration of the call. Safe staff recruitment processes were in place and there were sufficient staff employed and deployed appropriately. Where required people received support to take their prescribed medicines, some areas of improvement were required to ensure staff did this appropriately.

People had given consent to their care and support. Staff were aware of the principles of the Mental Capacity Act 2005. They had information to support them if there were concerns a person lacked mental capacity to consent to a specific decision about the care they received.

Where required, people received appropriate support with dietary and hydration needs. Some improvements had been made with regard to staff training. Some staff needed to complete refresher courses in some areas, which the office manager took immediate action to address. Staff received observational competency assessments of their work.

People continued to receive good care from the staff that supported them. People were treated with kindness, dignity and respect by a staff team that were knowledgeable about their individual needs. People were supported by a core group of staff that they were familiar with. People were involved in discussions and decisions about how they received their care and support.

People continued to receive a responsive service. People's care needs had been assessed and planned for and were reviewed with the person. However, the management team had plans in place to improve their initial assessment of people's needs. This was to ensure they asked appropriate questions that identified fully people's diverse needs including decisions about their future care needs. Effective systems were in place to manage any complaints that the provider may receive.

The service continued to be well-led. The registered manager was no longer managing the service. The office manager was in the process of registering with CQC to become the registered manager. The management team and staff were aware of their role and responsibilities and were committed in providing

people with the best care they could provide. People received opportunities to give their feedback about the service they received. Auditing processes were in place that monitored the quality and safety of the service people received.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Requires Improvement. | **Requires Improvement** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Rainbow Care Services Limited - 2a Kempson Street

**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.

This was a comprehensive inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of using a domiciliary service.

Before the inspection we reviewed information that we held about the service such as the last inspection report and notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. Some people who used the service received a direct payment from the local authority to fund their care package. Whilst local authorities did not commission services from the provider, the direct payment team within the local authority knew of the provider. We contacted this team for feedback about the service.

At the provider's office we looked at five people's care records and other documentation about how the service was managed. This included policies and procedures and information about staff induction, training, support and recruitment. We also looked at the provider's quality assurance systems. We spoke with the office manager, office administrator who was also a senior care worker, a further two senior care workers

and two care workers.

After the inspection we contacted ten people who used the service for their feedback about the care and support they received. We received feedback from eight people who used the service and one relative.

Good

# Is the service safe?

## Our findings

People were protected from avoidable harm. A person told us, "I feel safe with all the care staff." Staff were knowledgeable about their role and responsibilities in protecting people's safety. Staff had received adult safeguarding training. There were processes in place to support staff of the action required to report safeguarding concerns.

The risks to people's safety and welfare had been assessed and planned for. Risk plans informed staff of the action required of them to keep people safe. A staff member said, "Risk assessments are regularly reviewed, if there are any changes we are informed and kept up to date." An example of risk plans in place associated with people's needs included mobility, personal safety and health needs. Risks posed to staff due to lone working and any environmental factors had also been considered and planned for. The office manager told us how they reviewed any accidents and incidents to reduce further reoccurrence. The office manager was in the process of updating their emergency contingency plans, to ensure people received a safe service at all times.

There were sufficient staff employed and deployed appropriately to meet people's individual needs and to provide a safe service. No person we spoke with had received a missed call and all confirmed that staff stayed for the duration of the visit. One person said, "I've never had a missed call all the time I've used Rainbow." Safe staff recruitment processes were in place, staff files confirmed appropriate checks had been completed before they started work at the service.

Some people who used the service required support from staff with taking their prescribed medicines. One person told us, "The care staff give my medicine as I can't use my arms we have never had a problem with this."

Staff told us how they supported people with their medicines; they also told us that they had received training to do this safely. Records confirmed what we were told. Staff had information about people's medicines and they recorded when they had supported a person to confirm they had taken their medicine as prescribed. The office manager told us that they reviewed this documentation once a month to ensure people had been supported appropriately. Records confirmed what we were told.

Requires Improvement

# Is the service effective?

## Our findings

During our previous inspection on 7 April 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff training. During this inspection we checked to see whether improvements had been made. We found this breach in regulation had been met. Some further improvements were required to ensure improvements were sustained.

People told us they found staff to be competent and knowledgeable about their needs. One person said, "My care workers know me so well so they don't really need to ask me, we just get on with what we have to do its good old team work."

Staff told us that they felt well supported and that they received training opportunities. Staff also said that they visited the office weekly and had, "Regular discussions with the office staff who they described as very supportive and approachable."

The office manager told us there had been internal difficulties related to the management of the service. This had some impact on the formal training and support provided to staff. Records showed that staff had received refresher training in medicines administration and management and adult safeguarding but other refresher training had not been completed at the intervals the provider had stated as required. At the time of the inspection this refresher training had not been booked. However, since the inspection we have been informed by the office manager that this has now been rectified and all staff have been booked onto refresher training with an external training provider.

The office manager told us that they completed competency observations of staff delivering care and support and that they used this to discuss any areas of improvement. Staff confirmed this to be correct. Records confirmed that these observations had not been completed at the frequency the provider stated they should be. After our inspection the office manager forwarded us information to confirm what action they had taken to address this issue. This included the completion of observations for half of the staff team and plans to complete observation for the remaining staff.

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 told us that they were asked to give consent before care and support was provided. Care records reviewed showed people had signed their care plans that demonstrated their consent. The office manager and staff spoken with advised that people who used the service had the mental capacity to consent to their care. Staff demonstrated they were aware of the principles of the MCA and the action required should a person lack capacity to consent to the care and support they received. The provider had in place a policy and procedure to support staff.

People received, where required, support with food and hydration needs. One person said, "I am never left without a drink and something to eat if I want it."

Staff told us they had information about people's dietary needs. One staff member said, "We follow people's routines, give choices, check the eat by dates on food and always leave the person with a drink and snack." We found people's care records provided staff with clear detailed information about their preferences and needs.

People told us that if they required any support with their health this was provided. Staff gave examples of the action they had taken in the event of people being unwell, this included calling for the emergency services and or relatives and remaining with the person until support arrived.

Whilst care records showed that people's health needs had been assessed, the level of detail to support staff to provide effective care was limited in places. This included the signs and symptoms of infection and the action required when changes were identified. The office manager agreed that care plans could provide more details in some areas and agreed to take action to address this.

Good

# Is the service caring?

## Our findings

People who used the service had developed positive relationships with staff and were treated with compassion and respect. One person told us, "I couldn't have any more caring girls [staff] nothing is too much trouble to them." Another person said, "I have had the same care staff since they started helping me they are more like friends."

Staff spoke positively about their work and demonstrated they had a very caring, thoughtful and sensitive approach. Staff gave examples of how they went the extra mile to support people. For example, staff said that they would go to the shops if people wanted anything even though it was not included in the person's care package. One member of staff told us, "Not all people have family and we can be the only contact they have with people all day. I've made hampers up and given to people on their birthday or bought the person a dinner because they are not able to go out."

People's care records contained information about their daily routines and the support required of staff which we found staff were knowledgeable about. Care records showed people had been involved with decisions about the care and support provided and people confirmed this to be correct.

Staff told us that people were supported by a small group of staff that enabled the person to receive consitent care. People confirmed this to be correct. One person said, "Yes, I do have the same staff where possible I like that. " People told us that staff were unrushed and that they stayed for the duration of the visit.

Staff told us that they received a week in advance details of the people they would be providing support too. Staff said that they gave people a copy of their rota to inform them who they could expect to visit them. However, one person said that they did not know in advance which staff would be visiting, and that they would prefer to know this.

People received care and support that respected their privacy and dignity and promoted their independence. One person told us, "I could not be treated with any more respect by anyone."

Staff gave examples that showed they were respectful of people's privacy and ensured their dignity was maintained. This included examples of how they promoted people's independence. One staff member said, "It's important for people to do as much as they possibly can for themselves and to do this it's about involving the person, encouraging and not rushing the person." Another staff member told us, "Protecting people's dignity is very important in particular when supporting with personal care needs. I always shut the door, close curtains and give people time and privacy."

Staff were clear about the importance of confidentiality and personal information was managed and stored appropriately.

Good

# Is the service responsive?

## Our findings

People received care and support that met their individual needs. People were complimentary about how their care and support was provided. One person said, "I was impressed before the care workers started coming. First the office staff came and discussed with us both what we needed, they asked would we prefer a male or female staff, we said and up to now it has worked very well." Another person told us, "I have many things wrong with me and the care staff help me with all of them we manage well together."

A range of assessments and care planning documents were in place that provided staff with important information that enabled them to provide a personalised service. Care plans were regularly reviewed to ensure they met people's current needs. We noted that information about people's personal histories; interests and hobbies were limited in places. However, we were told this was people's personal choice in terms of the level of information they wished to share. Where people had specific health needs, additional information fact sheets were available to support staff's awareness and understanding. The office manager said that they had recently introduced a communication profile that detailed a person's communication needs and preferences. We saw examples of this document. This enabled staff to have an effective and responsive approach to people's individual communication needs. The office manager told us that six monthly review meetings were arranged with people to discuss and review their care package. We saw examples of these review meetings that confirmed what we were told.

We asked staff how they supported people with any diverse needs. Staff told us they had a person centred approach to the care that they provided, and that each person was respected and treated individually. We asked the office manager about how they met the needs of people that identified themselves as being lesbian, gay, bisexual or transgender (LGBT). The office manager said that whilst they considered people's ethnicity, religious, spiritual needs and language during the pre-assessment of people's needs, this did not include people from the LGBT community. The office manager said, "We have a person centred approach regardless of people's identity and needs but see we need to review the information we give to people about the service and look at our assessment documentation to make sure we are asking the right questions."

We saw that people received a service user guide that informed them about what they could expect the service to provide, this included what the complaint policy and procedure was. People told us that they had not had cause to complain. One person said, "I have never needed to complain but I would ring the office if I needed to." Also available for people was useful and helpful contact details of other services and agencies, such as independent advocacy services, should people have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The office manager told us that they had not received any complaints since our last inspection, but told us what action they would take to respond to any concerns received.

Good

# Is the service well-led?

## Our findings

People were positive about the service they received. One person told us, "The staff provide an excellent service for me, without it I wouldn't be able to stay at home and manage."

Staff were clear about the vision and values of the service and expectations of them. This included supporting people to live independently and how they wished. One staff member said, "I think it's a fantastic service, if my parents were alive I would want them to receive care from the service, I wouldn't think twice."

Staff were positive about working for the service and felt that they were well supported. The office administrator spoke highly of the care staff in that they provided good care, and they kept the office informed of any concerns such as running late. The office administrator told us the system and procedure in place of informing people if staff were running late or the action that was taken if a person did not answer the door to a member of staff. This told us that people could be assured the provider had processes in place that monitored their safety and well-being.

At the time of our inspection the registered manager was no longer working at the service. The office manager who was also a director of the service was in the process of submitting their application to become the registered manager. We will monitor this.

Quality assurance systems were in place that helped drive forward improvements. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement. These checks included, reviews of care records and meetings with people to discuss and review their care package, observational competency assessments completed on staff, weekly contact and discussions with staff, systems in place to manage late and unresponsive calls and an out of office emergency on call service. Whilst reviewing a sample of medicine records, we identified some areas that required action to improve the system and process of recording information. The office manager took immediate action to address this.

People received opportunities to give formal feedback about the service they received by completing an annual survey. This was reviewed by the office manager for areas of improvement.