Rainbow Medical Services Ltd

Rainbow Medical Services

Inspection report

Rainbow Medical Services
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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

Overall summary

This inspection took place on 25 June 2015 and was announced. We told the service two days before our visit that we would be coming. At the last inspection of the service on 10 July 2014 we found the service was not meeting legal requirements in relation to understanding mental capacity, medicines administration, regular review and adequate quality assurance measures. The provider wrote to us to say what they would do to meet the breaches of legal requirements.

We undertook this full comprehensive inspection to check that the provider had followed their improvement plan and to confirm that they now met the legal requirements. This report also covers other areas of care the service provides. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rainbow Medical Services on our website at www.cqc.org.uk

Rainbow Medical Services provides care and support to approximately 50 people who live in London. The support provided ranges from personal care and help with washing and dressing to nursing care. Many people who receive a service from Rainbow Medical Services have complex health needs.

Summary of findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People told us the care they received from Rainbow Medical Services was safe. There were arrangements in place to make sure people received their medicines safely. There were infection control measures in place to make sure any risks of cross infection were minimised. Care workers knew what to do if they suspected people were at risk of harm and how to escalate any concerns they may have.

The service had identified risks to people and how these risks could be minimised. Accidents and incidents were recorded and analysed in order to reduce re-occurrences. There were systems in place for care workers to contact senior staff out of hours if there was an emergency.

Care workers received training and support to undertake their roles so it was in line with best practice. Care workers said they felt supported by senior managers.

People's consent to care was sought by care workers prior to any support being offered. People were involved in making decisions about the support they needed and how they wished to be supported. As people's needs changed, care plans were reviewed accordingly.

Care workers routinely monitored people's health, which included ensuring people were getting enough to eat and drink. Where care workers identified any issues of concern, medical advice was sought.

The provider completed all recruitment checks to make sure that only suitable people were employed by the agency.

People told us care workers were kind and caring. Care workers respected people's rights to privacy and dignity. People were encouraged wherever possible to do as much as they could for themselves. In this way people's skills were maintained and they retained some control and choice.

The provider encouraged people, their relatives and other stakeholders to comment on the service they received. Complaints were dealt with effectively. In this way the registered manager had encouraged an open and transparent culture. Any shortfalls identified through regular audits were addressed and actions put in place to drive improvements in the service.

Summary of findings

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. Care workers had all received medicines training which was refreshed regularly. There were systems in place to make sure care workers recorded any administration of medicines and to monitor this.

Staff knew how to recognise and report any concerns they had to protect people from harm. The provider had ensured all appropriate checks had been undertaken prior to care workers commencing their employment to make sure only suitable people were employed.

The provider had completed assessments of risks to people and there were plans in place to manage these risks to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Is the service effective?

Good

The service was effective. Staff were trained to understand the implications of the Mental Capacity Act (2005). Care workers sought people's consent before providing care.

Care workers received regular training and support to keep them updated with best practice.

The provider had suitable arrangements to make sure people's general health and nutritional needs were met according to their needs.

Is the service caring?

Good

The service was caring. People and their primary carers spoke positively about their care workers.

People told us the service ensured their rights to privacy and dignity.

They were encouraged to be as independent as possible and to be involved in all aspects of their care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and reviewed regularly, so care that was provided reflected their up to date needs.

Care plans were individualised and reflected people's choices and preferences.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well-led. A number of systems had been put in place for quality assurance to improve the arrangements with regards to monitoring the quality of the service.

The registered manager encouraged people to comment about the quality of the service, so standards of care remained high.

Rainbow Medical Services

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 inspection took place on 25 June 2015 and was announced. We did this because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

This full comprehensive inspection was undertaken to check that improvements to meet legal requirements planned by the provider following our previous comprehensive inspection on 10 July 2014 had taken place. We also checked other areas of care provided by the service.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC.

During the inspection we went to the provider's head office and spoke with the registered manager and head of quality monitoring. We reviewed the care records of eight people who used the service, and looked at the records of five staff and other records relating to the management of the service. We spoke with five care workers who were in the office on the day of the inspection.

After the inspection visit we undertook telephone calls to people that used the service and spoke with six people or their main carers. A relative and a person using the service also contacted us by email after the inspection to share their experiences. We contacted representatives from two Clinical Commissioning Groups and a nurse from a continuing care team who provides end of life care to get a view about the service provision.

Good

Is the service safe?

Our findings

People were protected from the risks associated with medicines because the provider had suitable arrangements to manage medicines. On 10 July 2014 we inspected the service and identified a breach of the regulation in relation to the management of medicines. The provider had not taken proper steps to record medicines given by care workers and therefore people could have been at risk from the misadministration of their medicines. They sent us an action plan and told us they would make the necessary improvements by April 2015.

Since our last inspection we saw that medicines were now administered safely. Within the assessment forms and care plans for each individual there was a section for medicines management. All medicines were listed with written information about the location where they were stored and whose responsibility it was to administer. There were Medicines Administration Records (MAR) charts which were used by care workers to record when medicines had been given or refused by the person. Care coordinators and team leaders now had mechanisms in place for ensuring MAR charts were completed in a timely manner. Care workers confirmed and we saw evidence that they received training for medicines management which was refreshed regularly.

People and their primary carers told us they felt safe with the care and support provided by the service. One person told us, “To be frank, I couldn’t pick anyone better – I’d give them first class, excellent rating.” A relative who was also a care worker, told us “I know what they are supposed to do, I’m quite informed and there really are no issues.” Another person said, “They’ve been really, really good.”

There were sufficient care workers provided dependent upon people’s individual needs to care for them and to ensure continuity of care. Some people required two care workers if for example their care involved the use of a hoist. Many people who received care and support had complex health needs and required a number of visits throughout the day. One relative told us, “We have a core group of carers that have developed a rapport. They never send two unknown carers.”

The service had taken appropriate steps to safeguard adults at risk. The provider had their own policies and procedures in place dated May 2015. They also had a copy of the ‘London Multi-Agency Policy and Procedures on Safeguarding Adults from Abuse.’ Care workers we spoke with had received training and they were able to tell us what action they would take if they suspected anyone was being abused or at risk of abuse. They were also able to outline the possible signs of abuse when people were not able to communicate verbally.

We saw the registered manager and other senior staff within the agency had completed Level 3 ‘Safeguarding Vulnerable Adults at Risk’ training. This is a national level of training that is required for managers who may be in the position of making referrals to the local authority. The service also had a supply of credit card sized information cards from the local authority which were available to all staff about what they were required to do if they suspected someone was at risk of harm.

We looked at the recruitment checks for members of staff. These showed checks had been made prior to the commencement of employment. These included a completed application form, proof of identity and references which had been followed up with a telephone call to the referees to ensure the validity of the information. We also saw criminal records checks had been completed and additional checks had been completed when a nurse was being recruited to check their registration status.

Assessments were undertaken by senior staff to identify any risks of harm or injury to people using the service in their home. This included any risks due to the health and support needs of the person. There was information and guidance for staff on people’s records on how to minimise these risks to protect them from the risk of injury or harm. Identified risks were reviewed every six months or sooner if there were any changes to people's care and support needs. In one example we saw there were risk assessments for the environment and medicines. There were also specific risk assessments which related to the person receiving the care, in one instance for manual handling and risk of chest infections.

The service maintained records of accidents and incidents that occurred in people's homes. Senior staff recorded details of the accident or incident and the actions taken by staff to investigate and ensure the on-going safety of the person involved. There was a monthly analysis of significant events undertaken by senior staff so see if there were any patterns that could be established.

Good

Is the service safe?

The provider had taken measures to prevent and control the risk of infection. Care workers told us and we saw that plastic gloves and alcoholic gel were provided to care workers. There was also guidance on how they should be used. We saw the senior staff monitored the use of infection control measures when they completed their spot checks of care staff.

The provider had made arrangements to deal with emergency situations to keep people safe. There was a senior care workers' rota that provided care workers with contact details of who they could get advice from during unsocial hours in the case of emergencies. In this way there were guidelines for care workers thereby making sure people received an appropriate response without delay. These contact details were also available to people who used the service.

Good

Is the service effective?

Our findings

People's best interests were being met in line with the Mental Capacity Act 2005 as the provider had ensured staff all received appropriate training. On 10 July 2014 we inspected the service and identified a breach of the regulation in relation to establishing consent and acting in accordance with the best interests of people. We did not consider the provider had ensured staff were fully aware of the Mental Capacity Act 2005 and the implications for care provided. They sent us an action plan and told us they would make the necessary improvements by April 2015.

All care workers and office staff had now undertaken training in relation to the Mental Capacity Act 2005 (MCA). There had been a recent rolling programme of training which concluded in January 2015. This training was to ensure all staff had an awareness regarding people's capacity to make decisions for themselves. If it was considered people did not have the capacity to make decisions, then the processes and considerations that the law required were undertaken. Care workers and office staff we spoke with had a good understanding of their role and responsibilities in relation to obtaining people's consent when providing care to them and checking they had capacity to make decisions about specific aspects of their care and support.

The provider sought people's consent to the care that had been planned for them and where people were able to, they signed their support plans to agree to this. Where people were unable to provide this because they lacked capacity to do so, there was evidence primary carers and healthcare professionals were involved in making decisions that were in people's best interests. People's care plans contained instructions for staff to ensure people's consent was sought before they provided any care or support. This sometimes included the use of iPads so people were able to communicate their needs clearly.

People and their representatives told us they considered care workers were knowledgeable and knew how to provide care. One person told us, "Carers seem well trained indeed." Someone else said, "All carers seem well qualified." Care workers themselves told us "They make sure they train us properly." They went on to say they completed their first visit with a senior member of staff and if they were still unsure about the care they were providing then the senior would complete additional sessions with them until they felt comfortable.

We saw care workers received a two day mandatory course which covered 11 areas of basic care including infection control and nutrition. This course was refreshed annually and mandatory to continue working with the provider. Specialist training was also available to care workers. The provider had a training room which was equipped with hoists for manual handling and computers for on-line training. Qualified nurses who were accredited as trainers, provided some training sessions. We were also shown examples where care workers and nurses attended specialist training with district nurses or hospital healthcare professionals.

Care workers received support from senior managers to help them carry out their roles and responsibilities. We saw there were team meetings where care workers were encouraged to discuss changes in the workplace and how these may impact on their work. Senior managers also provided quarterly supervision sessions which were recorded, signed and dated by both parties. Sessions were recorded on a matrix which captured the dates and also assisted managers to identify when sessions had been missed.

With regards to people's nutritional needs, families in general provided food and drink and care workers tended to make sure sandwiches and drinks were available to people if required. There were some people who required very specialist support with regards to eating and drinking. Where this was the case there was clear guidance written in the care plans and only care workers who had the specialist training provided the care. For example some people required PEG (percutaneous endoscopic gastrostomy) feeding, which is a way of providing specially prepared nutrition directly into people's stomach through a tube.

The service met people's health needs. Care workers documented in daily records their observations and notes about people's general health and well-being. We saw the care plans prompted care workers to look for warning signs and symptoms of deterioration in people's health and what action they needed to take. In some instances this included contacting senior managers for advice and support, contacting healthcare professionals or the emergency services.

Good

Is the service caring?

Our findings

People told us care workers were caring and compassionate. One person told us, “They treat him like a person, not a body.” Someone else said, “Carers don’t just do the job, she gets on with the person.” A primary carer told us, “They work with him 24/7 and we have two absolutely amazing carers.” Two healthcare professionals said the agency took responsibility for people with complex needs and were caring and professional in their attitude.

People’s support plans were written in a caring way and prompted care workers to provide support appropriately. In one example we saw, the care plan referred to the person as ‘having no verbal communication but good comprehension.’ The care plan went on to focus on the care workers role rather than the person’s limitations, stating ‘it will take time for you to become familiar with facial and non-verbal body language.’ Care workers documented the care and support they provided to people. There were also details of general observations and conversations they had with people. Sometimes these detailed the person’s general well-being, but also highlighted if someone was feeling ‘a little down’ or ‘off colour’.

People told us care workers treated them with dignity and respect. Care workers were able to tell us how they provided care to people to ensure their privacy and dignity. This included making sure doors and curtains were closed, and talking to the person throughout to let people know what they were doing. A primary carer told us how a care worker made sure a towel was strategically placed over her husband when he was being washed, even when she was in the room.

People we spoke with confirmed they were involved in making decisions about their care. The care plans outlined people’s preferences of how care and support should be provided. This included if someone wanted gender specific care. People told us they could to some extent choose their own care worker, and were usually able to meet with them prior to them starting. The registered manager gave us an example where a team of care workers were required. The agency had to build a team of care workers who had the training to meet the person’s needs.

The provider ensured everyone was sent a rota of care workers at least a week in advance. One person told us they found this helpful, as although they did not always get their preferred carers at least there were no surprises. People generally received care from the same care workers so people had consistency and continuity. People therefore felt comfortable that care workers understood their needs and were reassured by familiarity.

Care workers encouraged people to be as independent as they could be within their own limitations. Records showed guidance for care workers to allow people to do as much as they could for themselves, this could be with regard to feeding themselves or taking responsibility for personal care. In this way, people’s skills were maintained and they felt they had some control of the care provided.

Good

Is the service responsive?

Our findings

People were receiving care that was in line with current with their needs because the provider reviewed and assessed care plans. On 10 July 2014 we inspected the service and identified a breach of the regulation in relation to the review of care plans. We did not consider the provider had updated care plans and therefore people were at risk of receiving inappropriate or unsafe care. They wrote to us and told us they would ensure all care plans were updated to reflect people's needs by April 2015.

The staff had reviewed and updated care plans for people using the service. There was an expectation that care plans would be reviewed six monthly or sooner if there were changes in people's circumstances. The service had implemented a robust monitoring system for its care coordinators and team leaders to ensure all records were kept up to date. The care plans we viewed were all up to date and included a review date.

People's care records showed their care and support needs had been assessed and this information was used to develop an individualised support plan for them. Each plan set out how specific needs should be met by care staff and reflected the views of people themselves. In one example, we saw the task of personal hygiene had been broken down to washing, hair care and visiting the toilet. Each one of these tasks was then graded to define the level of support required. In another instance we saw the care plan made clear that due to a person's needs specific action was taken to ensure the safety of the person. We noted care plans included emotional and psychological needs, for example it noted that someone became anxious due to their inability to communicate verbally. In this way, care workers were given prompts and guidance to look at for when providing care.

People we spoke with were aware of their care plan and told us they were involved in its compilation. Where a person's situation had changed for example, after a deterioration in their condition or following a hospital discharge, they told us the agency made sure the plan was updated. We saw evidence that information was gathered from other sources such as healthcare professionals to make sure care plans were as accurate as possible.

Care workers were aware that some people had complex health needs and sometimes were not able to go out into the community which increased their isolation. Care workers told us they saw their role as providing companionship, social contact and a link to the outside world, even if it was just taking someone in their wheelchair to the local shops.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider had a complaints procedure which detailed how people could make a complaint. Information about how people could do this was detailed in their service user guide, provided to them when they started using the service. People were encouraged to make complaints as the service saw this as an opportunity to monitor and improve the service. We spoke with a number of people who had felt they needed to complain about aspects of care provided by the agency. However, all felt they were listened to and the agency responded to them appropriately. One person said, "They contact me for feedback every time I get a new carer and they will respond if we don't get on with them." Someone else said, they thought a particular care worker did not have the necessary practical skills and when this was discussed with the agency it was dealt with to their satisfaction.

Good

Is the service well-led?

Our findings

People were regularly asked about their views on the quality of the care as the provider had various mechanisms to ascertain these views. On 10 July 2014 we inspected the service and identified a breach of the regulation in relation to quality assurance. The provider did not have an effective system to regularly assess and monitor the quality of care provided. People's views were not being sought and if the quality of service was poor action was not taken to address this. They wrote to us and told us they would make the necessary improvements by April 2015.

At this inspection we saw a number of measures had been put in place to ensure the regular monitoring of the service and to receive the views of people using the service. There were client questionnaires sent out every quarter to people using the service. People had the opportunity to respond anonymously if they chose. The information was then electronically recorded so time sensitive action plans could be devised. We saw this information was then transferred into a "You said, We did" poster which was shared with people and various stakeholders.

The agency had also developed a Carers' Forum which was held on a six monthly basis, the minutes of which were available for us to view. The registered manager told us the forum was open to care workers, people receiving a service, their relatives and other interested stakeholders. The CCG's, local authorities and GP's were all invited to attend the meeting. The intention of the forum was for the agency to show transparency and an environment where they could be challenged. The agency had shared CQC's last inspection report at a recent meeting and identified actions they had taken as a result.

Care workers were subject to regular spot checks to ensure the agencies policies and procedures were being adhered to. Team leaders and care coordinators had a list of areas they checked when undertaking these checks which included the wearing of uniform and identity badges, timekeeping, the way care was provided and attitude. A senior manager within the service had also initiated visits to everyone who received a service from the agency to monitor the quality of care provided and to ensure that standards were being maintained. At the time of the inspection visit approximately half of people receiving a service had been visited.

We noted the agency had initiated a self-audit tool using some of CQC's methodology used to inspect adult social care services. The quality assurance and compliance officer had started 'mock' inspections which were in parallel to the five outcomes areas. Weekly management meetings were held and key performance indicators had been identified so all staff employed by the agency were aware of what was required to maintain a good service and areas of improvement.

People told us the registered manager and senior staff were supportive and approachable. A care worker said of their supervisor, "Makes themselves available and if there's a problem they're out straight away to observe us." People told us they were comfortable raising issues with the registered manager and felt their views would be listened to and acted upon. The agency was open and transparent and care workers felt more able to express their views about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.