

Care @ Rainbow's End Limited

Care @ Rainbow's End

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Care @ Rainbow's End is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. On the day of our inspection 5 people were using the service.

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

Right Support:

Mental capacity assessments were not always carried out robustly by staff to ensure people's safety. However, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests in their local area. Staff ensured people had access to specialist health and social care support in the community.

The provider had effective safeguarding systems in place and staff had an understanding of what to do to help ensure people were protected from the risk of harm or abuse.

People were supported by enough appropriately skilled staff to meet their needs. People were receiving their medicines as prescribed.

Right Care:

People were treated with kindness and compassion. During the inspection we observed positive interactions between people and staff.

People's care, treatment and support plans covered their range of needs, however; people's support plans had not identified people's future goals and aspirations. Nevertheless, staff understood people's needs and the support they required.

Right Culture:

The provider did not always operate effective systems to monitor the quality of the service they provide, including in relation to fire safety and consent to care and treatment.

The provider had not always operated robust recruitment procedures in accordance with government legislation.

People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 July 2022). The service remains rated requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 and 20 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent to care, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care @ Rainbow's End on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safety of the environment, consent to care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care @ Rainbow's End

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Care @ Rainbow's End is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Care @ Rainbow's End is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the provider's improvement action plan. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People living at Care @ Rainbow's End were not able to discuss the care and support they received with us, however; we observed care and support being provided to them throughout the day. We looked at the care records of 4 people, a sample of medicines records and other records related to the management of the home. We spoke to the registered manager and team leader.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess and safely manage risk to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- At our last inspection we identified environmental risks were not always safely managed. At this inspection these risks were still not assessed, and we identified further concerns relating to fire safety.
- During our visit we identified the fire panel displayed 10 different errors, which meant the fire prevention system was not working correctly. The registered manager took immediate action and called out an emergency engineer to fix the system. However, the errors were not previously noticed and addressed by staff.
- We identified 3 fire doors were defective. This meant their ability to withstand fire was compromised and this increased the risk of fire spreading. The provider did not have any systems or checks to ensure fire doors were regularly checked.
- The provider failed to ensure staff took part in regular fire drills. Fire drills are important because they make staff better prepared if there was a real fire.
- Hot water in some bathrooms exceeded the recommended safe temperature. Despite regular checks of hot water temperatures, staff failed to take actions where it was identified temperatures were exceeding the safe range. High water temperature can create a scalding risk to people.
- At our last inspection we identified the provider did not have any effective systems in place to ensure all incidents and accidents were reviewed and analysed. At this inspection these systems were still not in place. This meant actions to improve staff practice, or to review and update people's support plans to reduce the re-occurrence of incidents happening again were not taken.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared our finding and concerns with the local fire service.
- After our inspection, the provider informed us they had contacted an engineer to carry out the required work to the fire detection system and fire doors. Since our inspection the provider told us they had also

carried out fire drills with staff to ensure their fire prevention training was up to date.

- Since our last inspection, the registered manager had reassessed risks to people and implemented appropriate risk assessments. This provided staff with clear guidance on how to keep people safe.

Using medicines safely

At our last inspection the provider had failed to assess and safely manage people's medicines. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection. However, as stated above the provider is still in breach of Regulation 12.

- Since our last inspection the provider had reviewed and replaced medicine administration records and ensured they now contained the relevant information.
- Staff who were responsible for the administration of medicine, had not had their competencies reassessed in line with provider's own policy. The registered manager told us staff had their competencies reassessed, however; they were unable to find records to confirm this. After our inspection, the registered manager sent us evidence to confirm all required competency assessments had now been completed.
- People received their medicines as prescribed. Medicines were stored securely, stock checked regularly and kept at a safe temperature.
- Where people were prescribed medicines to take 'as and when required' (PRN), staff had information about how to administer them safely.

Staffing and recruitment

- At our last inspection we identified required information about staff's recruitment, such as Disclosure and Barring Service (DBS) checks or references from previous employment were not always available in the files. At this inspection the missing documents were still not obtained and put in place for longstanding staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. On day two of the inspection, the provider provided us with required copies of outstanding DBS certificates.
- There were enough staff, including for one-to-one support for people to take part in activities and outings how and when they wanted.

We recommend the provider reviews their recruitment processes to ensure new applicants are recruited safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were enabled to visit in the community and at their family homes and their relatives were supported to visit them in the care home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by the systems and processes in place.
- We saw people were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- Staff had been trained in safeguarding and understood their responsibilities to protect people, as well as how to report and escalate any concerns.



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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to robustly assess and record people's wishes, needs and preferences, in line with MCA and make best interest decisions. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 11.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Decision-specific mental capacity assessment had not been consistently completed where people's capacity was in doubt. This did not demonstrate adherence with the Mental Capacity Act.
- People who lacked mental capacity to make specific decisions for themselves, for example about their medicines, finances or consent to care and treatment did not have comprehensive capacity assessments and best interest decisions in place.
- The registered manager was in the process of completing some capacity assessments and had requested input from external health professionals, however; feedback from them was not yet fully received.

Systems had not been established to assess, and record people's wishes, needs and preferences, in line with MCA and make best interest decisions. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the competency and skills in order to meet people's needs and assess and mitigate known risks to people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18, however further improvement were needed.

- At our last inspection we identified that staff had not always completed the provider's mandatory training to ensure people's needs could be met. At this inspection we saw staff had completed a range of training in line with the provider's training requirements.
- The provider had implemented an induction process for staff who were new to service and ensured that they did not work unsupervised until they were confident to do so.

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

- There had been no new admissions to the service since our last inspection.
- People had detailed support plans designed to ensure their needs were met and staff knew how to support. However, these support plans had not been reviewed since our last inspection and did not include strategies to enhance people's independence or details of their long-term aspirations
- People's needs and preferences were assessed to ensure they could be met before people moved into the service.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.

Adapting service, design, decoration to meet people's needs

- The service had a homely feel. People's rooms were personalised.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was an outdoor space which people could access and use safely.

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

- People's health conditions were well managed, and staff engaged with external healthcare professionals, for example, GP's and speech and language therapists.
- People had hospital passports readily available to support them if they required emergency care in hospital.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not ensure good governance systems were in place to assess, monitor and mitigate the risks to people or maintain securely accurate or up-to-date records of people's care or the management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Systems to monitor the quality and safety of the service were not always effective. This had resulted in shortfalls in the environmental safety, including fire safety, care planning and the assessment of people's mental capacity. We have reported on these shortfalls in the safe and effective sections of this report.
 - Effective systems to review people's support plans, daily notes, accidents and incidents had still not been implemented. This meant incidents were not reviewed, investigated and actions were not taken to help prevent these issues happening again.
- Systems had not been established to ensure good governance systems were in place to assess, monitor and mitigate the risks to people or maintain securely accurate or up-to-date records of people's care or the management of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Statutory notifications had been submitted to CQC where required. Safeguarding referrals and applications for DoLS authorisation had been sent to the local authority when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture in the service.
- We observed staff had good relationships with people, and they treated people well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- Staff told us they enjoyed their roles. Staff comments included, "I love it here, love supporting the

residents, it is a lovely place to work, nice staff team, nice manager."

- The provider sought the views and opinions of people using the service, staff and professionals.

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 provider understood their responsibilities under the duty of candour.
- Throughout the inspection, the registered manager was open and honest with us. They acknowledged areas identified as shortfalls and were keen to put systems and processes in place to ensure people's care was safe and compliant with legislation.

Working in partnership with others

- Records showed that staff worked in partnership with health care services and supported people to attend routine health care and health screening appointments.
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Systems had not been established to assess, assess and record people's wishes, needs and preferences, in line with MCA and make best interest decisions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to ensure good governance systems to assess, monitor and mitigate the risks to people or maintain securely accurate or up-to-date records of people's care or the management of the service.