Care @ Rainbow's End Limited

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Inspection report

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Date of inspection visit:
06 November 2018

Date of publication:
04 December 2018

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

We inspected the service on 6 November 2018. The inspection was announced. We gave the registered manager 24 hours' notice of our inspection because the service is a small service where people and staff are often out and we wanted to be sure someone would be in.

Care at 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates seven people. On the day of our inspection seven people were using the service.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection on 3 March 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs had been assessed and planned for. These included risk assessments of activities people participated in such as horse riding and swimming. Risk assessments were reviewed monthly to ensure they reflected people's most up to date circumstances. Staff followed the information in people's risk assessments which ensured that people consistently experienced care and support that was safe.

People did not have any undue restrictions placed upon them and were encouraged to be as independent as possible. They were taught skills that increased their independence and which supported them to achieve longer term goals of living in their own homes.

There were sufficient suitably skilled and experienced staff to consistently meet people's needs. Safe staff recruitment procedures were in place and used to ensure that only staff who met the services standards worked there. People received their prescribed medicines safely and these were managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence and protect people from harm.

People continued to receive an effective service. Staff received the training and support that was specific and relevant to people's individual needs. People were supported with their nutritional needs. People were

supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They had a very good understanding of people's needs, preferences, and what was important to them. People's independence was promoted and they were supported to make informed choices about their care and support.

People continued to receive a responsive service that was strongly focused on their unique individual needs. People's needs were assessed and planned for with the involvement of the person and or their relative where required. People were supported to pursue their interests and hobbies.
There was a complaint procedure in an easy to read format that people could access if they wanted to make a complaint.

The service was managed by a registered manager. They were supporting another staff member who had applied to be the registered manager and who would take over the running of the service.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Care @ Rainbow's End

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 was planned to check 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 comprehensive inspection took place on 6 November 2018 and was announced. We gave the registered manager 24 hours' notice of the inspection because Care at Rainbow's End is a small service where staff and people are often out and we wanted to be sure someone would be in.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

Before the inspection visit, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider 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 the registered person who was also the registered manager, a manager who had applied to be registered manager and a senior care worker. We spoke with one person who used the service and observed how staff interacted with and supported people.

We looked at the care records of two people who used the service. We looked at how medicines were managed, staff training records, a staff file to check how recruitment procedures were used and a range of records relating to the running of the service. These included management audits and incident reports.

Good

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relation to these aspects of care and support which included identifying and responding to situations where people displayed behaviour that challenged others. Lessons learned from incidents, for example staff were able to identify early signs that a person was anxious and they were able to make early interventions to prevent an escalation of behaviour that could harm others.

People were supported to participate in physical activities such as swimming and horse-riding. Risks associated with those activities were assessed and managed so that people could participate in them with minimal risk. This showed that the service was not risk averse and promoted independence.

People were supported by sufficient numbers of experienced staff who had the right skills. We saw that staff were always available and they responded to people's requests very quickly. Staff were well organised and communicated effectively with each other. Staff communicated exceptionally well with people who had communication difficulties. This was an important factor in supporting the people to be safe and comfortable. The provider had safe staff recruitment checks in place. This meant that checks were carried out before someone started working at the service to make sure they were suited to work at the service.

People received their prescribed medicines safely. Staff had received training about managing medicines safely and had their competency assessed. Audits were carried out monthly to check that medicines were being given as prescribed.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. This included understanding why people at times presented behaviour that challenged others which reduced the risk of incidents occurring. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency, and each person had a personal emergency evacuation plan in easy to read formats they could understand. The environment was clean and tidy and staff followed best practice to prevent the spread of infection.

Good

Is the service effective?

Our findings

Staff had received training that was specific to the needs of the people who used the service. This and the support staff received from the registered person meant that staff had an in-depth knowledge of the needs of the people they supported. Staff were supported through supervision meetings with the manager. Staff had the opportunity to discuss their learning and development needs and their performance. A senior care worker told us that they found their supervision meetings very helpful because they were able to discuss additional training needs which were agreed and arranged.

Staff were supported to develop their careers by obtaining further qualifications.

People were supported to eat and drink enough and maintain a balanced diet. A person told us they enjoyed their meals because they were 'home made' from fresh ingredients. People who had special dietary requirements, for example lower salt intake or food in a softened form, were supported with those needs. A person who wanted to be supported to lose weight was supported to achieve their preferred weight through a combination of healthier eating and exercise. The choice of food was varied and included meals that met the diverse cultural needs of people. The registered person told us, "The kitchen is the heart of the home". We saw that the kitchen was the social hub of the home. A person told us, "I like that we eat together."

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise and act when a person was unwell, for example, if they had a seizure. People were supported to attend 'health checks' and appointments with health care professionals.

The service was located in an old farmhouse which had been adapted to meet the needs of people who used the service. Communal areas included quiet areas with sensory lighting and a room where activities took place. People's rooms were personalised to reflect their life history and interests. A person told us that they liked their room. People had access to a large enclosed garden for recreation and exercise.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and we found that conditions on authorizations to deprive people of their liberty had the appropriate legal authority and were being met.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. Staff knew about what was important to people, for example remaining in contact with their family and leading active lives. Staff knew about the things that people found upsetting or which may trigger anxiety that could lead to behaviour that challenged others. This meant that staff were able to act promptly to alleviate people's anxiety and make them comfortable. Staff supported people to understand about behaviours that were not appropriate in communal areas but which they could enjoy in their rooms.

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. A person told us it was important to them to see a parent and the service supported regular contact and visits by them.

People were given information in ways they could understand it. For example, photographs were used to enhance verbal communication with a person and written communication for a person used a 'font' that speech and language therapist had recommended for a person.

People were supported to express their views and choices by staff who regularly asked them about what they had enjoyed and not enjoyed. Staff acted on people's views by supporting people to do more of what they enjoyed. They asked people about what they had not enjoyed and acted on this. For example, when a person told staff they had not liked how another person had spoken to them staff supported both people to understand what was unacceptable behaviour.

People had their privacy, dignity and independence promoted. They were not interrupted when they went to quiet areas or to their rooms. People spent their time where they wanted to. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and always addressed people by their name and in a kind and caring way.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process as far as they could be. Their preferences about the way they wanted to receive care and support were recorded. People's care plans included a section about what was important to them and what they liked and disliked. Staff told us that they found the care plans to be a valuable source of information they needed to be able to support people. The manager had begun a review of care plans to improve the design and layout that made information more easily accessible for staff.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. A person was supported to attend their chosen place of worship. Another was supported to visit their favourite museum once a fortnight. People were supported to go swimming and horse riding by staff who also enjoyed those activities which enhanced people's enjoyment of them. Other activities supported people to feel part of the local community. For example, the service participated in the village summer fete and scarecrow festivals. People who used the service had made friends they socialised with in the village hall and local pub.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to meeting the information and communication support needs of people who use services. People had access to their care plans which were in formats that suited their needs. Some people's plans included information in an 'easy read format' they understood. Staff used photographs, pictures, objects, gestures, sign and verbal language to communicate with people in ways that suited them. During our visit we saw and heard staff and people use a variety of communication techniques to engage with each other.

The provider had a complaints procedure which was accessible to people and relatives. When complaints were received they were investigated and acted upon. For example, after concerns were received that the home's resident cat had fleas action was taken to treat the cat and check for infestation. A risk assessment was made which balanced the benefits to people of having a pet at home and the associated risks.

Where people wanted, their preferences and choices for their end of life care were recorded in their care plan.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager understood their responsibilities. They were supporting a staff member who was taking on management responsibilities and who had applied to become registered manager.

There was a clear vision and culture that was shared by managers and staff. This was that the aim and ethos of the service was is to provide excellent levels of person centred care and support that increased people's independence. People had been taught skills such as making drinks and meals and taking responsibility for cleaning their rooms. A person told us those taught skills helped them become more independent and supported them with their aim of eventually moving to supported living accommodation. This showed that staff put the provider's vision into practice.

The registered manager and manager carried out checks to ensure that people were safe and receiving the care and support that met their needs. This included observations of how staff supported people, checks of daily notes staff made about how people had been supported, reviewing care plans and obtaining people's feedback about their experience of the service. Checks were carried out to ensure that the premises were safe.

The service worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.