

The Westminster Society For People With Learning Disabilities

Rainbow Family Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection was carried out on 7 and 8 September 2016 by one inspector and was unannounced. At our last inspection on 9 January 2014 the service was meeting all of the regulations checked.

The Rainbow Family Centre is a domiciliary care service which provides personal care and support to children and young adults in their own homes and out in the local community.

At the time of our inspection the service was supporting 45 children and three young adults living with their families in the London area. Of these people, 23 received support with personal care.

There was a registered manager in post who was available to speak with us throughout our inspection. 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 provider had not notified the CQC of one incident involving the police which should have been reported to us in line with the provider's registration requirements. The registered manager has agreed that in future, all notifications will be sent us as soon as possible so that where needed, action can be taken in a timely manner.

Parents and relatives were mostly positive about the leadership of the service although two family members felt that communication between themselves and the management team could be improved.

Parents told us they were involved in the development of care plans. People's care plans reflected their individual needs and personal wishes. However, care plans were not always being completed in full, reviewed and updated on a regular basis.

Staff were required to complete an induction prior to commencing their employment. During our visit we noted that records relating to staff induction and training was not always being maintained or updated to reflect what training staff had completed or needed to be refreshed.

Staff understood the types of harm vulnerable children and adults could be exposed to and knew how to recognise the signs of abuse. Staff told us they had completed training in safeguarding children and adults.

People's risk assessments covered a range of issues including guidance around mobility, behaviour management, road safety and exploitation.

People's independence and well-being was promoted. Staff supported people to attend activities and there were protocols in place to respond to any medical emergencies or significant changes in a person's well-

being.

Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes where this formed part of their care plan.

Parents told us that staff were kind, compassionate and enthusiastic and respected the privacy and dignity of their family members at all times.

Staff were recruited safely and were required to undergo a number of background checks prior to commencing employment. Staff were clear about the vision and values of the service.

Not all staff were involved in supporting people with their medicines, but where they were responsible for prompting people's medicines, staff were required to complete training in medicines administration and first aid awareness.

Quality monitoring and audits were not always being carried out on a regular basis in relation to care records and care delivery and not all staff were receiving regular supervision and annual appraisals.

The provider had systems in place for recording accidents, incidents and complaints and these were investigated when necessary.

We found breaches of regulations in relation to staff supervision and notifying CQC of significant events. You can see the action we have told the provider to take at the back of the full version of the report.

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.

The service had a safeguarding policy and related procedures with regards to safeguarding adults and children from harm.

Staff understood how to recognise the signs of abuse and knew what to do if they felt someone they were supporting was being abused.

People were protected from harm by a range of risk assessments that were completed in relation to the environment, behaviour management, mobility and safety in public places.

Is the service effective?

Requires Improvement ●

Aspects of the service were not always effective.

Staff training records were not being maintained and updated in a consistent manner.

Not all staff received supervision and support from senior members of the team on a regular basis. Annual appraisals were not taking place.

The registered manager understood her responsibilities in relation to the Mental Capacity Act (2005) and there was evidence that family members and health and social care professionals were involved in people's care.

Is the service caring?

Good ●

The service was caring.

The service had clear values in place in relation to the way the service operated and staff understood how these related to their roles.

People's individual needs and preferences were discussed during initial assessment meetings.

People were supported by staff that knew them well and who

were knowledgeable about their support needs, likes and dislikes.

Is the service responsive?

Aspects of the service were not always responsive.

Not all care records had been updated, completed in full and/or signed by the appropriate and relevant parties.

There were no concerns from relatives about staff competency. However, two relatives commented that communication between themselves and the management team could be improved.

People were provided with opportunities and support in relation to promoting their autonomy, independence, home and community involvement.

Requires Improvement ●

Is the service well-led?

Aspects of the service were not always well-led.

The provider had not notified us of an incident involving the police which should have been reported to CQC in line with their registration requirements.

Quality monitoring was not being carried out on a regular basis in relation to care records, supervision and appraisal.

The registered manager was a member of the National Skills Academy for Social Care and promoted independence and autonomy by encouraging and enabling children, young adults and their families to stay together.

Requires Improvement ●

Rainbow Family Centre

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 inspection was carried out on 7 and 8 September 2016 by one inspector and was unannounced.

Prior to our inspection we reviewed information received about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two members of care staff, a care co-ordinator, the registered manager and chief executive. Following our inspection we contacted five family members of people who use the service and spoke with two further members of care staff and one health and social care professional involved with the service to obtain their views about the quality of the care provided by the service.

We looked at the care plans of eight people who used the service and associated daily records such as daily visit logs. We looked at six staff personnel files as well as a range of records relating to the running of the service such as supervision and training records.

Is the service safe?

Our findings

Parents and relatives we spoke with told us their family members were comfortable with the staff who supported them. Comments from parents included, "All the staff are very nice. My [family member] is safe, no doubt about that," and "We are very happy and so is our [family member]. We have no complaints."

The service had a safeguarding policy and related procedures with regards to safeguarding adults and children from harm. Staff we spoke with told us they had received training in safeguarding but were unable to recall the dates of this training. Staff understood how to recognise the signs of abuse and knew what to do if they felt someone they were supporting was being abused. Staff told us they would speak to their manager if they had concerns about a person's safety and/or welfare.

Staff were familiar with the provider's whistleblowing policy (Whistleblowing is the term used when a worker passes on information concerning wrong doings). The provider's whistleblowing policy and procedure provided staff with information about how to raise their concerns within the company and externally, if required.

People were protected from harm by a range of risk assessments that were completed in relation to the environment, behaviour management, mobility and safety in public places. Records showed that care plans and risk assessments were reviewed annually or more frequently if and when people's healthcare needs changed. Risk assessments we reviewed were up to date.

Staff were confident and clear about how they managed risks to people's safety when supporting them and relatives confirmed this. External healthcare professionals had also been involved in discussions and decisions about managing known risks. Staff told us that they would be confident raising any issues, concerns or suggestions about a child's safety.

Parents and relatives were usually responsible for administering medicines to their family members and therefore not all staff were involved in supporting people with their medicines. Where staff were responsible for prompting people's medicines, staff were required to make a note of this in people's daily logs and obtain a signature from parents to confirm this task had been undertaken. Staff completed appropriate training in medicines administration and first aid awareness.

The registered manager explained that before staff were employed they were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. We saw documented evidence that staff had been recruited safely. A parent we spoke with who was involved in the recruitment and interviewing of new staff told us, "We always choose the right people."

Two parents told us the service occasionally was unable to provide a care worker and that this meant that support was cancelled for their children at short notice. One family member told us, "The care is great when [staff] come but sometimes they have trouble finding two carers. It's a bit patchy." The registered

manager acknowledged that the service was sometimes unable to meet all current demands and that a recruitment drive was ongoing.

Is the service effective?

Our findings

People were not always cared for by staff who were adequately supported in their roles. Staff supervision arrangements varied. Some staff had one to one meetings with their manager during which they discussed their development, performance and any concerns. One member of staff told us, "I find [supervision] helpful, at times I may have problems and in supervision I can express myself. It helps me feel valued." However, not all staff received this type of support on a regular basis. Out of the six staff personnel files we looked at, three members of staff had not attended supervision sessions for over a year and we saw no evidence of annual appraisals in any of the records we reviewed. We discussed this with the registered manager who acknowledged that supervision wasn't always taking place as often as it should be and that this matter would be rectified when the new deputy manager was in post.

The absence of accurately maintained records detailing when staff had completed training and when it was due to expire along with an inconsistent approach to staff supervision meant that we could not be assured that people were supported by staff who were adequately trained and supported by more experienced staff to deliver care safely and to an appropriate standard.

The above issues relate to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Family members told us staff were capable and competent. The registered manager told us that all new staff were required to complete an induction which covered a range of topics including safeguarding, moving and positioning, first aid, nutrition and food hygiene. Some, but not all staff had completed specialised training in managing behaviour that challenges, epilepsy and autism. However, we were unable to confirm whether all staff had completed adequate training to equip them with the skills and knowledge required for their roles as training records had not been completed and/or updated at the time of our visit.

The service was working in line with the Mental Capacity Act (MCA) 2005. The Act 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. For children under the age of 16 years, decisions about their care and support were made in their best interests by parents and guardians.

The MCA was applied (where appropriate) to young people aged 16 and above who received support from the service. The 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. The registered manager understood her responsibilities in this area and we saw evidence that family members and health and social care professionals were involved in people's care.

Parents and relatives told us they made sure their children had enough to eat and drink. Where staff supported people with eating and drinking, they ensured that information in relation to this had been discussed with staff and was documented in care plans and the daily logs.

Parents and guardian retained responsibility for ensuring that people's health needs were met.

Is the service caring?

Our findings

People were supported by staff who had a caring attitude. The Rainbow Family Centre had clear values in place in relation to the way the service operated. The service aimed to support people with a range of disabilities to achieve positive outcomes through inclusion, choice and consultation. Staff were aware of the provider's values and understood how to put these into practice.

Staff were mindful of protecting the privacy and dignity of the people they supported. Staff told us, "When I give personal care, I choose a secluded room, I make sure we are not going to be interrupted, I always explain what I'm going to do." Staff told us "Parents can ask for a male or female carer."

People's individual needs and preferences were discussed during an initial assessment meeting, including people's cultural and religious needs. New staff shadowed more experienced staff before being allowed to work with children and young adults on their own. This provided families with an opportunity to get to know staff members and ensured a suitable match was made for their family member. Parents we spoke with confirmed they had been given choices about the staff allocated to care for their family members and had been given the opportunity to meet staff in order to discuss their family member's support needs prior to signing a contract.

Parents were positive about the care their family members received. One parent told us "I can't fault the carers, they're really nice, they understand [my family member], [they] love [the care worker] and get on like a house on fire." Another parent we spoke with told us "[They] make sure [my family member] is well looked after, I'm happy with the friendly way staff treat us."

Staff told us they enjoyed working at the service. One member of staff said, "I love getting to know new people. I work with people with autism and I'm always happy to help people and their parents to change their lives so that they get what they want out of life."

People were supported by staff that knew them well and who were knowledgeable about their support needs. When we asked staff members to tell us about a person they supported, they were able to easily describe the person's care needs, preferences and things that were of interest to them.

Staff we spoke with showed a genuine, caring interest in the families they supported. A member of staff told us, "The families and young people we are supporting feel secure, are listened to and have their needs taken into consideration. We provide an individual and personalised service. The service is all about them, they have their say."

Is the service responsive?

Our findings

People's needs were not always adequately reflected in their care plans to ensure that their individual needs were met. Before any care was provided, an assessment was undertaken of people's needs. This was done via a referral form and a visit to people's homes and/or schools. From this, a comprehensive care plan was created which included information about the nature of peoples' disabilities, likes, dislikes and daily routines and important contacts including the involvement of schools, hospitals, family and other professionals.

The registered manager told us care plans were reviewed and updated accordingly to ensure they reflected people's current needs. One parent told us, "The care plan is one of the best, I gave a copy to the college and they use the profile for guidance. It's reviewed every time there's a new care co-ordinator or when there are changes or every year." We found that not all care records had been updated, completed in full and/or signed by the appropriate and relevant parties. This meant we could not be assured that people's care was reviewed on a regular basis and that the appropriate people, parents and guardians had been involved and had agreed to any changes made.

Care plans included details of what tasks were to be undertaken by staff and family members. Information was provided around what activities people liked to do or didn't like to do. We asked staff how they communicated with people who were non-verbal. One staff member told us, "It depends upon each individual. We use Makaton, hand gestures, signs, eye movement. I observe and study the way people communicate. We can use objects of reference. We speak to parents and ask what works best." Guidance for staff on how to recognise when people were unhappy and how to settle them was available and staff were required to sign that they had read and understood these guidelines.

Relatives were provided with information as to how the service operated, and what they could expect from the service. The service had a clear complaints policy and procedure in place. Staff told us they knew who to inform regarding any concerns they may have or if people wanted to make a complaint. Parents were able to explain how they would raise concerns if they needed to and who they could speak to and told us issues were usually resolved once they had been investigated. There were no concerns from relatives about staff competency. However, two relatives commented that communication between themselves and the management team could be improved. These relatives didn't always feel they were informed in good time of any changes or cancellation to service delivery.

People were provided with opportunities and support in relation to promoting their autonomy, independence, home and community involvement. We heard from parents and staff about the range of activities people partook in including swimming, shopping, visits to parks and cafes and support to attend college and social get togethers. One member of staff told us, "I take [them] out, swimming, shopping, whatever [they] want. Sometime we have a day out in the West End. Next week we're going to Brighton."

Is the service well-led?

Our findings

Staff were aware of the reporting process for any accidents or incidents that occurred. Staff told us they would record any incidents in people's daily log record and report the matter to senior staff. The provider had systems in place for recording accidents, incidents and complaints and these were investigated when necessary. However, we noted that the provider had not notified us of an incident involving the police which should have been reported to CQC in line with their registration requirements. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have requested that in future all notifications are sent us in a timely fashion so that where needed, action can be taken.

Quality monitoring was not being carried out on a regular basis in relation to care records, supervision and appraisal. A care co-ordinator told us they carried out observations in areas such as record keeping, the delivery of personal care, and moving and positioning and we were shown records relating to these matters. However, we found no evidence of observations having taken place in the six staff records we looked at it. The registered manager acknowledged that more frequent checks and better documentation was needed.

There were systems to ensure policies were in place, up to date and available to all staff. Staff told us they felt supported by the registered manager and told us that they knew their line management structure and were provided with clear guidance about their roles and responsibilities. Staff comments about the registered manager included, "She's approachable, calm, very good, she gives you time, I'm very happy", and "She's helpful and supportive and she always asks me how I am." Parents told us, [The registered manager] always gives us lots of advice, she's like a friend to us", and "we have no complaints at all, we're all very happy."

The registered manager was a member of the National Skills Academy for Social Care and was involved in supporting children and young adults in partnerships with other agencies. The registered manager made sure that she and her team were aware of current best practice by being part of a wider local children and family's network, attending meetings and local events.

The service had clear values which were documented in their leaflets. Feedback from relatives, staff, health and social care professionals confirmed that the service promoted independence by encouraging and enabling children, young adults and their families to stay together by supporting them in their own homes and in and around the local community.

We reviewed the results of an annual survey, completed for the period April 2015 to March 2016. From the six returned responses, five parents stated that they were happy with the service. Parents and guardians were also given the opportunity to comment on the service and staff via the daily log record. However, none of the daily logs records we reviewed during our visit contained any parental feedback.

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
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Commission without delay of abuse, or allegations of abuse in relation to a service user 18(2)(e)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received appropriate training, supervision and support to carry out their duties effectively. Regulation 18(2)(a)