

Rainbows House Limited

# Rainbows House

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service

Rainbows House is a care home providing respite care for younger people with a learning disability. It can accommodate up to four people at any one time. At the time of our inspection there were 13 people who regularly accessed the service.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

The provider had systems in place to safeguard people from the risk of abuse. Staff were knowledgeable about recognising and responding to abuse. Risks associated with people's care had been identified and plans were in place to ensure risks were minimised. Accidents and incidents were analysed to ensure trends and patterns were identified to reduce future incidents. Medicines were managed in a safe way and people received their medicines as prescribed.

The premises were maintained, and routine maintenance checks were carried out. Equipment had been serviced and was safe to use. There were sufficient staff available to meet the needs of people who used the service.

People's needs were assessed and care was provided in line with their preferences. People had access to a healthy and balanced diet and their dietary needs were met. Staff were trained and supported to carry out their role and a series of competency checks were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff interacting with people in a caring and sensitive way. Staff provided support which was inclusive, and caring and staff knew people well.

Care plans identified people's preferences and choices. People had access to activities while staying at the service. The provider had a complaints procedure to receive and act on complaints.

The management team completed several audits to monitor the quality of the service. When issues were raised an action plan was drawn up to address them. People had a voice and could contribute their views about the service. The service worked with others to achieve a quality service and to ensure continuity of

care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 20 September 2017).

Why we inspected

This was a planned inspection in line with our current methodology.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Rainbows House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rainbows House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was in the process of developing the deputy manager with a view to taking over this role. The current registered manager would then concentrate on overall provider management.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, governance and oversight manager and care workers. We observed staff interacting with people who used the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received training in safeguarding children and adults and knew what action to take if they suspected abuse.
- The registered manager kept a record of any concerns and took appropriate actions where needed.
- Relatives we spoke with felt the service was safe. One relative said, "It's a safe environment." Another relative said, "It's definitely a safe place at Rainbows House and [relatives name] has made loads of progress, we drop them off at the service and they happily run in."

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and managed to keep people safe.
- Risk assessments were completed and gave guidance to staff on how to minimise risks.
- The service had processes in place to ensure the building and premises were safely maintained. Equipment such as ceiling track hoists had been serviced in line with current guidance.
- People had individual plans in place to ensure they could evacuate the premises safely in an emergency.

Staffing and recruitment

- Staff were recruited safely and in line with the providers robust recruitment policy.
- Staff told us there were enough staff working with them to ensure people's needs were met. One staff member said, "You can't rush quality care. If there was a time we felt we did not have enough staff we can approach the management team and they would understand and sort this. People come first."

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed.
- People's care records contained information about how people preferred to take their medicines, such as with water or glass of juice.
- We looked at records in relation to medicine administration and found people had a medication administration record (MAR) which recorded medicines administered.
- Records in relation to controlled drugs required a review. The registered manager addressed this immediately.

Preventing and controlling infection

- The service was clean and well maintained.
- We saw staff used gloves and aprons when completing tasks.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to ensure trends and patterns were identified and addressed.
- Staff meetings were used as a forum to discuss events and any lessons learnt were addressed.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care was delivered in line with people's preferences.
- Prior to people using the service the provider ensured they had all the necessary information to ensure their stay went well. The referral process in place included a needs assessment which ensured the service could meet the person's needs.
- School and home visits were completed to ensure an effective plan of care could be provided.

Staff support: induction, training, skills and experience

- Staff received training and support which gave them the skills and knowledge to carry out their role effectively.
- Staff told us they received supervision sessions and were complimentary about the support they received from the management team.
- Staff received a thorough induction when they commenced employment at the service. This included mandatory training and shadowing experienced staff.
- Relatives we spoke with felt staff were trained to carry out their role. One relative said, "Staff are trained well and understand [relatives] needs and use different strategies to address issues."

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

- People were supported to maintain a healthy and balanced diet. Where people required specialist diets, these were provided.
- People's food choices and preferences were considered and met.
- Care plans included information about people's dietary needs and gave staff instructions on how to support them.

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

- Healthcare professionals were involved in people's care and their advice was continued throughout people's respite stay. For example, the community dietician was involved to ensure nutrition was provided appropriately. Complimentary therapy had also been provided.

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

- The service was designed to meet the needs of the people who used it.
- People had access to communal areas which were bright and well maintained. People also had access to

a garden area.

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

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was operating in line with the MCA and DoLS. However, documentation to evidence this could be improved on. We raised this with the registered manager and had confidence it was being addressed.
- Where people lacked capacity to make decisions, these were made in people's best interests and in consultation with families and professionals.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interacting with people and found they were caring, friendly and treated people with kindness.
- Relatives we spoke with were complimentary about the care and support their family member received from the service. One relative said, "Brilliant service, we went to look at it and fell in love with it straight away. It's a good place and the staff are brilliant they look after [relatives name] very well." Another relative said, "[Relatives name] enjoys going and their face always lights up when they arrive at the service. It's definitely caring and staff are all very approachable."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions and staff respected people's opinions.
- Staff we spoke with were keen to ensure people were involved in their care and that people's views were listened to and respected. One care worker said, "I would never carry out a care task before telling someone what was about to happen. I would talk through the task with people. I also check out if that's ok with people. I ensure I offer choices such as fragrance of shower gel as I know how important this is to people."

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting and encouraging independence for people which enhanced their individual rights.
- Staff explained how they respected people's dignity by knocking on doors and ensuring personal care tasks were carried out privately.
- There was a recognition of people's ethics, religious belief and social needs to ensure person centred care was provided.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care and support which met their needs and considered their preferences.
- People and their families and relevant others were involved in developing support plans. Support plans also incorporated people's preferences and choices.
- Relatives we spoke with were complimentary about the support their family member received. One relative said, "[Name] enjoys going to the home and the staff know [name] well. As a family we feel listened to and involved all the time in [name] care." Another relative told us the staff supported their relative to attend a family occasion, they said, "We could not thank the staff enough, it took a lot of stress off the family, staff supported [name] and it was a lovely day."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to enjoy taking part in activities and social events. One relative said, "They [staff] take [name] out into the community to church, pub and ice cream parlour, [name] loves it."
- During our inspection we saw staff engaged with people in a meaningful way and were creative in finding activities people could enjoy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented to people in a way they could understand. For example, pictures and photographs were used as a way of communication.
- Some people who used the service used could not verbally communicate but staff understood how to recognise what people wanted. This was done by use of facial expressions and body language.

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure people could raise concerns about the service.
- The registered manager kept a record of complaints received and we saw that timely and appropriate action had been taken to address any concerns raised.
- Relatives we spoke with were happy with the service and felt at ease to raise any issues if needed. One relative said, "It's a truly brilliant place I have no complaints. I would raise any concerns if I needed to and I know they [staff] would listen to us." Another relative said, "They [staff] would listen if we raised a concern and we have, and things are sorted out in a timely way and we were involved and informed of the outcome."

#### End of life care and support

- The service does not provide end of life care.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and the staff team were committed to providing a person-centred service which met people's individual needs and preferences.
- The registered manager was in the process of developing the deputy manager with a view to taking over this role. The current registered manager would then concentrate on overall provider management.
- The provider was aware of their duty of candour and took this responsibility seriously. The registered manager reported events such as reportable incidences to relevant bodies such as safeguarding teams, local authority and CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager. Staff we spoke with told us they were extremely supported by the registered manager and deputy manager and enjoyed going to work.
- The registered manager told us that competency assessments were carried out on areas such as medicine administration, moving and handling, and personal care. This was to ensure staff understood their roles and checked on staff performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and their relatives had the opportunity to feedback their opinions.
- Feedback forms were in place for people and their families to give feedback about the service. People also left reviews on the providers Facebook page.
- Action logs were devised to capture feedback and to see what could be addressed going forward. Positive comments were usually received. People had asked for a vehicle to improve the range of activities, so this was a priority for the year ahead.

Continuous learning and improving care

- The provider had a system in place to measure and improve the service.
- The management team carried out audits such as medication, infection control and health and safety, to ensure any issues were identified. Action plans were then drawn up to address any concerns.

#### Working in partnership with others

- The provider worked with schools to assist people with transition from children's respite services.
- The registered manager could demonstrate they listened and respond to social workers to ensure they provided people with a consistent package of care.