

Rainbow Care Solutions Limited

Rainbow Care Solutions (Warwick)

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

Rainbow Care Solutions is a domiciliary care agency providing personal care to adults in their own homes. This includes people living with dementia and physical disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was providing personal care to 68 people.

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

People were supported by regular care staff who were kind, caring and treated them with dignity and respect. People were usually notified if their care calls were not running on time, and the provider was in the process of introducing a new electronic signing in system which would alert office staff promptly if care calls were delayed. Results of the 2019 annual service user questionnaire showed 100% positive scores for staff making people feel safe and secure.

Staff understood their responsibilities about safeguarding people from abuse and poor practice. Training and development was valued and promoted amongst the staff team and feedback we from staff about their training and ongoing support was positive. Recent changes introduced by the new management team had a positive impact on staff's experience of working for the service. Staff received supervision to discuss their ongoing training and development needs, and the introduction of regular staff meetings promoted a culture of sharing good practice, key information, and identifying areas for improvement.

People were involved in planning in their care and told us the care they received is what they want, based on their needs, preferences and changes in circumstance. Care staff were responsive to people's health and wellbeing and found the management team quick to respond to any issues identified with the people they support. People's views on the quality of service was gathered through regular reviews and an annual quality assurance questionnaire. The management team had a clear set of values and vision for the care they wanted to provide, which was based on good outcomes for people through individualised care.

The provider had robust systems in place for responding to complaints and used them as an opportunity for learning and driving improvements. The registered manager had an open and honest approach in identifying areas of the service that needed improvements as a result of people's experiences. Since the last inspection changes had been made to the recruitment process and communication amongst the staff team. People spoken with knew how to make a complaint if they wanted to.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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

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.

Rainbow Care Solutions (Warwick)

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 team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 November 2019 and ended on Monday 2nd December 2019. We visited the office location on 21 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We also used information identified during the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection

During the inspection

We spoke with four people and seven relatives, seven members of staff including the nominated individual, registered manager, one senior care worker, three care workers and one staff member responsible for recruitment. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, medication records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance files, service user questionnaire and staff training, were viewed.

After the inspection

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

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. Safeguarding was incorporated into staff supervision and meetings.
- The provider gave 'keeping safe' advice and information to people using their service to help safeguard people from the risk of abuse and avoidable harm.

Assessing risk, safety monitoring and management

- There was a procedure to identify and manage risks associated with people's care. For example, risks related to transferring people, catheter care, diabetes and where people were at risk of skin damage because their mobility was reduced. If special equipment was required, there was detailed guidance informing staff how they should use the equipment to maintain people's safety.
- Staff were informed of the environmental risks within the person's home and the actions to take to minimise this risk to their safety.
- The registered manager had risk assessed each person's individual needs and had a contingency plan should an event occur that impacted on service delivery. For example, adverse weather conditions or staff shortage.

Staffing and recruitment

- Calls were generally scheduled for the same times each day. However, records of calls undertaken showed care staff did not always stay the amount of time allocated for the call. People and some staff confirmed this. However, people still received the care they needed during their calls. In response to these issues and to ensure people were allocated the correct amount of time, the registered manager had requested reviews of some care packages by the local authority.
- The registered manager was introducing a new electronic call management system which was due to 'go live' the week after our visit. Care staff would scan in and out of their call, so office staff would have daily oversight of the timing and length of care calls. If a member of staff was more than 30 minutes late for a call, this would alert the office staff so they could investigate the potential cause.
- Since our last inspection visit the registered manager had introduced a more robust recruitment process. A designated member of staff was responsible for recruitment to ensure only staff with the right values were offered a role within Rainbow Care. Recruitment files showed staff could not start work with Rainbow Care Solutions without a Disclosure and Barring Service (DBS) check and suitable references.

Using medicines safely

- Where staff supported people to manage their medicines, it was recorded in their care plan. Staff signed a medicine administration record (MAR) sheet to confirm they had supported people to take their medicines

as prescribed.

- When people were not supported with their medicines, a full list of their prescribed medicines was still recorded in their care plan. This meant staff had the necessary information to share with other healthcare professionals in the event of an emergency.
- Since our last inspection the provider no longer supported people with the administration of certain medicines. Care staff only supported people with medicines for which they were suitably trained and signposted people to district nurses for more complex medication support. For example, patch medicines and those administered through specialist tubes.

Preventing and controlling infection

- Some people had specific health conditions or used equipment that made them particularly vulnerable to infection. There was detailed information in their care plans as to the actions staff should follow to minimise the risks of cross infection.
- Staff could tell us what they did to prevent and manage infection. This included wearing personal protective equipment (PPE) such as gloves and aprons, disposing of out of date food, spotting signs of people becoming unwell and helping to keep environments clean and tidy.

Learning lessons when things go wrong

- The registered manager introduced staff meetings where important information was shared and used as an opportunity to make improvements. For example, records of staff meetings evidenced lessons learned in response to complaints. This included the importance of care staff staying the full amount of time and reporting to the office if they thought the call length was either too much or too little for people. Staff were reminded of the importance of ensuring MAR charts were signed and to report any risks or safeguarding information to management without delay.
- The registered manager told us that accidents and incidents were audited for common themes and trends and how to address them. These were then shared and discussed at staff meetings.

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 requires improvement. At this inspection this key question has now improved to good. 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 before they started using the service. The registered manager told us they would only accept a care package following assessment if they had enough staff with the appropriate knowledge and skills to deliver the care required.

Staff support: induction, training, skills and experience

- The registered manager confirmed staff induction training was based on the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Staff received regular updates on their training to ensure their knowledge remained up to date. Where people had specific health needs, the registered manager ensured staff had training to meet those needs safely and effectively.
- The provider supported staff to gain further qualifications in care, for example, several staff had completed vocational qualifications in health and social care.
- Improvements to staff knowledge and skills were made since the last inspection. For example, the registered manager had introduced a more robust system of observational checks of staff to ensure they effectively implemented their training into their everyday practice.

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

- Care plans included up to date information about people's dietary needs and preferences, including those linked to people's health and medical conditions.
- People and relatives told us care staff ensured people had access to drinks and meals for those who needed this support. One person told us their food had improved. They said, "My regular carers cook the food I like. [Staff member] came one tea time and cooked me a roast dinner in ¾ hour. It was lovely, I enjoyed it immensely."

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

- People's oral health needs and the support they needed with their oral care was assessed as part of care planning.
- The registered manager told us staff were good at monitoring people's health conditions and reported any concerns. Staff and relatives confirmed this. One relative we spoke with said care staff communicate with other health professionals including district nurses, social workers and G.Ps. They said, "Two weeks ago

he was showing signs of a urine infection. Staff called the G.P and he got anti-biotics." A care worker we spoke with said, "If we report a pressure sore the office respond quickly and arrange a district nurse. If we use equipment but we think someone isn't safe we ask for an occupational therapy assessment so it's safe for them and us."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's care plans identified whether they had the capacity to consent to their care. Managers and staff understood people's ability to make decisions could sometimes fluctuate, but that did not mean they lacked capacity.
- The management team understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity. No one using the service at the time of our inspection had restrictions on their liberty.

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

- People and relatives said their care workers were kind, caring and respectful and developed good relationships with people they supported. One relative said, "We don't get up early enough on Saturdays to get [person] his morning papers, so we give the carers some money on a Friday, so they can get them early on a Saturday morning." We spoke with another person who said, "I have three absolutely wonderful ladies that come now. Nothing is too much, they would bend over backwards to help me. I think they're absolutely wonderful."
- The registered manager promoted a non-discriminatory approach where every person and staff member was respected and their individuality and diversity supported. There was information in the office about supporting a diverse and inclusive community.
- People told us they were usually notified if care staff were going to be more than half an hour late and always received the support they needed.

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

- People's care was planned in partnership with them and their families and the provider had systems in place to regularly review people's care. One member of senior care staff was passionate about ensuring care was personalised and for care plans to clearly reflect individuality. For example, they would incorporate language and phrases used by people into their care plans, and wrote care plans which clearly reflected what people wanted and needed to reassure them.
- Service user guides were provided for new clients which included contact details for people if they were not happy about aspects of their care. People we spoke with knew who to contact if they had any questions or queries about their care or wanted to change it.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to provide care that was dignified and promoted people's privacy and independence. People we spoke with confirmed this. One relative said, "They speak to him before and after and are gentle with him during care tasks." One staff member explained their view of what caring meant to them and said, "Domiciliary care is about caring for people but also making them more independent. I'm in their home and make sure I treat them with respect and dignity. I make sure the door is pushed to so people can't see, and use towels to preserve dignity during personal care."

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.

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

- Call schedules showed people usually received regular care workers to help provide consistent care by staff who knew them. The majority of people and relatives we spoke with confirmed this. One relative said, "We see the same carers very often and that is important to him [because he has dementia]." Another relative said, "We are very fortunate we get the same two people for every call except when they have the day off or go on holiday."
- People and staff spoken with said they had enough time during care calls. The provider co-ordinated calls in zones to reduce travel time for staff, and current systems meant staff were given a minimum of 10 minutes travel time between care calls. However, out of four people, seven relatives and four care staff spoken with, one person and one staff member told us they occasionally felt rushed and did not always have enough travel time. Call times were monitored by the provider and regular feedback was gathered from people so their support and call length remained responsive to their individual needs and circumstances.
- Some people told us their care calls had not always been consistent but since the new registered manager started with Rainbow Care Solutions, their service had improved. One relative said, "I know there is a new manager and if I have any issues they listen and resolve it. We have reviews every couple of months and go through if anything needs changing."
- We looked at four people's care files. These contained care plans with details of what staff needed to do on each call. Information in care records was individualised and included people's likes, dislikes, preferences and health conditions. This ensured care and support was planned for each person based on their individual needs.
- The registered manager planned to improve the records they held about people's background histories, so staff had a better understanding of people's beliefs and motivations.

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.

- The registered manager told us information about the service, including the service user guide could be provided in a different format or language if required.

Improving care quality in response to complaints or concerns

- People had access to the provider's 24 hour on-call help line so they could immediately discuss any concerns or complaints.

- The provider had robust systems in place to respond to complaints in a professional and timely way and used them as an opportunity for improvement. For example, to increase staff understanding of culture and meals in response to complaints about food, the registered manager brought this issue to staff meetings to improve practices in this area.

End of life care and support

- There was no end of life care being delivered at the time of the inspection. However, staff had previously cared for people at the end stage of their life.
- The registered manager signposted people to other organisations and healthcare professionals who could provide further support to enable people to spend their final days at home.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance and auditing systems showed improvements to monthly medication audits since the new registered manager started with the service. Monitoring systems identified calls which did not always last their allocated time. In response to this, the provider carried out regular reviews and got feedback from people so their allocated call times remained responsive to their needs. The provider informed the local authority when people's care was commissioned by them, so people were allocated the correct amount of time for their care needs. The provider planned to introduce a new electronic call management and monitoring system to further improve service delivery.
- Daily records maintained by staff were inconsistent in how much detail they contained. The registered manager had identified this as an area requiring improvement. Training was planned in this area.
- In accordance with our regulatory requirements, the last report and ratings were displayed within the office.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoken with felt supported by the management team and reported positive improvements since the new registered manager started with the service.
- The registered manager was completing a mental health first aider course, so they could support staff emotionally with their role.

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

- The registered manager responded to feedback they received from people who used their service and their relatives. Feedback was gathered through regular review meetings with people and an annual quality assurance survey.
- Staff met with managers in staff meetings and formal one to one meetings to discuss their own practice and any developments within the service.

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 understood their responsibilities to be honest when things went wrong and created an open and honest working culture amongst the staff team to drive improvements.

Continuous learning and improving care

- The management team had a clear set of goals and priorities for continued service improvement. We saw evidence of improvements during the site visit, and from feedback from people.
- The service was part of a larger organisation, so the registered manager had opportunities to share learning from other services to keep up to date with best practice.
- The registered manager was a member of Skills for Care and attended health and social care forums and provider meetings.
- The registered manager had introduced a more open approach to sharing knowledge and updating staff when they reported information of concern about people's wellbeing. They explained, "We have had a complete cultural change, because they are having regular meetings and supervisions, so if they report concerns then the office staff will feedback. There is nothing worse as a carer if people don't feed back to you what action has been taken."

Working in partnership with others

- The provider worked in partnership with other agencies to ensure people had access to specialist support when they needed it.