

# Ms Catherine Sleightholm

# Rainbow Lodge

## Inspection report

15 Trinity Road  
Scarborough  
North Yorkshire  
YO11 2TD

Tel: 01723375255

Date of inspection visit:  
06 June 2017

Date of publication:  
26 July 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Rainbow Lodge is a residential care home in Scarborough. The service supports people with a learning disability or autistic spectrum disorder and can accommodate a maximum of four people. The provider is Ms Catherine Sleightholm. They live at Rainbow Lodge and are supported by members of their family (described as "staff") in the running of the service. The provider's family did not live at the service. People who use the service live as part of an extended family unit. At the time of our inspection, three people had lived at Rainbow Lodge for more than 20 years and a fourth person had lived there for approximately eight years.

We completed this inspection on 6 June 2017. The inspection was announced. The provider was given 24 hours' notice of our visit, because this is a small service and we needed to be sure that someone would be in when we visited.

At the last inspection in October 2014, the service was rated 'Good'.

The provider is an individual 'registered person' and, as such, there is no requirement for them to have a registered manager for this service. 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.

During the inspection, we found that the provider had not robustly assessed environmental risks, for example regarding the need for radiator protectors or opening restrictors for windows. The service did not have a gas safety certificate. The provider did not have a clear system in place to determine and ensure appropriate recruitment checks were completed on people who 'helped out' at the service.

The provider did not complete training. We identified they needed to develop their knowledge and understanding around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as well as their responsibilities to safeguard vulnerable adults from abuse. The provider did not complete medicine management or first aid training despite often working alone and regularly supporting with medicines. We found further assessment was needed to determine whether one person who used the service was deprived of their liberty.

We found breaches of regulation relating to safe care and treatment and regarding the governance of the service. You can see what action we told the provider to take at the back of our report.

Despite these concerns, people provided consistently positive feedback about the service and we observed that people were happy, relaxed and content living there. The provider was observed to be kind, caring and attentive to people's needs. It was clear the provider knew people well and had established positive caring relationships during the significant period of time they had lived with the people they supported. People were treated with dignity and respect and supported to have choice and control over their daily

routines. People were supported to engage in a wide range of activities of their choosing and to access their wider community. People enjoyed a varied social life and engaged in volunteer work. The provider supported and encouraged people to be independent.

People provided positive feedback about the food and were supported to ensure they ate and drank enough. The provider ensured people attended appointments with external healthcare professionals and appropriately sought advice and guidance to meet people's health needs.

We observed sufficient staff were deployed to meet people's needs. People were supported to take prescribed medicines. Care plans and risk assessments were in the process of being updated, but contained person-centred information about people's care and support needs.

The provider listened and responded to feedback. People told us they could speak with the provider if they were unhappy about any aspect of their care and support.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People's needs were assessed and risk assessments put in place.  
People told us they felt safe at the service.

However, the provider did not have a robust approach to assessing and managing risks. This included risks associated with the home environment, safeguarding vulnerable adults and around ensuring suitable staff worked within the service.

Sufficient staff were deployed to meet people's needs.

People were supported to take prescribed medicines.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were empowered to make decisions and have choice and control over their daily routines. We identified one person's mental capacity had not been assessed to determine whether an application was required to deprive the person of their liberty.

The provider was very caring and experienced, but did not complete training. This meant they had not kept up-to-date with important changes in legislation and guidance on best practice.

People provided positive feedback about the food and were supported to ensure they ate and drank enough.

People were supported to attend appointments to ensure their health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service had a good relationship with the staff that supported them.

Staff actively encouraged people to be independent.

Staff supported people to make choices which promoted their dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans were person-centred and detailed people's care and support needs.

People were empowered to be as independent as possible. They engaged in voluntary work and went out to planned and unplanned activities in the local community.

People told us they felt able to approach staff and talk about any problems or issues they had.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

People said they were happy at Rainbow Lodge. The provider was kind, caring and attentive to people's needs.

The provider did not complete training or have an effective way of keeping up-to-date with important changes in legislation and guidance on best practice. This had impacted on their management and oversight of the service provided.

The provider was approachable and listened and responded to people's feedback about the service.

# Rainbow Lodge

## **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 was 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.

We inspected this service on 6 June 2017. The inspection was announced. The provider was given 24 hours' notice, because we needed to be sure that someone would be in when we visited.

This inspection was carried out by two Adult Social Care Inspectors. Before the inspection, we contacted the local authority safeguarding and commissioning teams to seek their feedback on the service provided. We also looked at information we held about the service. We asked the provider to send us a provider information return (PIR) and this was returned within the agreed timescale. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to plan our inspection.

We spoke with the four people who used the service and two people's relatives as part of our inspection. We also spoke with the provider and a member of staff.

We looked at three people's care plans and risk assessments, as well as records relating to training, medicine management and the maintenance of the service. We had a tour of the service including looking in people's bedrooms, with their permission. We observed interactions between the provider and people who used the service throughout our inspection.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Rainbow Lodge. Comments included, "I think I'm settled here...I don't worry much" and "I feel very secure." We observed that people were relaxed and at ease throughout our inspection. We saw people were confident around the provider and acted in a way that showed us they felt safe and 'at home' in their surroundings. A relative of someone who used the service said, "There is always somebody about if they are doing anything, to keep an eye on them."

Although we found people who used the service felt safe and the provider was caring and attentive in meeting their needs, we found the provider did not have a robust understanding of their safeguarding responsibilities including about how to identify and respond to safeguarding concerns. The provider had not completed safeguarding training and did not have a safeguarding policy and procedure available at the time of our inspection.

There had been no safeguarding concerns involving people who used the service and we found no evidence to suggest people were being or had experienced any abuse. The provider told us they would contact the local authority if they were worried about anyone who used the service. However, we could not be certain they had the information needed to be able to appropriately identify and respond to safeguarding concerns, should they arise. The provider acknowledged this and agreed to review their training needs in this area.

The provider did not complete checks of water outlets or hot surfaces to manage any risks associated with scalds, burns or the risks associated with legionella. The provider had not formally assessed the risks associated with legionella developing in the service's water storage system. We saw that opening restrictors were not in place on first and second floor windows. The provider told us people who used the service were not at risk of falling from windows, but acknowledged they had not formally risk assessed this. We spoke with the provider about documenting a risk assessment to identify and explore any risks associated with the home environment and to ensure that appropriate control measures were in place to keep people who lived at the service safe.

We reviewed maintenance certificates. We saw there was an up-to-date electrical installation condition report and portable electrical appliances had been tested to ensure they were safe. We saw evidence that the boiler was regularly serviced; however, the provider did not have a gas safety certificate to evidence gas appliances were safe to use. The provider told us following our visit that they had arranged for the gas appliances to be inspected and would send us this report when it had been completed.

We saw that the fire alarm, detectors, emergency lighting and extinguishers had been serviced in February 2017. Visual checks of firefighting equipment and emergency lighting were also completed as well as weekly tests of the fire alarm. The provider had a basic fire risk assessment containing information about how to manage and reduce the risk of fire. A personal emergency evacuation plan was in place for one person who would require assistance to leave the service in the event of a fire, but had not been completed for other people who used the service.

The provider described some of the contingencies in place to continue meeting people's needs in the event of an emergency, but told us they did not have a documented contingency plan.

The provider lived at Rainbow Lodge and delivered the majority of the care and support. They told us they were supported by two members of their family and a neighbour who 'helped out' in emergencies. They also had a housekeeper who assisted with cleaning two mornings each week. We noted the provider did not deliver or commission their own training and did not complete their own DBS checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help prevent unsuitable people from working with vulnerable groups.

The provider told us they had known and worked closely with these people for a long time so could be satisfied they had the knowledge and skills required. The provider explained each person worked in other regulated services and had been DBS checked and received training as part of their work with these other organisations. We saw a copy of a DBS check and training for one person from their work with another organisation, but the provider did not retain copies of training certificates or DBS' for other people who helped out and was unsure if the DBS' completed were 'transferrable'. We spoke with the provider about developing a policy and procedure around this and risk assessing who worked within the service and their roles to determine whether a DBS was required.

The provider supported people to take prescribed medicines. People who used the service were positive about this aspect of their care and support and told us they always got their medicines when needed. However, we noted that the provider did not have a medicine policy and procedure available at the time of our inspection and had not completed medicine management training.

We reviewed Medicine Administration Records (MARs) and saw that these were appropriately completed without any gaps or omissions. This evidenced that people were routinely supported to take their prescribed medicines. However, we noted that the provider did not have a clear system in place to record the quantities of medicine in stock. The provider did not actively monitor the temperature at which medicines were stored to ensure this was within recommended safe limits.

Although we identified that people who used the service were happy and content with the care and support provided, we concluded that the provider had not thoroughly assessed risks and done all that is reasonably practical to minimise risks. This meant we could not be certain that appropriate steps had been taken to maintain the safety of people who used the service.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they, or a member of their family, were always at the service and people were not left unattended. We reviewed records of people's care needs and observed the care and support provided throughout our inspection. People who used the service did not require support from more than one person or have night time support needs. People told us support was available when needed and we observed support was readily available throughout our visit. One person who used the service commented, "There is somebody there when you want them." We concluded that sufficient staff were available to provide care and support to meet people's needs.

A policy and procedure was in place governing how the provider would manage and respond to accidents or incidents. The provider showed us accidents forms they would complete if needed, but told us there had been no accidents or incidents involving people who used the service since our last inspection.

We reviewed people's care plans and risk assessments. We saw that they contained basic information relating to people's needs alongside details about how care and support should be provided to minimise risks and promote people's safety. The provider showed us the work they were doing to update care plans and risk assessments to ensure they contained up-to-date information as people's needs changed.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We observed that the provider actively encouraged and supported people to make decisions and people had choice and control over their daily routines. At the time of our inspection, no one who used the service was subject to DoLS and the majority of people had the mental capacity to make informed decisions about their care and support.

The provider had not completed training on MCA or DoLS. During the inspection, we identified one person where there were concerns regarding their cognition and where the care and support provided may have amounted to a deprivation of their liberty. We saw that this person's capacity had not been assessed to determine whether a DoLS application was required. We spoke with the provider regarding this and they agreed to explore with the local authority whether a DoLS application was required.

We recommend the provider develops their knowledge and understanding of the MCA and DoLS.

People who used the service were happy with the care and support provided. We observed the provider was skilled and experienced in their role having supported three of the four people who used the service for over 20 years. A relative of someone who used the service said, "I've always felt they [the provider] supports them very well."

Training records evidenced that one member of staff had completed training as part of their employment with another provider. This training covered topics such as, health and safety, moving and handling, fire awareness, equality and diversity, first aid, medication management and British Institute of Learning Disabilities (BILD) approved training on supporting people with behaviours that may challenge.

The provider told us they did not complete training, but shared learning and knowledge by working with staff who had completed relevant training courses. Although we observed the provider was skilled and knowledgeable regarding people's needs and how best to support them, we were concerned that they had not completed important training in areas such as safeguarding, medicine management or first aid, despite the fact that they often worked alone supporting people who used the service. We spoke with the provider about ensuring they had up-to-date knowledge and skills to enable them to provide effective care and support based on best practice guidelines. They acknowledged this and agreed to explore sourcing training in these areas. We have addressed these concerns in the well-led domain.

People who used the service all told us the food was lovely. Comments included, "Best food ever" and "There's good food and I like it. We have a big plate piled up and we eat it all." Another person said, "We always have a choice of what's for tea." Relatives told us, "They seem to have quite a good variety of food" and "[Provider's name] tends to their diets very well."

The provider prepared all the meals and these were generally eaten together. The provider told us they did not have a weekly menu planner as they felt it was more person-centred to support people to choose what they wanted to eat each day. The provider explained that they spoke with people about what to cook and tailored meals to their preferences. We found the provider had an in-depth knowledge of people's likes and dislikes. We reviewed people's food diaries, which evidenced that people had choice and were supported to eat a wide variety of meals.

We saw that there was a range of food and drinks available including fresh fruit and vegetables from which to prepare a well-balanced and nutritious diet. We observed that drinks were available throughout the day and snacks if people were hungry between mealtimes. The provider told us they did not routinely weigh people, but said they would do this if there were concerns about people's nutritional intake or regarding weight loss or weight gain. They explained that people were weighed during appointments with healthcare professionals and they used this and their observations to identify where people required support to address issues with weight loss or weight gain.

Care plans contained information about people's health needs and the support required to meet those needs. We saw that people were supported to attend appointments where necessary. A relative told us "All medical appointments, the doctors, their teeth, their eyes and things like that get sorted out. [Provider's name] is very good." We also saw evidence that advice was sought from external healthcare professionals where people had particular support needs. This demonstrated that people were supported to maintain good health and access healthcare services.

## Is the service caring?

### Our findings

People who used the service told us staff were caring and they felt well supported. One person commented, "I like living here, it's nice."

We observed that people were supported in a kind, caring and compassionate manner. People had immediate access to staff support and the provider was patient and unrushed in their approach.

The provider knew the people they were supporting extremely well and had clearly developed positive caring relationships, having supported some of the people for over 20 years. We observed very positive interactions between staff and the people who lived at the service. For example, when leaving the home for a community activity, staff supported a person to fasten up their coat as they saw they were struggling with this. This task was completed in a caring and supportive way and the interaction was friendly and jovial.

People who used the service were listened to and they were involved in planning their own daytime activities and in the day to day running of the service. We observed that people were encouraged and empowered to make choices throughout our visit. For example, people were asked if they wanted to join others in the communal areas or if they would prefer to retire to their room to relax. We also observed people were supported to choose what to have for lunch and the provider respected people's decisions. We observed people going out to community-based leisure activities of their choosing and people going to work voluntarily in local charitable organisations. We saw one person asking if anything was needed for the house and volunteering to go if required. They were given money and a shopping list and they went to the local shop to purchase groceries and to choose vegetables to feed the chickens. This showed us people were supported to be independent and have choice and control over their daily routines.

People were treated with dignity and their privacy was maintained. Staff demonstrated this by knocking on people's doors before entering their bedrooms. We also observed staff made sure that sensitive conversations were not overheard by others who used the service. We observed staff were genuinely caring, and treated people with respect.

Staff talked to people in language which was tailored to their communication abilities and levels of understanding. We saw staff supported people through difficult conversations. For example, one person became anxious about a situation which was being discussed. We saw the staff were very caring and understanding in their approach to this person, which reduced the person's anxiety and distress.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. The people who used the service had lived there for a number of years. The provider also lived at the service and delivered the majority of the care and support. This meant the provider knew people very well and, because of this, was able to anticipate and respond to people's needs without delay as they knew people's preferences and how they wanted to be supported.

We reviewed the care files for people who used the service. We saw that each person had a person-centred care plan in place, which detailed their needs, preferences and how that person wanted to be supported. People had risk assessments in place, which detailed how to keep them safe from identified risks. We also saw that the provider was reviewing and revising care plans to ensure that they captured up-to-date information. We saw evidence that relevant specialists were contacted when required to support with care planning to meet people's individual needs. For example, we saw the local community learning disability team's Occupational Therapist had supported the provider to devise a multi-sensory prompt sheet for one person who lived at the service. This supported the provider's understanding of the person's communication needs.

People we spoke with told us they had access to a wide range of activities. One person shared their very full weekly calendar with us. They told us about their voluntary work at local charitable organisations and the different social activities that they accessed, both during the day and in the evening. There was a real sense of personal pride from people who told us about their achievements and ambitions and the things that they liked to do. We also saw people who chose not to access the community, as they preferred to stay at home, were given the option and support to do so.

The provider told us they encouraged people to be as independent and self-directing as possible. People told us, "I make my own hot drinks and put the milk in my cereal" and "I like to set the table and do the drying up." One person went on to explain, "I like doing my own washing and making my own bed." It was evident that people were comfortable and happy around staff and we observed staff supporting people to complete domestic tasks around the home, offering support where needed, whilst allowing people to maintain self-direction and independence where they were able.

People told us they had family who visited them at the service and said they were also supported to visit and stay over with them on occasions. We saw that people's families continued to be involved in the lives of the people who used the service. The provider supported people to maintain meaningful relationships with family and friends who were important to them. A relative told us, "I am always made to feel welcome."

People who used the service had their own bedrooms, which were personalised with their own belongings. One person said, "I like my room. I have nice new furniture, and I like to be in my bedroom doing my work or sometimes with the radio on for a change."

The provider told us they had not received any complaints about the service, but showed us the complaints

policy and procedure they would use to manage and respond to complaints if needed. We saw a copy of the complaints procedure was displayed in a person's bedroom. This information was presented in a way they could access and understand and ensured they would be able to make a complaint if needed.

People told us they had not needed to complain, but felt they could raise any issues or concerns with the provider. Comments included, "If I have a problem, I go to [staff name] and they help me" and "I'll talk to my carer if there's anything I am not happy about." A relative of someone who used the service told us any issues or concerns were addressed immediately.

## Is the service well-led?

### Our findings

The provider is an individual and therefore there is no requirement for them to have a registered manager for this service. The provider directly monitored and ensured the quality of the service people received. We observed the provider throughout our visit and saw they were very skilled and experienced in supporting people. The provider clearly understood people's needs and how best to support them to meet those needs.

Although the provider was very caring and experienced, we identified that they needed to develop their knowledge in certain areas to ensure they kept up-to-date with important changes in legislation and guidance on best practice. The provider told us they did not complete regular training. We found the provider did not have a robust understanding of the MCA, DoLS and around safeguarding vulnerable adults from abuse. The provider had not completed training on health and safety, managing medicine or first aid, despite often working alone and providing daily support to administer medicines.

We identified a breach of regulation relating to safe care and treatment. We found the provider needed to develop a policy and procedure around staff training and risk assess whether people who 'helped out' at the service required more robust recruitment checks. The service did not have a gas safety certificate. The provider did not complete health and safety training and we identified a number of potential risks that had not been formally risk assessed to identify whether further action was needed to maintain people's safety.

This demonstrated that the provider had not assessed, monitored and mitigated the risks relating to the safety of people who used the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite this, people who used the service provided consistently positive feedback about Rainbow Lodge. Comments included, "Best place I've ever been" and "I am happy here. It's nice, it's tidy. It's all nice...I like it the way it is." A relative said, "I think it's very good. They try very hard to tend to everything they need." People lived as part of the family unit and we observed that they clearly felt comfortable and 'at home' in their surroundings.

We found there was a positive and relaxed atmosphere within the service and people acted in a way that showed us they were happy, content and comfortable. It was evident that the provider had a good relationship with the people they supported, which had been developed over the significant number of years that they had lived together. We saw interactions between people and the provider were informal and caring throughout our visit and it was clear that people felt able to speak with the provider if there was anything they were worried or concerned about. A relative of someone who used the service told us, "[Provider's name] has been very good, very supportive. I couldn't ask for anymore. They are very reliable; they are always there for them."

The provider did not have a formal system of audits and did not complete satisfaction surveys to gather

feedback from people who used the service, their relatives or visiting professionals. People had chosen not to have 'residents' or 'house' meetings to share information or discuss their views. Despite this, we saw there were informal systems in place to seek people's feedback and monitor whether people were happy with the service provided. The provider explained that they spoke with people on a one to one basis or during mealtimes. They told us they got to know if anything was wrong based on their understanding of people's needs, routines and behaviours. The provider told us people approached them if there were things they were unhappy about or where they needed additional support. Relatives told us they felt the provider was approachable and they could speak with them if there was anything wrong. This demonstrated how the provider gathered feedback about the service and monitored how people were getting on.

The provider told us they did not have team meetings, but shared information verbally with other staff who helped out at the service.

We had not received any notifications since our last inspection of the service and identified no incidents or concerns where a notification would have been required. We saw that the provider was displaying their rating awarded following the Care Quality Commission's last inspection of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed the risks to the health and safety of service users and done all that is reasonably practicable to mitigate any such risks. Regulation 12 (2)(a)(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established and operated effective systems to assess and mitigate risks to people who used the service. Regulation 17 (1)(2)(a).</p>