

Rainbow Care Solutions Limited

Rainbow Care Solutions (Merseyside)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rainbow Care Solutions provides care and support to people in their own homes across the St. Helens area. 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 the inspection there were 14 people were being supported with personal care.

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

We could not be certain that people always received the care and support they needed to remain safe. We found evidence that some staff had falsified call times which meant it was difficult to establish whether they were visiting people at the agreed times and were staying for the amount of time they were meant to. We were given mixed feedback from people and family members around call times with some telling us staff arrived on time and others telling us staff were often late.

The governance systems in place had failed to identify that staff were falsifying call times. These issues were discussed with the registered manager and an action plan was implemented immediately to address the concerns highlighted.

Whilst most people and their family members provided positive feedback about staff and the service they received, the issues around the falsification of records raised questions around the honesty and integrity of some staff working for the service.

On-the-whole, we received positive feedback from people and family members about how safe people felt with the staff who supported them. However, two family members told us their relatives did not always feel safe when staff not familiar with their mobility needs and equipment supported them. This was discussed with the registered manager and action taken to address these concerns. Risks to people had been identified and guidance was in place for staff to follow in order to keep people safe from harm. Staff received training in relation to safeguarding and knew how to identify and respond to allegations or potential incidents of abuse.

Staff had access to up-to-date information and guidance about infection prevention and control; particularly in relation to COVID-19. People told us staff wore the correct PPE when carrying out visits and staff told us they had access to enough supplies of PPE. The registered manager ensured staff accessed regular COVID-19 testing and kept a record of all results received.

Whilst there were enough suitably qualified and skilled staff to cover the hours of support people needed, some records and feedback we received showed that not all calls were completed at the required times and staff did not always stay the agreed amount of time. The registered manager told us a recent COVID-19 outbreak amongst staff had impacted the service and had resulted in people's calls being affected. Safe

recruitment processes were in place and relevant checks were completed on new applicants to ensure they were suitable to work for the service. There were enough suitably trained staff to cover people's calls

The registered manager and senior staff carried out regular audits and checks in areas such as call times, medicine administration and staff competency and performance. Where issues were identified, action was taken to address them. Staff spoke positively about the support they received from the registered manager and office. They told us they were given opportunities to share their views or give feedback about the service. Regular surveys and reviews were completed with people and their family members to gather their views about the service they received.

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

Rating at last inspection

The rating at the last inspection was good (report published 20 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staff falsifying records in relation to people's call times. A decision was made for us to inspect and examine those concerns.

We have found evidence that the provider needs to make improvements. Please see the "Is the service safe?" and "Is the service well-led?" sections of this report.

The provider took prompt action to address the concerns and the risks associated with staff falsifying people's call times.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rainbow Care Solutions (Merseyside)

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

This inspection was carried out by two inspectors and an Expert by Experience.

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 unannounced.

Inspection activity started on 13 July 2021 and ended on 23 July 2021. We visited the office location on 13 July 2021.

What we did before the 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 14 people who use the service and their family members about their experience of the care provided. We spoke with five members of staff; this included the registered manager.

We reviewed a range of records. This included five people's care records and medication records, and seven people's daily records and call times. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Staffing and recruitment

- We could not always be assured that people were receiving care according to their care plans. We found that four staff had used a method to deliberately falsify people's call times. We found no evidence that people had been harmed as a result of this. However systems set up for the safety monitoring of the service provided for people was ineffective. This increased the chances of people receiving inappropriate care.
- People and family members provided mixed feedback in relation to call times and how long staff stayed for. Comments included; "They [staff] don't usually arrive on time," "The visits are nowhere near the agreed time slots" and "They [staff] are more or less on time."
- Call records and daily logs showed that not all calls were completed at the agreed times and that staff did not always stay for the time required to meet people's needs. The registered manager told us a recent COVID-19 outbreak amongst staff had affected staffing levels which had resulted in call times being affected.

The provider had failed to ensure people were kept safe from the risk of avoidable harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people and their environment had been identified and staff had access to information and guidance about how to manage these to keep people safe from harm.
- People told us they felt safe with the staff who supported them. One person told us; "Goodness gracious, I feel safe with Rainbow." However, two family members told us their relatives did not always feel safe when some staff supported them with their mobility needs. This was discussed with the registered manager and action taken to address any issues.
- Safe recruitment processes were in place to ensure new applicants were suitable to work with vulnerable people.

Using medicines safely

- Where people required support with their medicines, this was clearly recorded in their care plans.
- Staff had received training in relation to medicine administration and had their competency regularly assessed.
- Staff had access to information regarding people's prescribed medicines through electronic care plans. Records showed staff had administered people's medicines at the agreed times.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and felt confident identifying and responding to any concerns of

abuse.

- The registered manager kept a record of any safeguarding incidents that had occurred which showed appropriate action had been taken to prevent further incidents.
- Accidents and incidents were recorded and regularly reviewed so that lessons could be learned and action taken to prevent them happening in the future.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection, particularly in relation to COVID-19.
- Staff received training in relation to infection prevention and control (IPC) and had access to relevant and up-to-date information and guidance.
- Staff told us they had access to enough supplies of PPE and knew what equipment they needed to wear.
- The registered manager ensured all staff carried out regular COVID-19 testing and maintained records of their results.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems in place to check the safety and quality of the service were not always operating effectively.
- Audits and checks were completed in areas such as medicine administration, daily logs and call times. However, they had failed to identify information that showed some staff had falsified records in relation to people's call times.

The provider had failed to ensure robust governance systems were in place to check the overall quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where issues had been identified through audits and checks, action was taken to address them.
- Observations were completed on staff to check their competency and conduct whilst providing people with care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The falsification of records raised some concerns about the honesty and integrity of staff and the quality of care people received. This was discussed with the registered manager who immediately implemented an action plan to investigate and address the concerns raised.
- Whilst the registered manager promoted a person-centred culture, the issues identified with people's call times, meant we could not be certain people were always getting the care and support they needed or wanted.
- Staff spoke positively about the how the service was managed and the support they received from the registered manager and office staff. Comments included; "I definitely feel supported. I can talk to [registered manager] or [office staff] any time I need to" and "Yes, I do think Rainbow is well-managed. We have a supportive manager and the office staff are great too."
- We received mixed feedback from people and family about the service they received. Comments included; "Rainbow is well run. They [staff] are very courteous and nothing is too much trouble," "The service is super, I am so pleased" and "Some carers are not as well-trained as others. Some look exhausted, the turnover of staff is too high."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and office staff engaged with people, family members and staff in various formats to obtain their views and keep them informed of important changes.
- People and family members gave us mixed feedback regarding contact from managers and office. Comments included; "[Manager] phoned us last week to see how things were going" and "I can't remember the last time we got a call."
- Staff told us they received regular updates from the registered manager and had the opportunity to attend meetings, both face-to-face and video, in order to share their views.
- The service worked with other health and social care professionals where needed.

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 the requirements of the duty of candour, this is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The registered manager acted upon the concerns raised regarding people's call times promptly and in an open and transparent manner.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We could always be assured people were receiving care according to their care plans. This was because we found evidence that some staff had falsified information relating to people's call times.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems in place had failed to identify issues found in relation to staff falsifying people's call times.</p>