

# Ms Catherine Sleightholm

# Rainbow Lodge

## 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 Lodge is registered to provide care and accommodation for up to four people with learning disabilities and/or autism. At the time of our inspection three people were living at this service.

The service has 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 using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Everyone spoke positively about the service. People were relaxed in their own home and responded well when staff interacted with them. Staff listened to people and offered support to achieve their goals when this was needed. The service demonstrated positive outcomes for people which reflected the principles and values of Registering the Right Support. This included supporting people to make their own decisions and choices to maintain independence and control of their lives. People's life experiences were improved by staff accessing the right support at the right time, to maintain positive outcomes for people's health conditions. This had a positive impact on people's wellbeing and mental health. People had opportunity to access work placements and gain new skills through social interactions and activities.

Improvements had been made to ensure safe recruitment practices were followed. The systems in place supported staff to safeguard people from abuse or harm. Risk assessments had detailed guidance for staff to mitigate potential risks. Clear processes were in place to record, analyse and learn from accidents and incidents. Medicines were managed, stored and disposed of appropriately.

Care plans were person-centred and tailored to meet people's needs. People's preferences and religious beliefs were explored and documented.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were provided with information they needed and were encouraged to be involved in all aspects of their care. Staff knew the importance of asking for people's consent before delivering care and support to them.

Staff attended regular refresher training, supervision and staff meetings.

People were encouraged to eat healthy foods to ensure optimum nutrition. They had access to kitchen facilities to prepare their own food and drinks when they were able to. Some people were involved in preparing meals and setting the dining tables.

People and staff spoke positively about the manager. Everyone advised the manager had a proactive approach to addressing any concerns they might have; people were confident to discuss issues with them. Audits had been completed to analyse and improve the quality of the service. In addition, the provider extensively worked alongside other key organisations such as the local authority. The changes made had impacted positively for people living at the service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with, or who might have, mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. At the time of our inspection the service did not use restrictive intervention practices.

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 and update

The last rating for this service was Requires Improvement (published 31 August 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

# Rainbow Lodge

## 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 one inspector.

#### Service and service type

Rainbow Lodge is a care home. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission, because their registration did not require this. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was responsible for the day to day running of the service. We have referred to them as 'manager' throughout this report.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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. We used all of this information to plan our inspection

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with two staff and the manager. We reviewed a range of documents. This included two people's care plans and medicine records. We looked at three staff files including training and supervision, and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

Following the inspection we spoke with three health professionals to gather their feedback.

# 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely; Staffing and recruitment

At our last inspection the provider failed to ensure risks relating to health and safety were assessed and measures in place to mitigate them. They had also failed to ensure safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Risks to people were assessed and measures were in place to minimise the risk of future occurrences. Risk assessments were reviewed regularly and updated to reflect people's changing needs. People were supported to take positive risks and to be as independent as possible.
- Processes were in place to manage accidents and incidents effectively. The manager was aware to share any learning with staff to improve safety and awareness within the service.
- Staff managed medicines safely and stored them appropriately. The registered manager and staff were aware of the health campaign to stop the over-use of medication to manage people's behaviour. There was evidence to demonstrate medication reviews had been requested when appropriate to reduce unnecessary medicines. One person confirmed to us, "[Name of manager] always gives me my medicines on time."
- Staff consistently met all aspects of people's needs. Contingency plans were in place to cover staff during holidays and absences.
- Recruitment processes were robust. Checks were completed to ensure people's suitability for their role.
- The environment was managed safely.
- Some staff were trained to use an approach called positive behaviour support (PBS). Staff told us this was not needed at this service at present.
- Maintenance records identified and addressed issues. There had been some water damage which the provider had immediately addressed. Plans were in place to redecorate the areas affected.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm or abuse. Staff had received training and understood their responsibilities.
- People told us they felt safe living at the service. One person told us, "Yes, I do feel safe."

Preventing and controlling infection

- Infection prevention and control practices were adhered to. People received support or prompts to keep their rooms tidy and the environment was well maintained.



# 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

- Records were reflective of people's current needs. Initial assessments were continually reviewed with support from health professionals when needed.
- Staff were skilled and knowledgeable about the people they supported. Care plans were detailed to guide staff to support people effectively, ensuring minimum restrictions were in place. Best practice guidance was used to improve people's outcomes and quality of life.

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

- People were encouraged to eat a balanced diet. Nutritional needs had been considered and people were given food and drink choices in line with their likes and dislikes. Staff encouraged people to make their own food and drinks where this was possible, to maintain their skills and independence.
- People were monitored to identify any changes or concerns. This meant the provider could take immediate action to address any issues. People's nutritional intake was documented when needed and people were regularly weighed.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about the people they supported. Induction, regular training and supervision supported staff to competently carry out their role.
- All staff had years of experience supporting the people at this service. They knew each individual extremely well. People felt comfortable and relaxed with staff that understood them.

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

- People were supported to access health care professionals. Staff worked closely with those involved in people's care to ensure they received the right support. One person told us, "I see the community nurse if feeling unwell."
- Health passport records summarised people's needs such as their preferences, health conditions, medicines and health professionals involved in their care. This information was shared with other agencies, so they had awareness of how to support individuals. People received annual health checks in line with best practice guidance.

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

- People had access to kitchen facilities to make their own refreshments when they were able to do this.

Staff supervised without being intrusive and allowed people freedom to be as independent as they could be. One person was helping to prepare salads for the evening meal whilst we were visiting.

- People had access to a garden area with seating. Chickens were kept in a pen and people were able to collect fresh eggs to cook. The manager told us people had enjoyed barbeques in the garden during the summer months.
- Staff supported people to bring their own furniture and personal belongings to furnish their rooms if they wished.

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 provider maintained records to advise whether people required applications to be submitted under MCA and DoLS for authorisation. The manager was aware to monitor and review any applications.
- People were involved in making decisions about their care. Staff knew how to ensure people's best interests were considered and the views of relatives, representatives and health professionals recorded.

# 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 felt they were part of a family. Staff told us they treated all the people living at Rainbow Lodge like they were one of their own family members. One person smiled and told us, "This is the best place I've ever lived, it's grand."
- Staff knew how to respect and protect people's equality, diversity and human rights. Staff encouraged people to express themselves and persevered to ensure they received the services they were entitled to.
- Care records captured people's religious beliefs, which staff explored in more detail when needed.

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

- The manager supported people to express their views and suggestions to improve the service. When needed they adapted the way in which they supported people to express their views, depending on their preferences. For example, they supported some people with one to one support informally, rather than formal meetings.
- Communications with people were engaging. Tea and chat' meetings had been introduced to support people to discuss any concerns. During meetings people were reminded of important events or appointments. People had asked for repairs to be completed or expressed their activity preferences, which had been addressed.
- Staff encouraged people to be involved in their care planning. People that were important to them were invited to attend re-assessments or best interest meetings.
- People were supported to access advocacy services or representatives of their choice when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of how to maintain people's privacy and dignity. We observed staff knocking on people's doors before entering their rooms and being respectful in their approach and language.
- Staff encouraged people to make choices to live as they wanted and encourage their independence. For example, some days people would choose to set the table for meals and other days they would choose to take a pack up lunch out for the day.
- People were empowered to have choice and control in their day to day lives. We observed caring and thoughtful interactions between staff and people. Staff listened to people and encouraged them to get where they wanted to be. For example, one person was supported to leave one workplace and access a new work placement that they really wanted to try. This had helped them form new relationships in the community and achieve their goals independently.

# 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

- Care records were person-centred and reflective of individuals' specific needs. These included detailed assessments and planning for oral healthcare.
- People had completed pictorial surveys and during involvement in their care planning had verbally given comments to staff. One person had advised; "[Name of carer] knows what she is doing when caring for her [health condition] and [Name] feels safe with the level of care."

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 service considered people's preferred communication methods. Alternative formats were available to people such as large print documents.
- Staff understood people's communications and were able to translate to visitors or new staff until they could understand themselves. This meant that people were understood and able to communicate effectively at all times.

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 currently relevant to them

- Staff knew people well and supported them to engage socially. People told us they felt comfortable in their home. Staff provided one to one interaction throughout the day when needed and ensured people attended any activities or events of their choice outside the service.
- People were supported to build new relationships and maintain existing ones. Staff supported people to meet with their relatives, access work placements in the local community and attend local places to interact with people socially.

Improving care quality in response to complaints or concerns

- People told us they were comfortable raising any concerns. During one person's review they had advised staff that the manager will sort out any problems they had straight away.
- No complaints had been recorded since our last inspection. There was a complaints policy in place which was shared with people and their relatives should they wish to make a complaint. No issues had progressed to formal complaints as these were addressed immediately by the manager and staff.

#### End of life care and support

- The provider worked with people to explore their views and wishes in respect of end of life care. Relatives and/or representatives were invited to support this process.
- The provider was aware of best practice guidelines. Religious beliefs were also considered and respected.

# 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 our last inspection this key question was rated as requires improvement. At this inspection this key question had 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.

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

At our last inspection the provider did not have systems in place to assess, monitor and improve the quality and safety of the service. Measures were not in place to mitigate risks and each service users' records were not complete and contemporaneous. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The manager and staff understood their roles and responsibilities. Staff described the values of the service and how they incorporated them into their daily activities.
- Audits had been completed regularly to drive improvements in the service. Clear action plans were in place to show where improvements had been made or how these were being addressed.
- Records had improved. These were detailed, provided best practice guidance for staff to follow and were tailored around individuals' needs and preferences.
- Staff spoke positively about the service and told us they felt supported by the manager. One staff member said, "[Name of manager] is proactive at following things up."
- The provider had processes in place to ensure all relevant incidents or concerns were shared with other agencies such as the local authority and CQC when required.

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

- The manager had engaged with people and those important to them. They had considered people's equality characteristics and ensured people were involved in decisions on how to meet their specific needs.
- Staff had considered people and adapted the way they cared for them.

Continuous learning and improving care; Working in partnership with others

- The service had demonstrated their commitment to continuous learning through engagement with other stakeholders. This had improved the service in key areas and the improvements put in place encouraged this to continue.

- The manager had a proactive and positive approach to improving care for people.
- Health professionals had provided positive feedback about the service and the work the provider had completed to improve over the 12-month period since our last inspection. The local authority had supported the provider to ensure systems and processes were robust and best practice utilised throughout all aspects of the service. These improvements had impacted positively on everyone living at Rainbow Lodge.
- The provider had worked in partnership with various health professionals and the local authority. Improvements had been made in several areas since our last inspection. For example, medicines management, care planning and best practice guidance.
- The manager worked in partnership with people in the community to create opportunities for people to access work placements. The manager built relationships with the employers to ensure people's safety and allow open communications between the service, the person and their employer.

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 manager understood their responsibilities in respect of duty of candour. Records showed they had spoken with people, their relatives and/or representatives when needed.