

## Rainbow Outreach and Healthcare Solutions Limited

# Rainbow Outreach and Healthcare Solutions Limited

### Inspection report

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12 November 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Rainbow Outreach and Healthcare Solutions Limited is a domiciliary care service providing personal care to people across Bedale, Leeming and Northallerton. The service was supporting four people at the time of our inspection, including older people and people living with mental health needs and physical disability.

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

The provider was committed to providing person-centred care and ensuring staff shared their aim of providing high quality care. People and staff had regular access to the registered manager to share their feedback. The provider's quality assurance systems had not fully been developed in-line with their policy. They did not always identify the gaps in records we found, including medicines records.

People felt safe with the staff supporting them. Staff knew how to manage risks to people to keep them safe. Appropriate checks were completed to ensure suitable, safe staff and agency staff worked for the provider. We made a recommendation about medicine best practice guidance.

People received effective support and were involved in developing their care plans. Staff had the knowledge and skills required to provide effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We made a recommendation about mental capacity assessments and best interest records.

People praised the kind, considerate care they received. Family members recognised the positive impact care had on family life. Staff encouraged people to make decisions about their care. People and staff shared caring relationships based on respect and valuing people as individuals.

Care was provided in responsive ways, focused on achieving people's chosen goals. Staff worked with people and their families to maintain their relationships and facilitate access to community services. Staff knew people's wishes and preferences, they used this to provide responsive person-centred care.

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

### Rating at last inspection

This service was registered with us on 26 October 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on when the service registered.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Rainbow Outreach and Healthcare Solutions Limited

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

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 CQC. 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

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 8 November and ended on 12 November 2019. We visited the office location on 12 November 2019.

### What we did before the inspection

We reviewed information we received about the service. We sought feedback from the local authority safeguarding and contracting teams who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with two people and one relative over the telephone to ask about their experiences of the care provided. We spoke with four staff including the registered manager, deputy manager and two care workers. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We look at two people's care and medication administration records. We looked at three staff recruitment, induction, training and supervision records. We viewed a range of records relating to the management of the service, including meeting minutes and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a range of the provider's policies and procedures. We contacted one social care professional who regularly visited the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People and their family members were satisfied with the support they received to take their medicines as prescribed.
- Medicine risk assessments were used to understand people's medicine support needs to enable them to manage these independently where appropriate.
- Staff understood how to give people their medicines safely.
- No medicines errors or incidents had been identified since the service had started. The provider had a process in place should an error occur.
- Some medicines records were not in place and did not contain all the required information. 'As and when required' protocols were not in place to show how these occasional medicines were used. Topical medicine administration records did not detail how or where creams should be applied to people. The registered manager agreed to review this.

We recommend that the provider reviews and follows medicines best practice guidance.

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

- People told us they felt safe. Comments included, "I do indeed feel safe, I'm very confident in what the staff do."
- Staff understood their responsibilities to safeguard people against the risk of abuse and knew how to raise concerns to their management. They had completed training in this area.
- When incidents occurred, management supported staff to reflect on and learn from their experiences.

### Assessing risk, safety monitoring and management

- Risk assessments guided staff in how to safely meet people's care and support needs.
- People's home environments had been assessed for safety. The registered manager agreed to add additional details to strengthen these.
- Staff were knowledgeable about people's behavioural needs and how to support them should they become distressed or agitated. A positive behaviour support plan was not in place for one person who could present with behaviours that challenge the service to help staff recognise triggers and respond appropriately depending on the person's behaviour. The registered manager agreed to introduce this documentation.

### Staffing and recruitment

- People were supported by staff who had been safely recruited and checked to ensure they were suitable to work with vulnerable adults.

- Appropriate checks were completed to support the safe use of agency care staff.

#### Preventing and controlling infection

- Staff knew when to wear personal protective equipment, such as gloves and aprons to help reduce the risk of spreading infections.
- People were supported to complete household tasks where possible to help keep their homes clean.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA.

- Staff gained permission from people before providing their care. One person told us, "Anything that needs doing care wise is discussed before it's done."
- People signed to show they had consented to the support provided.
- Staff were aware of where people may have advanced decisions in place, such as 'do not attempt cardio-pulmonary resuscitation' and where to locate these documents.
- Staff explored people's ability to consent to their care. Records did not always show how people's capacity had been assessed in relation to specific decisions or how decisions had been made in their best interests.

We recommend that the provider develops records in relation to mental capacity assessments and best interest decisions.

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

- People received effective care following a thorough assessment. This considered what goals they would like to achieve and how they would like to be supported to reach them.
- Best practice guidelines were used and followed in developing care plans. People were involved in writing these and had access to their care records.

Staff support: induction, training, skills and experience

- People were supported by effective, knowledgeable and skilled staff.
- Staff received appropriate support to introduce them to their roles and help their wellbeing and

development. Competency checks were used to good effect to assess staff knowledge and observe their practice.

- Staff received regular supervisions and appraisals to monitor their performance. Group supervisions were used to share learning and best practice, linking it to examples from people's care.

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

- People were supported to have an adequate food and fluid intake. Staff were aware of which people were at risk of weight loss and worked with them to manage this. One person said, "With the care workers I've built myself back up, I've gained weight. They worked with me to address this."

- People were able to access drinks in between their care visits, supporting their fluid intake.

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

- Staff understood the roles of other health and social care professionals and followed their advice. A social care professional gave written feedback stating, 'The provider is prompt in contacting the correct professional regarding change, i.e. health services or the local authority.'

- Staff understood people's health conditions and how to provide effective care to support these.

- People were supported to live healthily and make healthy meal choices and exercise.

- Key information about people's care and support needs was recorded in a format for healthcare professionals to access to inform their approach.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. 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 their relatives consistently praised their care. One family member told us, "They've been a godsend, they're highly professional and polite."
- Staff were considerate, kind and caring in their approach. One person said, "They go to extra lengths to make you comfortable and make sure you have everything you need."
- People received support from consistent staff, they formed relationships built on trust, mutual respect and understanding.
- People were treated with dignity and respect. Staff were considerate in their approach to providing care in people's family homes.

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

- People were actively involved in developing their support plans and reviewing these.
- People were encouraged to make decisions about each aspect of their care, including how they would like this providing. People told us their care was done as they wanted it doing and reflected their preferred routines.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in ways that promoted people's dignity. One person had written in a survey, 'All the staff treat me with dignity and respect at all times.'
- People were supported to be independent and re-gain their independence where possible. One person told us, "When I came back from hospital I was just in bed and couldn't move, I can now move around." The person described accessing their local community independently and the positive impact this had on their mental health and emotional wellbeing.
- People were valued as individuals. Their backgrounds and diverse needs were explored at their assessments.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff provided flexible, responsive care that adapted to people's changing needs and goals.
- Staff had a detailed knowledge of people's life histories and interests. They used this information to provide person-centred care and stimulate conversation. We saw examples of this having a positive impact on people's mood.
- The provider was focused on achieving goals people set for themselves and striving to achieve new goals as people progressed. This had a positive impact on people's emotional and physical wellbeing.
- People's care was reviewed regularly to look at how it was working and any changes needed. Care plans were updated following this.

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.

- Staff communicated effectively with people to provide effective and responsive care.
- Information about people's communication needs and how to support these was recorded in their care plans and used to inform their care.

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

- Care staff understood people's relationships and the significance of their support networks. They worked with family members and other professionals to support them and provide respite from their caring roles.
- People were supported to access local community services, including shops to benefit their wellbeing. Opportunities to develop this were being looked at.

Improving care quality in response to complaints or concerns

- The registered manager regularly visited people to seek their views on their care. People felt able to raise any issues if needed and told us they had not needed to raise any complaints because of this responsive approach.

End of life care and support

- People did not need support with end of life care at the time of our inspection. Staff recognised this

support required a unique approach should they need to provide this.

- Staff were aware of people's end of life preferences, although these had not been recorded. The registered manager agreed to review this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- The provider's audits had yet to be fully embedded and developed in line with their policy and procedure.
- The provider had quality assurance systems in place. These had not always been effective in identifying the issues we found with records, such as with medicine records, positive behaviour support plans, environmental risk assessments, end of life care records and mental capacity assessments. The management were responsive to our feedback and agreed to look at these shortfalls.
- Staff practice was routinely observed to support the delivery of high quality, consistent care and people's experiences of this.

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

- Staff shared the provider's values of providing person-centred, respectful care. One family member told us, "They all want to give [Person] a better life, I've noticed they're all good at heart."
- The registered manager was committed to creating an environment in which staff could progress and provide high quality care.

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 met the regulatory requirements of their registration; they informed CQC of significant events that happened in the service.

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

- Staff felt well supported by the registered manager and understood their role. One care worker said, "The registered manager is very supportive and compassionate. They are very good with the welfare of staff and listen to us and always check on how things are for people."
- Staff performance was managed effectively. Additional training and observations were used to support staff knowledge and competence when needed.

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

- The registered manager regularly visited people to discuss their care and monitor the quality of this.
- Surveys were used to seek people's feedback on their care and monitor standards across the service.
- There was an open dialogue between staff and management, looking at how the service was working and

any areas for development and improvement.

- The provider worked in partnership with health and social care professionals. They welcomed this collaboration and any suggestions to develop people's care.