

Rainbows House Limited

Rainbows House

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

At the last inspection in June 2015 the service was rated Good.

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

Rainbows House is a care home providing respite care for younger people with a learning disability. It can accommodate up to four people at any one time. One of the four bedrooms has an en-suite bathroom. One room can meet the needs of people with physical disabilities, with tracking hoist and walk in shower installed. There is a communal lounge and kitchen and a small accessible well maintained garden. The service is situated in West Melton, near Rotherham. At the time of our inspection there were 15 people who regularly accessed the service. Two people were staying at the service on the day of our visit.

At this inspection on 24 August 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

We received extremely positive feedback from relatives of people who used the service. Relatives told us the service provided safe care.

Recruitment procedures ensured the right staff were employed to meet people's needs safely. However, not all pre employment checks had been obtained but procedures were being improved at the time of our inspection.

Medication systems were in place to ensure people received medication as prescribed and safely. Staff had received training to administer medications safely.

At the time of the inspection there was sufficient staff on duty to meet people's needs. Relatives told us that during the respite stays there was adequate staff to facilitate regular activities.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with respect. Relatives told us staff were kind and very caring. Staff we spoke with understood how to respect people's preferences and ensure their privacy and dignity was maintained. We observed staff took account of people's individual needs and preferences while supporting them.

There was a system in place to tell people how to raise concerns and how these would be managed. Relatives we spoke with told us they hadn't had to raise any concerns but wouldn't hesitate if required. They added they would feel comfortable raising any concerns with the management team.

Relatives were very happy with how the service was run. There were systems in place to monitor and improve the quality of the service provided. Action plans were implemented for any improvements required and these were followed by staff. The quality monitoring had identified that some improvements were required and had been commenced.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rainbows House

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 checked whether the provider is 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.

This comprehensive inspection took place on 24 August 2017 and was announced. We gave short notice of the inspection in line with our methodology, as it was a respite service and we required the appropriate staff to be available. The inspection was undertaken by one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were 15 people who used the service for periods of respite. Two people were using the service on the day of our visit. The service can accommodate up to five people each day. As we were unable to communicate with some of people living at the home due to their complex needs, we spent time observing care and support during our visit. However, we contacted relatives by telephone following our inspection to gain their views.

We spoke with the registered manager, team leader, the lead support worker, one support worker and the administration coordinator. We also contacted and spoke with two health care professionals following our inspection.

We looked at documentation relating to two people who used the service and two staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

From our observations staff understood people's needs and people responded to staff positively. People who used the service were comfortable with staff and were responding to staff showing they were happy in their company.

Relatives we spoke with told us they were confident that their family member was safe and well cared for during their stay. One relative said, "[my relative] enjoys going to Rainbows House he is always happy when we arrive, it gives me peace of mind he is well cared for and safe." Another relative said, "I would know if [My relative] wasn't safe I could tell from the way they present. They are well looked after."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe.

From our observations and speaking with staff it was evident staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as independent as possible while monitoring their safety. Relatives we spoke with told us they had been involved in the planning of care and staff had taken into account people's wishes and supported people to live an independent lifestyle while managing risks.

We found there was adequate staff to meet people's needs. This had to be flexible as it depended on who was staying each day and what their dependency was. Staffing levels changed daily to accommodate people's different needs. Some people received one to one support for their safety and this was in place at the time of our inspection. Staff we spoke with confirmed there was adequate staff to be able to provide the care and support required, including accessing the community and activities. Relatives we spoke with confirmed that people who used the service accessed regular varied activities.

A recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled two staff files and found not all the essential pre-employment checks required had been received. The registered manager explained they had identified this and as the service had grown they had struggled to ensure checks were requested and in place. However, they had recruited an administration coordinator who was working through recruitment files ensuring all checks were completed. We saw the last three staff employed since the new administrator had been in post had all the correct checks in place.

We looked at the systems in place for managing medicines in the service. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines. We also observed staff administering medicines safely and followed procedures. However, although we found people were receiving medication as prescribed the documentation did not always support this. The systems in place were duplicated on two separate formats that made it difficult for staff to understand what to record where. We found on some occasions the documentation was not completed. We discussed this with the registered manager who had identified this and was in the process of reviewing the systems to ensure it was simplified so procedures were clear to staff.

Is the service effective?

Our findings

Relative we spoke with all told us the staff understood people's needs and were very good at meeting them. They said staff picked up on any issues early and kept them informed of any issues or concerns.

One relative we spoke with said, "The staff are lovely, they understand [My relative] very well." Another said, "Excellent staff, can't fault it."

We found staff had the right skills, knowledge and experience to meet people's needs. All new staff completed an induction when they commenced work. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role. Staff told us the training was very good. Staff had completed specific training to the roles they performed. This included advanced autism awareness training.

The registered manager was aware of the Care Certificate introduced by Skills for Care. The Care certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. They told us all staff had completed the care certificate as part of their induction to the service. Staff were also supported to achieve level 2 and 3 diplomas in health and social care.

Staff had received regular supervision sessions and an annual appraisal of their work. Staff told us they worked well as a team and were well supported. One staff member told us, "We are a brilliant team." Another said, "We work very well together, a great team."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). As the service is for respite (short stay) on most occasions a DoLS would not be required. However, the registered manager was aware of the criteria if a DoLS was required and assessed all new people to the service to determine if required.

Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. However, some records sampled did not clearly demonstrate that where people could not speak for themselves decisions had been made in their best interest. For example some people had bed rails in place for safety, although staff were able to explain why this decision had been made it had not been documented as a best interest decision. The best interest decision would evidence why and how the decision had been made and that it was the right decision for the person. The registered manager acknowledged this and has completed these since our inspection and has send an example to evidence this has been actioned

Although we did not see a meal being prepared, staff explained how the meals were planned with involvement of people who stayed, how they were prepared and served. We saw evidence that people

received a well-balanced nutritional diet during their stay at Rainbows House.

Relatives we spoke with told us the food was good and there was plenty of choice. One relative told us, "They [My relative] always seem to have plenty of food and there is always a choice. [My relative] seems to enjoy the food."

People were supported to maintain good health and during their stay if it was required there was access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as dieticians and occupational therapists. Health care professionals we spoke with told us the service was very good at seeking advice and guidance to ensure people's needs were met. One health care professional said, "Staff are very knowledgeable in their field of work and thoughtful and compassionate towards the young people in their care."

Is the service caring?

Our findings

Relatives we spoke with told us staff were very good, knew people's needs and provided good care and support. One relative said, "The staff are lovely, they genuinely care." Another relative said, "Staff are so kind and helpful." Another comment was, "An absolutely amazing place."

We saw that care and support delivered was kind and caring and delivered in a sensitive nature. Staff interacted with people positively and used people's preferred names. We saw people enjoyed being with staff and were laughing and happy.

We spent time in the communal areas during the inspection. We saw that staff were considerate consistently showed kindness towards people when they were providing support, and in conversations and activities. The interaction between staff and people they supported were inclusive and it was clear from how people responded to staff they were very happy and confident in their company. People were laughing with staff and there was banter and conversation was inclusive.

Staff spoke about people with respect and it was clear they were passionate about ensuring people they supported received the best possible care.

The registered manager and the staff we spoke with confirmed that staffing numbers were configured to ensure people were safe and that they could participate in activities of site, and we saw from records that staff went off site with people to participate in activities of their choice. The activities were individualised and meet people's preferences and we saw high levels of engagement with people throughout the inspection.

Conversations we heard between people and staff showed staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

Although all the people who used the service were young and healthy the registered manager had identified a staff member who was an end of life lead. They explained that they may need to support someone with a life shortening illness or support a person if they lost a loved one so the expertise would be used to give advice and guidance to staff as well as supporting anyone they provided a service to in these situations. One person who stays at Rainbows House had recently had bereavement in the family and staff had supported them through this.

Is the service responsive?

Our findings

Relatives we spoke with told us all staff provided excellent care and support that met the needs of their family member. All relatives we spoke with could not praise the staff enough. They confirmed that staff understood people's needs and were fully aware of their abilities and limitations and responded appropriately to them ensuring they enjoyed their stay.

One relative told us, "I know [My relative] is looked after as they are happy to go and sometimes are not wanting to come back home they have had such a good time." Another relative said, "They pick up when someone is unwell, they always keep me informed if anything happens or [My relative] is unwell."

A further comment from a relative was, "It gives me peace of mind as I know they are well looked after."

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home. Care plans and risk assessments had been completed. We also saw that before a planned visit staff would call the family and check if there had been any changes to medication, any issues with their health and wellbeing since their last visit and any concerns this was documented so staff could see if there were any changes to people's needs each time they stayed.

The daily records and visit records were comprehensive and all up to date. These records showed the registered manager worked responsively with external professionals when required.

Health care professionals we spoke with all said the staff identified changes and contacted relevant professional for advice or guidance. This ensured people's needs were met. One professional told us, "The staff are very responsive to people's needs, there was an incident affecting the well-being of a person they supported. This involved the manager having challenge and through their persistence their actions had a positive impact on the person. This was measurable through the improvements made to the particular person's health."

People were supported to access the community and participate in activities. We saw that people participated in numerous and varied activities and from pictures displayed in the home and in people's 'scrap books' it was obvious they were well enjoyed. Activities included outings to the coast, trips to parks, shops and restaurants and pubs. The activities were tailored to people's choices. We saw that one person had been supported to attend their relative's wedding; staff had helped prepare the person for the day to ensure they were aware of what would happen and who would be there so they were not overwhelmed on the day. The person they supported was a bridesmaid and the pictures seen showed they had a lovely day.

People's religious and cultural needs were identified and met; people were able to attend church or religious services while they stayed at Rainbows House if they wished.

There was a complaints' policy which was given to each person and their relatives when their care package

commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. Although the registered manager had not received any complaints they were aware of the need to record and maintain records of investigation and outcomes. They were also aware of the need to do this in a timely way. The service also has a comments and compliments book that people and their relatives are encouraged to complete. We saw a number of comments had been received and all were very positive.

The relatives we spoke with told us they had not had the need to raise any concerns but felt any concerns highlighted would be taken seriously by the registered manager.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

There was a structured team in place to support the registered manager. This was developing at the time of our visit as the service had grown and the registered manager was looking at the best structure to support her service. There was a team leader, a lead support worker a new administrator coordinator and a new employee who would be responsible for quality monitoring and audits. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

Most people using the service were unable to communicate their views about leadership of the service. Our observations saw that the service benefitted positively from the registered manager and the way in which the home was run. The registered manager was passionate and instilled high values in their day to day running of the service.

Staff told us that they felt well supported by the registered manager. They said there was an open and transparent culture in the home and they were comfortable raising any issues or questions. Staff told us they worked extremely well as a team and everyone pulled together to ensure they provided a good service for people who accessed it. All staff we spoke with advocated for the people they supported and wanted the best possible outcomes for people.

The registered manager actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, guest meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out and most of the comments were very positive.

Relatives we spoke with told us the service was well managed. They confirmed communication was very good they were kept up to date of any changes and any new information or advice was shared. They confirmed they received questionnaires to complete and also spoke regularly with the registered manager. The registered manager told us they were developing a newsletter to send to parents to ensure they were kept up to date of any changes, outcomes of quality monitoring and events taking organised.

We found systems were in place for managing safeguarding concerns and incidents and accidents. Staff told us that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the registered manager. Any issues identified were recorded on an action plan and

were actioned. The registered manager also told us this will further improve when the new staff member is in post who will lead on quality monitoring.