

Rainbow Staffing Services Ltd

Rainbow staffing services

Inspection report

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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

About the service

Rainbow Staffing Services is a service that provides personal care to people living in their own homes. At the time of inspection nine people were receiving a service and all were in receipt of the regulated activity of personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they did, we also consider any wider social care provided.

The service is also registered to provide the regulated activity of treatment of disease, disorder or injury (TDDI) this was not being provided when we inspected.

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

The provider had some quality monitoring systems in place, however these did not identify the issues we found and therefore were not always effective. Recruitment of staff did not ensure staff were recruited safely. Care plans did not contain all the required information needed to guide and inform staff. Some risks to people's safety had not been assessed.

There was enough staff to meet people's care and support needs. People told us they were very happy with their care and staff understood their needs. People told us they knew what to do if they were unhappy with their care and felt confident speaking to staff or the registered manager. People told us they were involved with planning their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests: the policies and systems in the service supported this practice.

Appropriate Personal Protective Equipment (PPE) was made available and worn by staff and they had received information and training, so they understood the importance of this. Staff felt supported by the registered manager.

Rating at last inspection

This is the first rating of this service.

Why we inspected

The decision for us to inspect was in part triggered by a safeguarding investigation in relation to risk management and safe care. We had not inspected this service since it was registered with us in, so a decision was made for us to carry out a full rating inspection.

We found evidence the provider needs to make improvements. The overall rating for the service is requires

improvement. This is based on the findings at this inspection.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

Follow up

We will work alongside the provider and local authority to monitor progress.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 our in our well-led findings below.

Requires Improvement ●

Rainbow staffing services

Detailed findings

Background to this 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 and an assistant inspector. Both inspectors visited the office on 19 April 2021. Telephone calls were made to people, their relatives and staff on 14, 15 and 20 April 2021.

Service and service type

This service is domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service short notice of the inspection. We were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID -19 pandemic.

What we did before inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We did not ask for a 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 this information to plan our inspection.

During the inspection

We spoke with six staff this included the registered manager and five care staff. We also spoke with a health

care professional. We spoke with seven people and or their relatives about their experience of the care provided.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

After the inspection

We looked at further records and continued to seek clarification from the registered provider to validate evidence found.

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 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.

Staffing and recruitment

- Recruitment systems and processes were not robust enough to be assured that staff employed were suitable for work with vulnerable adults.
- Staff members full employment histories were not always recorded or verified, or gaps explored.
- Appropriate references were not always in place, for example last employer reference and reason for leaving previous post when working with vulnerable adults. These checks are legal requirements.
- Application forms were incomplete, and this was not explored further at the interview stage.
- Disclosure and Barring Service DBS checks were not always completed before employment had started. Records showed this was the case for six staff. A DBS check is a record of a person's criminal convictions and cautions carried out by the Disclosure and Barring Service.
- We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate safe recruitment.

Failure to carry out all the required checks meant there was a risk unsuitable staff could be employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff were mainly on time for their care call and would let them know if they were running late.
- There was sufficient staff to carry out the care calls and staff were allocated to the same person when possible to promote continuity of care.

Assessing risk, safety monitoring and management: Using medicines safely;

- Not all risks to people had been planned for. Risks in relation to supporting people with moving and handling needs lacked detail about how this should be done safely or were not in place. In some instances, staff were working alongside a staff member from another agency to carry out these tasks, without any assessment of the staff's competency to do this.
- Risks in relation to specific care needs for some people had not been assessed and care plans were not in place to guide staff on how to support people with these risks. For example, diabetes. This meant people were at risk of not receiving the support they needed.
- Staff were administering prescribed creams. There was no care plan in place for this detailing the person's consent and how, when and where the cream should be applied.

- We found no evidence that people had been harmed. However, systems were not robust enough to protect people from the risk of unsafe care.

Systems in place did not ensure that risks to people were effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had received moving and handling training and understood the way people required support to move.
- People told us they felt safe with the staff supporting them.
- The registered manager told us no one was receiving support with taking medicines only prescribed creams.

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

- Prior to our inspection there had been a safeguarding concern, this had been investigated by the local authority. This had been concluded and there were some recommendations for the service including some refresher training and support for staff. The recommendations made had been completed.
- People told us they felt safe with staff. One person told us, "Yes I do feel safe, very safe with the staff, I have no concerns."
- Staff told us they had received safeguarding training. Staff confirmed their understanding of protecting people from poor care or harm and said they would report any safeguarding concerns to the registered manager. A staff member told us, "There are different types of abuse physical, mental, financial. I would look for signs changes in personality and report any concerns to the manager."

Preventing and controlling infection

- Staff wore Personal Protective Equipment (PPE) in line with government guidance.
- Staff received training in infection control and understood the importance of high standards of cleanliness to protect people from the risk of infection
- Staff told us they were provided with a good supply of PPE

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed to ensure the service could meet their need in line with current guidance. Assessments were carried out before people started using the service to ensure their needs could be met.
- A care plan was written based on the information gathered about the person and their support needs. The care plan did not contain all the information received in the referral information about people's health care needs and risks. This meant that staff may not have all the information they need to guide and inform them on how to provide safe and consistent care. We discussed this with the registered manager who told us they would review the care plans and ensure they contained all the required information.
- People and their relatives were happy with the care provided and told us staff understood their needs and provided care to a good standard.

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

- Where people were at risk in relation to eating and drinking there was a lack of information in people's care plans about these needs. For example, one person's care plan said 'soft diet', but did not explain why or any risks that staff may need to know.
- The registered manager told us that although assisting with meals was part of the care package for some people, staff were not currently supporting anyone with this aspect of their care. They told us information in relation to these needs would be updated and detailed in the care plan to guide and inform staff. They would also ensure that records were clear about who was currently providing this support, for example if it was a family member the record will be amended to make this clear.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- Staff were trained in the MCA and DoLS.
- Staff understood the importance of gaining people's consent before providing them with care and support, in order to comply with the MCA. A staff member told us, "I always ask people first, I get their consent. I explain what I am doing. There is one person I help with their personal care. I would ask how they are. I would then say is it okay if I help freshen you up and wait for them to agree."
- Relatives told us staff took time to care for their family members and asked people to consent to their care.

Staff support: induction, training, skills and experience

- Staff were supported to do training to help them with their skills and knowledge. A staff member told us, "I have regular training and supervision meetings and they tell us what is new, refreshing our knowledge."
- A training matrix was in place that gave the registered manager oversight of the training completed by staff and when training needed refreshing.
- Staff told us they had supervision meetings with the registered manager and spot checks were carried out to monitor their performance and to provide feedback. The registered manager told us they sometimes worked alongside staff as the second staff member in a two-person call. They told us this enabled them observe staff carrying out their role to ensure they were doing so effectively.
- Staff felt supported to carry out their role. A staff member told us, "I had an induction and then I shadowed the manager and two carers until I was comfortable."
- People spoke positively about the staff that supported them. One person told us, "I have never had a problem with the staff and they (staff) know exactly what they are doing."

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

- Staff told us they were kept well informed by the registered manager about changes in people's care and support.
- Staff were able to tell us what action they would take if people became unwell.
- A person told us, "They (staff) are very good, they always ask me how I am and check my skin to make sure it's not sore anywhere."
- Relatives told us staff were very quick to let them know if they had noticed any changes in their relatives well-being. A relative told us, "The staff are very good and if they notice something isn't right, they discuss it with me, and they will ring the district nurse and let them know."

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 told us staff were caring and kind. One person said, "I am pleased with everything so far, the staff member is very caring." A relative told us, "(Staff member's name) is just wonderful, thoughtful, they brought (name) a little present Ludo and stress ball things, they are so kind, wonderful, absolutely an angel. I couldn't praise (staff member) enough.
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- The service was proactive in ensuring equality and diversity were respected.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us their privacy and dignity were respected. A relative told us, the carers have put confidence in (person's name). They make them feel relaxed, it's nice to see. I couldn't ask for any more of them (staff)."
- Staff told us they promoted people's independence and encouraged people to do as much as they could or wanted to do for themselves.

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

- People told us they were involved with making decisions about their care. One person told us, "The registered manager came out to the house and discussed everything with us."
- Staff spoke about the people they cared for in a kind and sensitive manner. A staff member told us, "I really enjoy my job. I never rush what I do, I take the time to talk to people and ask them about their care."

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences interests and give them choice and control; End of life care and support

- Care plans lacked some personalised information and detail. This was acknowledged by the registered manager and they told us the improvements would be made. Care staff had a good understanding of people's needs and preferences.
- People and their relatives gave positive feedback about their care and support and how their needs were met.
- Some people were receiving end of life care and we received positive feedback about this support.
- A healthcare professional told us the provider had supported some people with end of life care. They told us, "Rainbow Staffing Services are very supportive, flexible and a caring company."
- Staff told us they were informed about people's needs and any changes. A staff member told us, "Everything is online, when I get a new (person) I will read about it. Everything is updated. If anything is changed, it will be updated. I will also check their care plans to be on the safe side."

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 registered manager was aware of AIS Standard. Some documentation was available in an easy read format, so it was easier for people to understand.
- Currently all care plans were written in English. The registered manager told us they would arrange for the care plan to be written in another language or format, if requested by a person or the family.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints, concerns and to ask for feedback about the service.
- People told us they knew how to complain if they needed to. A relative told us, "I have got no complaints, if I did, I would let them (registered manager) know. There was once an error with the staff rota, they gave me, I rang the manager and it was sorted straight away."
- The service had received two complaints in the last year. One complaint was in relation to changes needed to a care call and the other was in relation to a staff member conduct, both had been dealt with in accordance with the providers procedures.
- The registered manager told us, and people spoken with confirmed that the registered manager made telephone calls to ask about the service.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems for monitoring the service, but these were not always effective, they had not identified the issues we found at the inspection.
- The provider had failed to ensure effective recruitment practice was implemented and followed, staff were not recruited safely.
- The providers systems had failed to identify that care plans were not always detailed and not all risks to people were assessed which meant people had been at risk of harm.
- The providers systems had failed to identify their policy for safe medicine administration was being followed in relation to prescribed creams, which meant people may not receive their creams as prescribed.

Systems to assess, monitor and improve the quality and safety of the service were not always effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider had implemented an electronic recording system to improve record keeping and to enhance oversight of the service. For example, the time of arrival and completion of a care call could be monitored.

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 told us they understood their responsibility to be open and honest when things go wrong. Complaints or concerns made directly to the service had been investigated in accordance with their policy and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider obtained feedback from people and relatives about the service.
- People and relatives gave positive feedback about the service. One person told us, "I am really happy with the care provided. The staff member does their job well and treats me with respect."
- Staff told us communication within the service was good. They told us they could express their views and seek help and advice from the registered manager. A staff member told us, "Communication is good from

my manager and the staff I work with. It's very friendly, we can talk to each other about anything and everything (work wise) and my colleagues are supportive. Another staff member told us, "They (registered manager) is very caring, it's a good organisation to work for."

- The registered manager told us currently no staff meeting took place, but regular telephone contact took place with staff members. They told us as the service grew staff meetings would be introduced.

Working in partnership with others

- The service worked in partnership with key organisations including commissioners of the service and other health and social care professionals.

- Records showed the provider was monitored by commissioners and was working with them to make any improvements required.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place were not always effective and had not ensured people would receive consistently safe care.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not always effective and did not ensure effective oversight of the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to implement recruitment practice to ensure staff would be safely recruited and people protected.

The enforcement action we took:

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