

Mr C and Mrs LA Gopaul

# Rainbow Lodge Nursing Home

## 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 Nursing Home is a care home providing personal and nursing care for people living with mental health needs. The service is registered to support up to 20 people. The provider informed us that to ensure each person had a single bedroom they currently provided care for up to 15 people and would be applying to us to change the numbers they are registered for. Rainbow Lodge Nursing Home is a large adapted building located near public transport and a range of amenities. There is an accessible enclosed garden.

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

Staff knew people well and engaged with them in a kind and friendly manner. People spoke in a positive way about the staff who supported them.

People's care and support needs were assessed before they started to use the service. Each person had an up to date personalised support plan. People were fully involved in the planning and review of their care and support.

Staff received the training and support they needed to enable them to provide people with effective personalised care.

People received the support and encouragement they needed to stay healthy and had access to healthcare services.

People were protected from the risks of harm, abuse and discrimination. Staff knew what their responsibilities were in relation to keeping people safe. Staff respected people's privacy and dignity and understood and valued people's differences.

People had a choice of meals and drinks. Systems were in place to ensure that people received their prescribed medicines safely.

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 services supported this practice.

Staff encouraged and supported people to participate in activities of their choice, and to maintain relationships with people that mattered to them.

There was a relaxed atmosphere in the home. Relatives told us they could visit anytime and always felt welcomed. People, staff and relatives spoke positively about the management team, and the running of the service.

Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed. The registered manager understood their regulatory responsibilities.

We have made a recommendation about the management of complaints.

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

The last rating for this service was Good (published 08 August 2017).

#### 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 Nursing Home

## **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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Rainbow Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included the last inspection report and statutory notifications that the provider had sent to us. Statutory notifications include information about important events which the provider is required to send us by law. The registered manager had completed a Provider Information Return [PIR]. We used the information the provider sent us

in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection-

We spoke with both providers, one of whom was the registered manager, the deputy manager, one nurse, the activities coordinator, an art therapist, one cook, three care staff and six people using the service.

We reviewed a variety of records which related to people's individual care and the running of the service.

These records included care files of five people using the service, four staff employment records, staff training records, medicines administration records and a range of quality monitoring records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with three people's relatives and one social care professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse and the risk of avoidable harm. One person told us, "I feel safe because it's a safe place to be." People's relatives told us they felt people living in the home were safe.
- Staff received training in safeguarding people. This supported them to understand the different types of abuse people may experience. Staff knew they had a responsibility to report concerns to the registered manager and to external bodies including the host local authority and CQC when needed.
- Staff told us that they worked well as a team but would not hesitate to report any poor practice to the management team, so people were protected.

Assessing risk, safety monitoring and management

- Systems to keep people safe and to assess and manage risks were in place. People had health and safety risk assessments that were personalised. These included risks of smoking and going out alone. Risk assessments included guidance and management plans to minimise the risk of people and staff being harmed.
- Staff knew that they needed to report any concerns to do with people's safety to the registered manager. Health and safety matters had been regularly discussed with staff and people.
- Service checks of the gas, electrical and fire safety systems were carried out as required.
- People and staff took part in regular fire drills, and fire safety was regularly discussed with them. People had personalised plans to show the level of support they may need in case of an emergency such as a fire.
- A window in the top floor bathroom had no restrictors in place, which could be of risk to people's safety. This was addressed promptly by the maintenance person.

Using medicines safely

- The home had a medicines policy which covered the recording and safe administration of medicines. Nurses administered people's medicines. We saw people's prescribed medicines administered safely.
- Protocols were in place providing detailed personalised information regarding the administration of 'as required' medicines.
- Auditing of medicines including stock checks took place regularly to check that people's medicines were managed and administered safely.
- One person told us, "I have been explained everything about the medications I take." Another person told us, "The staff give me [my] medication on time."

Staffing and recruitment

- Staff employment records showed that appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. The service had policies and procedures to support this process.
- We observed staff had time to spend talking with people. They provided assistance when people needed it. Staff told us they felt there were enough staff to safely meet people's needs.
- People told us that they felt there was enough staff on duty. One person told us "24/7 a lot of staff".

#### Preventing and controlling infection

- The home was clean and free from unpleasant odours. Domestic staff supported the staff team to ensure that the home was kept clean. People told us, "They clean every day," and "[It's] always clean, every day they clean, I can't fault them it is very clean."
- Protective clothing, including disposable gloves, were available to staff to use when needed, such as when supporting people with their personal care needs.
- Training records confirmed that staff had completed training on infection control. Guidance about good handwashing techniques was displayed in bathrooms. We saw staff washing their hands.

#### Learning lessons when things go wrong

- There were systems in place to ensure appropriate actions would be taken following any incidents and to ensure lessons were learnt when things go wrong.
- Learning from incidents and accidents was shared with the staff team, and action was taken to minimise the likelihood of similar incidents happening again. In response to one person acquiring a pressure ulcer, people's care plans and risk assessments had been reviewed and updated to minimise the risk of them being harmed by acquiring one.
- At the time of the inspection a formal regular written analysis of incidents, accidents and complaints to identify any patterns and trends and to help prevent similar events being repeated was not in place. The registered manager told us that this would be put in place.



# 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 good. At this inspection this key question has remained the same. 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

- People's needs were assessed with their involvement before they moved into the home. This provided information about the care and support each person needed and wanted. Assessments included details about people's medical histories, preferences for care, routines, faith and other needs that were important to the person.
- People's care and support plans were developed from this assessment information and provided staff with the details and guidance they needed to ensure people received personalised care and support.
- People's care was reviewed on an ongoing day to day basis and during regular formal meetings with those involved in their care. Changes in people's needs were identified and recorded in their care records. This information was shared with staff to enable them to provide effective care and support.
- Records of people's 'monthly reviews of their care showed that people had been asked for feedback about their experience of their care.

Staff support: induction, training, skills and experience

- People received the care and support they needed from competent staff who had an induction, training and experience they needed to carry out their responsibilities in meeting people's needs.
- A nurse told us they were provided with the support they needed to maintain their registration to practise and remain competent in their role.
- Staff told us that were well supported by the registered manager and other management staff. Records showed that staff had received regular supervision and appraisal of their development and performance.
- Feedback from relatives informed us that they found staff to be knowledgeable about people's needs and experienced in carrying out their roles and responsibilities.

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

- People's nutritional and dietary needs were assessed and monitored. Guidance had been sought from relevant healthcare professionals when required. For example, one person had been referred to a dietitian when they had lost weight.
- The cook was knowledgeable of each person's dietary needs and preferences. They provided us with examples of having cooked another meal for people when they had not wanted the meal from the menu.
- The cook told us that they asked people for feedback about the meals and had made changes to the menu in response to that feedback. They informed us they would in future record people's feedback about the meals and how they had been responsive to people's views by making improvements to the menu.
- People had a choice of meals. Snacks were available at any time. We saw people being offered a choice of

meals and drinks. People told us they liked the meals. They made hot and cold drinks whenever they wanted them. One person told us, "I have a choice."

- Lunchtime was a relaxed and social occasion where people engaged with staff and others. People chose what they wanted to eat and told us they enjoyed their meal.

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

- The staff worked effectively with other agencies to ensure people received the care they needed. People were supported to access a range of community healthcare services as part of preventative care and treatment. These included; doctors, psychiatrists, dentists, chiropodists, opticians and tissue viability nurses.

- One person attended a health appointment during the inspection. Another person confirmed that they received the support they needed to attend their healthcare appointments.

- People's had pressure relieving equipment in place and their skin condition was monitored. Risk assessments were in place to minimise the risk of pressure ulcers.

- There was detailed information in people's care files to inform staff about people's health. A dental hygienist had visited and reminded people to regularly brush their teeth. However, there was little information and guidance in people's personal care plans about supporting people with their mouth care needs. The deputy manager told us that this would be addressed.

- People were encouraged to keep active. Several people went out for walks in the local community.

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

- Since the last inspection improvements had been made to the environment. These included redecoration and refurbishment of communal areas and the construction of an ensuite bathroom for one person using the service. One person's relative told us, "The physical aspect of the home is better now."

- One relative spoke positively about a person having had their bedroom recently redecorated

- A local authority commissioner and relatives told us that they acknowledged the environment was more agreeable but felt that further improvements could be made. The management team told us they were committed to the continuous improvement of the premises.

- A person spoke positively about their bedroom, which they had personalised with items and objects of their choice. Other people commented, [I have a] "very comfortable and private room," and "I feel this is my home, my room is the way I like it."

- Picture signs on room doors including bathrooms helped people and visitors identify their purpose.

- Handrails within the home supported people's mobility. Some people were wheelchair users. They had bedrooms on the ground floor, and ramps enabled them to access the garden and other areas of the home.

- The garden is well presented with flowers, garden furniture, barbeque and smoking area.

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.

- Staff involved people in all decisions about their care and people's rights were protected.
- Staff knew that if the service was concerned about a person's capacity to make decisions, they would ensure that the least restrictive option would be made in the person's best interests by those involved in their care.
- People's capability and competence in going out alone had been assessed. Risk assessments identified any risks to people's safety and guidance helped to minimise the risk of people being harmed when accessing community facilities.
- The registered manager knew when they needed to make a DoLS application. At the time of the inspection there was one person who had a DoLS authorisation, because they needed to be accompanied by staff when going out
- Staff told us they always asked for people's agreement before providing them with assistance.

# 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

- Staff engaged with people in a sensitive and friendly way. People told us that staff were kind to them. One person spoke positively of the care home and told us, "This is my home." Other people commented, "I am very happy here, they [staff] are very good," and "They take good care of us. They treat me very well." "They are very caring and patient."
- One person's relative told us, "Staff engage nicely. People seem to be looked after well. I have never seen any poor treatment."
- People received support from staff who knew them well. Staff had a good understanding of the importance of respecting people's differences. They knew how to support people's diversity including their religious, sexuality and cultural needs. One person regularly attended a place of worship.
- Staff told us they had spent time speaking with people to get to know about their interests and preferences as well as their background and any challenges they might have confronted. This helped them to understand people's individual needs, so they could provide effective care.
- Staff spoke positively about their jobs and of their enjoyment and satisfaction of caring for people. Comments included, "I love working here," and "I love my job."

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

- People were supported to express their views and were fully involved in making decisions about their care. One person told us, "They are very caring, they helped me a lot and talk to me, one of the nurses is like my sister."
- People had the opportunity to take part in resident community meetings and one to one meetings with staff. These meetings helped to keep people informed of forthcoming events and gave them the opportunity to be consulted and make suggestions about their care and other needs.
- People made choices about all areas of their lives including how they spent their day. We heard staff asking people what they would like to eat and if they would like to participate in an activity. Staff respected the choices people made.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. When people wanted to spend time alone, this was respected. Staff knocked on people's bedroom doors and waited for the person to open the door. One person told us, "They [staff] respect my privacy."
- Details of advocacy services were displayed. The deputy manager told us that people who required this additional level of support would be supported to access these services. An advocate can help people who

have difficulty making decisions by supporting them to communicate their views and wishes.

- Staff understood the importance of confidentiality. They knew not to speak about any person unless they were involved in the person's care. People's care records were stored securely.
- People were supported to do things for themselves. Facilities were available for people to make themselves drinks and snacks and people were encouraged to wash themselves when being assisted with personal care. One person spoke of vacuuming their bedroom and cooking. They told us, "They [staff] help me to Hoover my room, [and] to make pancakes."

# 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

- People's care and support plans detailed their individual needs and preferences and included personalised guidance about how staff needed to support them. This information was shared with staff to help them to provide people with effective care and treatment.
- Staff were familiar with people's care plans. They knew people well and were knowledgeable about each person's preferences, routines and needs. They were able to tell us about the support each person wanted and needed and how this was provided. One person told us, "[I] have a care plan, we talk about it."
- Detailed handovers between staff took place during each shift. This helped ensure staff were provided with the information they needed to provide people with effective care and support. People and relatives told us that communication with staff was good.

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.

- People's individual communication needs were described in their care plans. Care plans included personalised guidance for staff to follow to meet those needs.
- The deputy manager told us that all the people using the service could read and if anyone did move into the home who needed information to be provided in formats such as pictures, this would be arranged.

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

- People received the support that they needed to maintain and develop friendships and relationships with people. People's relatives told us they visited at any time and were always welcomed by staff.
- Staff told us that due to people's mental health needs it was sometimes difficult to motivate people to go out and take part in activities. The activities coordinator with staff encouraged people to follow their interests and take part in activities of their choice to promote their well-being.
- The deputy manager told us that they spent time looking for activities that matched people's interests. People who were interested in art and painting participated in art sessions. One person spoke of enjoying these activities and showed us the paintings they had completed. Another person who had gardening knowledge and skills had helped to maintain and improve the garden. They spoke positively about their participation in that task.
- We saw staff spending time participating in one to one activities with people. One person played some

games of dominoes with a member of staff.

- Throughout the inspection people went out into the local community. Some people did some shopping. One person told us, "I go out at least once a week, to the park, [and] shops to buy trousers." Visits from a local library took place.
- One person told us they would like to go to a football match. Comments from other people included, "I go out with staff sometimes, but I want to go more, I go out once a week", "I can go out any time I want to on my own," "I want more activities, [and] opportunities to go out" and "We play cards, dominoes, monopoly".

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure. People were given opportunities to raise any complaints or concerns. They confirmed they understood how to make a complaint. One person told us, "Yes, I go to staff to complain. They [staff] listen to me." However, some people told us they felt that concerns they raised about other people's behaviour that impacted on their life were not taken as seriously as they wanted. This was discussed with the management team who told us they would look at ways to develop and improve their response to people's concerns.
- Relatives told us that they felt listened to and any issues raised by them were addressed. One person's relative said, "You can speak with them [management team] at any time."
- Care staff knew that they needed to report all complaints and concerns to the registered manager.
- The complaints log showed that management had been responsive in addressing complaints brought to their attention by local authorities. However, there were no records of people having raised any complaints directly to staff, despite people having told us they had raised some issues with them. Management told us they deal with concerns as they arose but would make sure in future these actions were recorded as complaints.

We recommend the provider consider current guidance on managing and responding to people's complaints and take action to update and develop their practice accordingly.

End of life care and support

- At the time of the inspection the nursing home was not providing end of life care and support.
- The management team told us they would work closely with community health and social care professionals and where applicable people's relatives if a person was identified as having a life limiting illness or were reaching the end of their life.
- Some people had communicated their end of life wishes which included their preferences including their wish to remain in the care home at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was experienced, and clear about their role and responsibilities. They knew when they needed to inform us of incidents and other significant events. One person told us, "Good management, I can talk to them about anything."
- Systems and processes for monitoring the quality and safety of the service provided to people were in place. A range of checks were carried out. Records showed that where shortfalls had been found action had been taken to address them. An action plan showed that a schedule was in place to drive forward improvements.
- Checks had been carried out in response to people's feedback. When one person had told them that they had not received a hot drink at night, the deputy manager carried out a spot check and found no issues of concern.
- The management team were responsive to our feedback about developing and improving the management of complaints and reviewing incidents regularly to identify patterns and trends.
- Staff told us there was good communication between staff about the service and people's needs. They told us they felt supported by the registered manager and the management team, who were approachable and had a visible presence in the home.
- There was an on-call system. Staff were aware of who they could contact if they required guidance or advice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team had an open-door policy. Relatives told us that the registered manager and other management staff were approachable and kept them informed about any changes in people's needs.
- When things went wrong, the management team completed an investigation and shared the findings and lessons learnt with staff and where applicable others involved in people's care.
- People were kept informed of changes within the service and were involved as fully as possible in their care. People told us that the home was, "Very well run" and "I will definitely recommend this house. For a lot of people will be heaven."
- The deputy manager told us they attended external meetings, forums and internal meetings where they shared information and good practice. They kept up to date with legislation and current guidance. For example, the coronavirus pandemic and its impact had been discussed with people and staff.



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

- During regular resident community meetings people had the opportunity to engage and be involved in decisions to do with the service. One person told us, "[In] community meetings, we talk about safeguarding, no smoking in the rooms, menus, about a lot of stuff."
- Staff meetings provided staff with opportunities to discuss the service provided to people and share best practice.
- Satisfaction surveys was used to seek feedback about the service and an action plan was taken to make improvements in response to any issues identified by people and their relatives.
- People's relatives spoke highly about the care and support people received. They told us, "I am very happy with the care," They [management team] are very open and nice," "I am made to feel welcomed when I visit" and "They [staff] would let us know if [person] was unwell."

Continuous learning and improving care; Working in partnership with others

- The registered manager and the management team worked with health and social care professionals to ensure the home delivered good quality care. A health and social care professional spoke positively about communication with the service.
- The deputy manager told us that efforts were being made to develop and improve links with the local community.
- The management team took advantage of training opportunities provided by the local authority to help ensure staff had the learning and skills to provide people with the personalised care they needed.