

Rainbow Personnel Limited

Rainbow Living

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 Living is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both younger and older adults. Packages of care varied from a few hours per week to 24 hours support. At the time of inspection five people were using the service.

Not everyone using Rainbow Living receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service: At this inspection we found the evidence the service met all the characteristics of Good in all areas inspected. More information is in the full report.

People told us they felt safe and were well-supported. There were sufficient staff hours available to meet people's needs in a safe and consistent way, and staff roles were flexible to allow this. Staff had received training about safeguarding and knew how to respond to any allegation of abuse.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed along with regular supervision and support. The service assisted people, where required, in meeting their health care and nutritional needs. Staff worked as a team and with assistance from other professionals when necessary, in co-ordinating people's care.

Staff had developed a good rapport with people, were patient and caring in their approach and treated people with kindness and respect.

Systems were in place for people to receive their medicines in a safe way. Robust risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People were involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There were opportunities for people, relatives and staff to give their views about the service. Although formal questionnaires had not yet been sent due to the infancy of the service, management ensured contact with people and their families on a regular basis, seeking their views and input.

People knew how to make a complaint, although no formal complaints had been made to the service. There was an effective complaints process in place to deal with any complaints that might be raised in the future. People and their relatives told us they were satisfied with the care provided. They said that there was good

communication between themselves and the service.

The manager undertook a range of audits to check on the quality of care provided. Plans were in place to grow the service at a steady pace. We received positive feedback from everybody we spoke with about management and leadership within the service.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their responsibilities to share any concerns about the care provided. Staff told us they could approach the registered manager and other senior staff with any concerns they had about their work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This was our first inspection of the service.

Why we inspected: This was a planned inspection to award the service its first rating.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 well-led

Details are in our well-led findings below.

Good ●

Rainbow Living

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. CQC does not regulate the buildings in which people live, therefore this would not form part of our inspection. It provides a service to younger and older adults. At the time of inspection five people were using the service.

The service had a manager registered with the Care Quality Commission at the time of inspection. The manager, when registered, 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 24 hours' notice of the inspection visit because it is a small service. We needed to be sure that the manager would be in the office. Inspection activity started on 6 March 2019 with a visit to the office location. We made telephone calls to people, staff and relatives on 7 March 2019 and visited one person using the service on 8 March 2019.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service such as any notifications submitted by the provider. A notification is information about events which the provider is required to tell us about by law. We contacted commissioners to seek their feedback. We received no information of concern.

During the site visit we spoke with the manager, the operations director and the care co-ordinator. We

reviewed a range of records. These included two people's care records. We also looked at three staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. After the site visit we spoke with one person and two relatives of people who use the service and two support workers.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. They had a good understanding of safeguarding. They had access to a whistle blowing policy which detailed how to report any concerns. Staff told us they would report any concerns to the manager.

Assessing risk, safety monitoring and management.

- Risks to people's health, safety and well-being and any environmental risks were assessed and measures put in place to remove or reduce the risks.
- Information from risk assessments was transferred to people's care plans. For example, it was a risk to expose one person to noisy environments and the care plan indicated appropriate activities such as long, rural walks, trips to the park and car journeys.
- Risk assessments were reviewed or added to ensure they reflected people's changing needs. One person had not needed help with personal care initially but this had changed. A risk assessment had been updated to reflect this.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed.

Staffing and recruitment.

- Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. One staff member said, "There are enough staff. I get enough time to read care plans and provide support." The provider had an on-going programme of staff recruitment and retention. The manager told us they only took on people's care packages if the service had the capacity to meet needs safely.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed.

Using medicines safely.

- People received their medicines in a safe way, where support was required.
- Staff received medicines training and systems were in place to assess their competencies.

Preventing and controlling infection.

- Measures were in place to reduce the spread of infection. Staff told us they received training about infection control and regular infection control audits were carried out. People and relatives told us disposable aprons and gloves were available and used appropriately.

Learning lessons when things go wrong.

- People were supported safely as any incidents could be recorded. There had been no accidents since the

service started to provide care for people, however processes were in place to record these should they occur. We could see what action would be taken in the event of an accident, incident or serious injury.

- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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.

Good: 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 received appropriate care and support.
- Care included support for all areas of assessed need.
- Assessments carried out to identify people's support needs were thorough and detailed. They included information about people's medical conditions, eating and drinking requirements and other aspects of their daily lives.
- People wanted to achieve desired outcomes from the support provided by Rainbow Living and care plans documented how the service was helping people achieving these.

Staff support: induction, training, skills and experience.

- Staff received training to help them carry out their role. Staff received training relevant to the role and also bespoke training around individual needs. The service had recently taken on an emergency package and had worked with a previous provider and health professionals already involved to make the change as smooth as possible for the person.
- One staff member described the training as 'intense' but necessary, so that the staff team knew the person's specific care and support routines and could support them effectively.
- New staff completed a comprehensive induction and worked with more experienced staff members to learn about their role. Three people new to care were signed up to undertake the Care Certificate.
- Staff had the opportunity for regular supervision and plans were in place to undertake appraisals with staff after the completion of one year's employment. Staff told us they felt supported.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff had developed links with health care professionals to help make sure people received holistic and effective care.
- Assessments had been completed for people's physical and mental health needs.
- Staff followed professional's advice to ensure people's care and treatment needs were met.

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 with appropriate legal authority.

Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.

- Staff were trained in the MCA and understood the implications for their practice. Consent was obtained from people in relation to different aspects of their care.
- Some people were subject to court of protection orders, as they did not have capacity to make certain decisions about their care and treatment.
- The Court of Protection will consider an application from a person's relative to make them a court appointed deputy. They would be responsible for decisions with regard to the person's care and welfare and finances where the person does not have mental capacity.

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

- People were supported with their food and drink where this was needed.
- Staff supported people with the preparing of their meals and drinks and care plans where required, described people's eating and drinking needs, and food likes and dislikes.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to maintain their health and well-being.
- People were registered with a GP and received care and support from other professionals, such as the district nursing service and occupational therapists.
- Records showed there were care plans in place to promote and support people's health and well-being.

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.

Good: 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 were provided with kind and compassionate care. People and their relatives were all very positive about the care provided.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as individuals.
- Staff understood their role in providing people with effective, caring and compassionate care and support.
- People and their relatives told us no calls had been missed.
- Professionals we contacted considered staff went 'above and beyond' in their role. They described staff as being patient, kind, enthusiastic and creative in their approach.

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

- Guidance was available in people's care plans which documented how people communicated.
- Information was accessible and made available in a way to promote the involvement of the person.
- Records gave guidance about people's daily routines if they were not able to tell staff themselves. For example, 'one page profiles' outlined to staff what was important to the person; what to appreciate about the person and how best to support the person.
- People and relatives were consulted about people's care and involved in their decisions.
- No-one was using an advocate at the time of inspection. The manager was aware of the local services that were available should these be needed in the future. Relatives were available to advocate on behalf of some people.

Respecting and promoting people's privacy, dignity and independence.

- People and their relative's all told us that privacy and dignity were respected by staff when providing support for people.
- Care plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy and dignity.
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves. One person told us, "Staff tell me what they are doing. They chat to me. I can wash my own body – with a flannel and soap."
- Staff were aware of the need for confidentiality and explained how they would uphold this with their work practices.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were developed from assessments that identified people's care and support requirements. These were carried out before the service provided care and support to ensure people's needs could be met safely.
- The service could demonstrate that it had worked with a previous provider to ensure that care and support remained consistent. This was important for the individual.
- Care plans were reviewed regularly and when a person's needs changed. Care plans reflected people's current needs.
- Care plans took account of people's likes, dislikes and preferences. Care records were bespoke and detailed so staff had clear information about how best to support the person, in the way they wanted and needed.
- Staff realised the importance of daily routines for people. One person liked to have daily baths. The member of staff told us, "It's good for [person's name] – it makes them feel like they're in control."
- Relative's and people told us on-going communication with workers was effective to ensure people's needs continued to be met in accordance with their wishes.
- Care plans contained information about people's communication needs and if they required the use of any equipment. The service had worked on producing social stories to communicate specific events, such as having an operation and moving home.
- People were supported to access the community with either one or two members of staff for support. Professionals we contacted spoke highly of the service and the positive, patient approach showed by staff. One person was accessing the community for the first time in a long time due to the rapport built up by staff.

Improving care quality in response to complaints or concerns.

- A complaints policy was available. No complaints had been received. A relative we spoke with told us they knew how to complain and would speak with the manager or the senior support worker in the first instance. They considered that things were 'running smoothly'.

End of life care and support.

- At the time of the inspection no person was receiving end-of-life care. The registered manager did not feel that staff currently had the appropriate expertise to safely support people approaching end of life. This was an area for development in the future.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service was well-led. The registered manager was also the nominated individual for the provider service. They told us they were planning to appoint an existing member of staff to the role of registered manager in the future.
- The manager had introduced new documentation and care plans were person-centred to ensure people received individualised care and support.
- People, their relatives and health professionals we contacted were positive about the service provision. One relative commented, "Staff seem proactive; that impresses me. It's reassuring."
- The manager understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required. They understood the duty of candour responsibility. This is a set of expectations about being open and transparent when things go wrong.

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

- People, relatives and staff told us the manager was approachable.
- The manager worked well to ensure the effective day-to-day running of the service. We saw the service was working to an action plan with timescales for completion. For example, a formal survey was due to be distributed to all in April 2019.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a range of weekly, monthly, and quarterly checks. They included medicines, health and safety, infection control, accidents and incidents, complaints, and electronic and hard copy care plan information.
- Spot checks took place to gather people's views and to observe staff supporting people.
- Social care professionals we contacted were extremely complimentary about the service and provided the following comment, "The communication from the team is fantastic. They are very thorough with their paperwork and have a very good understanding of all relevant laws and legislations."

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

- Staff meetings were held regularly. Although the current staff team was small, formal meetings were held to provide opportunities for staff to feedback their views and suggestions.
- Staff told us they were listened to and it was a good place to work. One staff member told us, "I contribute fully to the service. My ideas are listened to and taken on board."

Continuous learning and improving care.

- The registered manager was keen to grow the service whilst keeping up-to-date with best-practices in care. The registered manager was looking to source additional training to ensure staff were skilled and competent. Staff were seen as an important commodity, one to be invested in.

Working in partnership with others.

- Staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and so that they could receive appropriate care and treatment.
- A Quality Assurance questionnaire had been devised to be issued to healthcare professionals.
- The service was planning to meet with local authority commissioners and link in with local housing organisations to promote the service.