

Rainbow Care Services Ltd

Rainbow Care Services Limited - 2a Kempson Street

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 07 April 2016 and was announced.

Rainbow Care Services provides care to people in their own homes. There were 27 people who used the service at the time of our visit.

A registered manager was in post and she was available during the inspection. 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.

At the previous inspection on 25 June 2015, we found the provider had breached four regulations of the Health and Social Care Act 2008. We asked the provider to take action to make improvements to the areas of medicines management, staff knowledge and skills and good governance. We received an action plan in which the provider told us the actions they would take to meet the relevant legal requirements. At this inspection we found that improvements had been made in most areas, however, more work was required in the areas of staff knowledge, skills and relevant training.

Systems were in place to manage and monitor medicines safely. The provider had arrangements in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. Staff had some understanding about safeguarding and relevant training had been booked for staff to attend. Risks to people's needs had been identified and managed appropriately. People's needs were assessed and all documents completed. Staffing levels were sufficient to meet people's needs.

People felt staff were skilled and knowledgeable when they provided care. Staff training had not been fully completed as per the provider's action plan dated October 2015. The Mental Capacity Act 2005 had been followed. Staff were aware of people's capacity to consent to care and support, but staff had not received up to date mental capacity training. People's nutritional needs were met. People were supported to have sufficient to eat and drink and maintain a balanced diet. People were supported to maintain good health and referrals were made to other healthcare professionals when required.

People developed positive relationships and received care from kind and respectful staff. People were happy with the care provided by their individual staff members. People were involved in decisions about their care. People's dignity and privacy was respected.

People received care that was appropriate and relevant for their needs. People's preferences about their care, routines and wishes were taken into consideration. People were listened to and knew how to raise concerns and complaints. People received relevant information to help them make appropriate choices about how they wanted to receive their care and support.

People were supported to express their views about the service and the care they received by completing a service questionnaire about how the service was run. People had access to an advocacy service, or appropriate information to support them to make informed choices. There were systems in place to monitor and improve the quality of the service provided.

Overall, we found shortfalls in the care and service provided to people. We identified one continuous breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Medicines were managed well and records identified that people were receiving them as prescribed.

The provider had taken steps to ensure people were safe.

Staffing levels were sufficient to meet people's needs.

Recruitment processes were in place to ensure as far as possible suitable staff were employed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective?

People received effective care relevant to their needs.

Staff sought consent before providing care; People's decisions had been assessed.

Staff were not fully supported to undertake relevant training associated with their job role.

People were supported to eat and drink and systems were in place to make sure they had sufficient food and drinks to meet their needs.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and in a respectful manner by caring staff.

People felt they were listened to and received sufficient information about the service. Advocacy information was available and shared if needed.

Is the service responsive?

Good ●

The service was responsive.

People felt staff would respond to their needs, but they were not confident this would always be in a timely manner.

People felt they were at the centre of the care they received. People felt staff focused on their needs and them as an individual.

People were aware of how they should raise a complaint or concern.

Is the service well-led?

Good ●

The service was well-Led.

People received information on how the service was run.

The monitoring systems in place were consistent and effective to ensure the service run smoothly and people received the care that reflected their needs.

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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 was planned to check 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.

The inspection took place on 07 April 2016 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to give the provider an opportunity to make members of the management team and staff available to talk to us.

The inspection team consisted of one inspector and an Expert by Experience who contacted people who used the service by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law.

We spoke with seven people and two relatives for their experience about the service. We spoke with two care staff; we also spoke with one senior care staff, the provider's representative and the registered manager. We looked at some written information, which included four care files, three staff files and relevant management files.

Is the service safe?

Our findings

During our previous inspection on 25 June 2015 there was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safeguarding service users from abuse and improper treatment. The provider had not taken appropriate steps to ensure people were safe because staff had not had up to date training in how to protect people from abuse and harm. At this inspection on 7 April 2016 we found that improvements had been made in this area and the regulation had been complied with.

People told us they felt safe with the service and the staff who cared for them. One person said, "They [staff] know I'm frightened of slipping [in the shower]. They make sure I'm safe." Another person said, "Oh yes, I've known them for a long time. I trust them. I've no worries." A third person said, "Yes I'm safe. Absolutely, they're a fantastic bunch of ladies." Two relatives told us they felt their loved ones were safe. Staff we spoke with described the procedures they followed to ensure people were kept safe and protected from abuse. The provider told us they had completed a full audit of safeguarding training. They identified individuals who required refresher training in this area. New staff had received relevant safeguarding awareness training when they first started with the agency. Dates had been booked for all other staff to receive safeguarding refresher training. The provider had put systems in place to monitor staffs competencies in the delivery of care to ensure they were completing this in a safe way.

During our previous inspection on 25 June 2015 there was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to people who required support to administer medicine, such as when their family member was unavailable, had not always received this support in a safe way. At this inspection we found that improvements had been made in this area and the regulation had been complied with.

Most of the people we spoke with administered their own medicines. One person said, "Rainbow Care Services staff give me my medicines." Another person told us, "The care staff give me my tablets." Two relatives both told us they took overall control and responsibility for their loved ones medicines. One relative said, "I deal with the medications on the whole. There are times when the care workers do it, but it's all properly recorded and there's never been an issue." Two staff we spoke with described how people received their medicines and how this was recorded on a medication administration record. (MAR) confirmed that the person had received the medicine as prescribed. The registered manager told us a review had taken place for the management of medicines. They had implemented new MAR sheets that were delivered monthly to the person's home or when any changes had occurred to the dosage of medicine the person received. This showed us the service were reviewing people's medicines and making changes as they occurred.

Each person had a medicine note file to help the management audit and monitor where medicines had changed to check staff were recording information correctly. However we found these audits had not been completed. We spoke with the registered manager. They actioned an audit of all medication records and forwarded us a copy. The audit had identified gaps where staff had not signed to say the person had received their medicine or the reason for the gap was not recorded on the reverse of the MAR chart. The

audit also identified where two signatures were required for hand written changes to prescriptions, but there was only one signature. We spoke with the registered manager and they told us they would address this immediately. The registered manager provided dates for staff to undertake further training in regards for medication.

Individual risks were identified and monitored on a regular basis to address themes and trends of any incidents that may occur. One person said, "I have not had any accidents. There have been a couple of near misses, but they have been avoided and things were put into place to mitigate the risk." Another person told us they had been visited by the agency staff to discuss and review their care needs to make sure any risk were kept to a minimum. Staff we spoke with confirmed people's needs had been assessed for risks that may occur. The registered manager told us they had revised their risk review process. People's care files contained relevant records of their individual injury and accidents. Assessments of risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed. Monthly risk assessments were in place and identified any issues or concerns. We found on one person's care file that a risk assessment had been completed, as there was a danger and risk to their wellbeing if they used electronic equipment. This showed us the provider assessed and monitored risk and mitigated risk that may occur to ensure people were kept safe.

People did not raise any issues about the staffing levels. One person said, Sometime ago the service was unable to find enough staff, but it is a lot better now. They told us it had happened occasionally, but is very rare and not an issue. One staff member told us the service could always do with more staff. This was to make sure all the shifts were covered when colleagues were absent and other staff had to pick up the extra care call. Staff did confirm that staff were deployed appropriately and that they had the experience to care for people. There were systems in place to monitor the staffing levels and make sure all geographic areas were covered. The registered manager told us they had a full complement of staff as they had just recruited two new members of staff.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks such as, references and checks relating to criminal records had been carried out to ensure the staff member was safe to care for people in their own homes before they started work. Clear staff disciplinary procedures were being followed where appropriate.

Is the service effective?

Our findings

During our previous inspection on 25 June 2015 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns that staff had not received appropriate training. At this inspection we found that improvements had been made in this area, however more work was required and the regulation had not been complied with.

Staff we spoke with told us they had not attended any refresher training since their induction in regards administering medicines. They also told us they had not attended any specialist training, such as, dementia, diabetes or challenging behaviour, however they were supporting people with these conditions on a regular basis. When speaking with the provider's representative, checking staff records and the providers training programme we found most of the staff had not received any safeguarding or medication training updates since our last inspection in June 2015. The provider's representative told us they had booked some dates for staff to attend this training, but these were after our current inspection. The provider sent us an action plan that stated they would ensure all staff would have completed training for medicines and safeguarding by October 2015. We found this did not happen. This meant the provider had not adhered to their action plan within the time frame that they said they would. The provider also told us through their action plan that all relevant staff would have completed the Care Certificate (The Care Certificate is a nationally recognised set of standards for health and social care staff).by October 2015.However, we found this had not been implemented. The provider had not made sure that staff were suitably qualified, competent or skilled to carry out their duties.

This was a continuing breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People we spoke with thought staff were competent and when new staff were providing care to them they shadowed an experienced member of staff before they provided care independently. One person said, "I think they [staff] are well trained. They know what they are doing." Another person told us, "Trained, I would say yes. I could not fault the ones I have had." One relative said, Yes, I think so. The staff tells us about the training they do." They went on to say, "The other day when one of the staff had finished my relatives care needs, they told us they were attending the office for some moving and handling training." Two staff we spoke with confirmed they had completed moving and handling and safeguard training recently.

The providers representative told us where specific illness or conditions were identified staff were given a fact sheet that gave them information about the relevant condition. This was to ensure people with complex needs were supported and staff would have awareness to conditions, such as a stroke or diabetes.

The requirements of the Mental Capacity Act 2005 were being followed. When a person lacked the mental capacity to consent to their care and support a mental capacity assessment and best interest documentation had been completed where required.

People told us staff asked their permission and sought their consent before they provided care. We looked

at three care plans and saw people had given their consent by signing documentation to say they agreed to the care and support they received from the staff. Care plan reviews had taken place. Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area. One staff member described how they cared for a person with fluctuating mental capacity. They told us they had to encourage the person and remind them what they needed and how they were going to support the person. Staff we spoke with confirmed they had not received any training for the MCA. The provider's representative said that they were attending MCA training which was booked the day after our visit. They told us they would then cascade to other members of the team.

People told us that they had sufficient to eat and drink. One person told us they were supported by the agency regarding what food they should eat. The person told us the condition they were living with had made them have difficulty swallowing. They told us they had complained to the service that some of the food care staff prepared was not suitable for them to eat. However, they told us they got plenty to eat and was always given a drink with their meal. We spoke with the provider's representative and they told us they were addressing this issue. The provider's representative told us they completed spot checks of staffs performance. They said that during spot checks recently carried out they had identified staff required further training in how to prepare meals for some people. We saw peoples dietary needs were recorded on their care plans. This identified what support people required. We saw relevant referrals were made to the appropriate healthcare professional. We found recorded on one person's care plan that a referral had been made to the Speech and Language Therapy (SALT) team, as the person had difficulty with swallowing.

Staff told us they always encouraged people to have something to eat and drink at each call. One member of staff said, "When we make lunch we ask people what they would like. We give them a choice and monitor what they eat at each call to ensure they eat and drink sufficiently. If we find concern we record this in the daily notes and contact the office." The registered manager told us they did regular checks of people's daily records, and if they identified a person had lost or gained weight they monitored the situation by implementing a food or fluid chart.

People were supported by staff when accessing other healthcare professionals. One relative told us about an incident where the service contacted the paramedic, because their relation had slipped and fell. The relative told us they were happy with how the incident was responded to, recorded and where necessary other professionals were involved with the person's care. Care plans we viewed noted where other professionals had been contacted or involved with a person's care. This showed us referrals were made to the relevant health services when people's needs changed.

Is the service caring?

Our findings

People talked fondly of the staff that supported them on a daily basis. It was clear people had a good and positive relationship with the care staff that supported them. One person said, "They [staff] are absolutely wonderful. They are more like my friends." Another person told us, "Everyone [staff and the management] are very kind." A third person said, "Staff are kind and caring. We [the care worker and I] have a chat and a laugh." One relative told us the staff were very caring and kind. They said, "One day when I was not well the staff brought my relation a newspaper, as I was not able to visit that day. They are all very nice people."

People told us and records we saw confirmed people and their family had been involved with their care planning and had made relevant decisions about their care needs. People were aware that their care plan had been reviewed, as they talked about senior staff visiting them at home to discuss and review their care. We noted that care plans were reviewed on a regular basis to ensure people's needs were being met.

People received sufficient information about the service and how it was run. People we spoke with confirmed they had received a service user guide that told them about the service. We saw copies of the brochure given to people when they first used the service. This gave detailed information about what people should expect from the service. The guide gave information to people about advocacy services which could help them if they needed support or someone to speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. The person in charge told us they promoted advocacy services through their service guide. They said they would supply further information if asked and signpost people to relevant information.

People felt their dignity and privacy was respected. They also told us the staff called them by their preferred name. One person said, "They [staff] are very respectful. The first time they supported me in the shower, I was dreading it, but the staff were wonderful." The person went on to say that staff called them by their first name and knocked on their bedroom door before entering, which they were happy with. A relative told us that the staff had asked their relation what name they would prefer to be called by. They said, "They [staff] are definitely respectful. I do not think anyone [staff] has ever treated [name] without respect. Another relative told us, "They all love [name] and treat them with respect. They [name] are very well protected when they receive personal care. There are always plenty of towels to cover [name] to preserve their dignity and the staff always tells them what will happen next while they provide care."

Staff told us they encouraged people to do things for themselves, but always watched and oversaw to make sure when they required support they were there for them. One care worker said, "I always ask a person what they would like me to do and talk to them in a calm manner. We make sure people are covered up when we are providing personal care and never let anyone in to the room while undertaking this task."

Staff described how they treated people with respect and promoted people's independence. They gave people choices and respected people's wishes and decisions about their day to day care.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. People also told us they were able to stipulate whether they had a male or female member of staff to support them. One relative told us their relation preferred a female staff member. They went on to say, the person was very vocal if they did not want a certain staff member caring for them. The relative said, "It was usually obvious if they like the staff member or not. Rainbow Care Services are very flexible and respond if we need to make changes." A relative gave an example of when their relation did not want to go to bed at a certain time, so the rota was changed to accommodate their wishes. Another relative told us that the care package they received generally worked well and staff understood their relation and the complexities of their needs.

People were aware they had a care plan in place. One person told us a senior care worker visited regular to ask whether everything was alright. The person described how and where information was recorded. They said, "A senior care worker removes paperwork every two months, so they can make sure I have received my care on time." The person was aware that their care needs were monitored and told us changes were made to their care plan if and when required. Another person told us a member of the management team had visited them to check there were no changes to their care needs.

We received mixed comments about the times people received their call. People told us they understood that the staff may be late, if they had a delay from the person before them especially if the person was unwell. People said they received a rota of care each week, so they knew who to expect and what time they should arrive. One person said, "I normally add ten minutes to the time they should arrive, as they have so little time to get from one person to another. I have never had a missed call in four years. Normally they are on time. I have never been left without care." One relative said, "The times are not necessarily correct when they arrive. One week, the rota was nothing like the times or staff that supported me. I always get a full allocation of time and the girls with ask if I need anything else doing."

People told us they felt comfortable raising a concern. Some people told us they had no reason to complain, but would know how and who to contact should the need arise. One person told us the service user guide they had received recently contained a copy of the complaints procedure and what they should do if they had any complaints. One relative told us they were disappointed by a response to a concern they had raised some time ago, but did say things had improved since then.

Is the service well-led?

Our findings

During our previous inspection on 25 June 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the auditing of the service. Audits were not robust and had not identified or addressed shortcomings that we found during the inspection. At this inspection 7 April 2016 we found that improvements had been made in this area and the regulation had been complied with.

People were unsure if they had been asked to complete a questionnaire about how the service was run. Some people said they had, but this had not been recently. All the people we spoke with told us they received enough information about the service and an updated service user guide that contained a copy of the provider's complaints procedure. We looked at a copy of the service user guide and we saw appropriate information on how the service was run was provided. This included information about different advocacy services and how to contact other professional support. The manager told us they were in the process of sending a questionnaire to all the people who received support from the agency. This showed us the provider had provided people with up to date information on how people received their care and support.

Care plans were audited and reviewed every six months to ensure people received appropriate and relevant care. We saw care plan reviews had taken place and changes to people's needs updated.

We found audits had been carried out by the provider to monitor the service. There were procedures in place to review and improve the quality of the service provided. The provider's representative told us that they contacted staff via telephone and text to update them of any changes in people's needs. Staff we spoke with confirmed this. This showed there was monitoring systems in place, and the checks that were supposed to happen were implemented effectively.

We saw systems were in place to monitor and record concerns and complaints. The provider had complaints policies and procedures and staff had an understanding of what they should do if a person raised any concern or made a complaint to them. Staff told us they were aware of the procedure they should follow and who they should report to. The registered manager told us they had not received any concerns or complaints in the last 12 months. We found no complaints had been recorded in the complaints log in the last 12 months. We saw all calls in to the office were logged and minor concerns were dealt with immediately. Action taken was recorded but with limited detail. We spoke with the registered manager and they told us they would address this issue.

We asked people what action they felt would improve the service. One person said, "I have no complaints, I am quite happy with everything that they [the service] do for me." Another person said, "If I could improve anything, it would be to have a couple more staff in place." They went on to say, "The standard of care was very good. The staff are very respectful and professional." One relative told us they had used the service for many years. They said, "We have emails backwards and forwards, if I have any concerns they are quick to respond."

People told us they felt communication with the office staff was inconsistent. Two people felt there were some issues with communication with the senior management. They told us they had received no contact from them. A relative said, "Better communication with the office staff would help." They gave an example where they had raised a concern with the office. They told us they were unhappy that their relation received care from different member of staff. They felt there was no consistency and they wanted to know why. The relative said, "The response I received from the office was unsatisfactory. However, we are very satisfied with the support [name] now received, but went on to say, "The administration side of the service let them down." We asked the relative what they meant and they told us contact with the office and how they respond to people. The registered manager told us they had made some improvements in this area and gave us assurances this would continue to improve.

Staff we spoke with confirmed they received contact from the office and management to ensure they provided care and support to people who used the service. One staff member told us they had good support from the management team and communication had improved. Another member of staff said, "The staff structure has improved since your last visit." We found there were better strategies in place to ensure the service ran smoothly and a contingency plan had been implemented should any unplanned situations occur.

A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care. We found care files and staff files were kept securely and improvements had been made in this area.

We saw that conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 HSCA (RA) Regulations 2014.</p> <p>Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed and had not received appropriate support, training, professional development to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18</p> <p>(2)(a)</p> |