Rainbow Homecare Limited

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Inspection report

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Date of inspection visit: 22 April 2015
Date of publication: 20/05/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 22 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service met all outcomes that we looked at when we last inspected in October 2013.

The service provides support with personal care to adults living in their own homes. At the time of our inspection they were supporting 23 people with personal care. This included some people who were supported with end of life care.

The service had a registered manager in place. 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.

Not all staff had undertaken training about how to safeguard adults and robust systems were not in place for checking and monitoring money spent on behalf of people by the service.

Summary of findings

People told us they felt safe using the service. The service had a safeguarding adults procedure in place. Risk assessments were in place which provided information about how to support people safely. There were enough staff to meet people's needs and checks were carried out on staff before they began working at the service. People were provided with support to take medicines in a safe manner.

Staff received training and supervision to support them to carry out their role effectively. People were able to consent to care provided and the service supported people to make choices in line with the Mental Capacity Act 2005. People were supported to eat and drink in a way that met their individual needs. The service supported people to access healthcare professionals.

People said they were treated with dignity and respect. Staff had a good understanding of how to promote people's independence, choice and privacy. We saw staff interacted with people in a caring manner.

People told us the service understood their needs and how best to support them. The service carried out assessments of people's needs and care plans were in place. These were regularly reviewed. The service had a complaints procedure in place and people knew how to make a complaint.

The service had a clear management structure in place and people that used the service and staff said they found the registered manager to be approachable and accessible. Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

Summary of findings

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. Staff did not undertake regular training about safeguarding people and robust checks were not in place to monitor any monies spent on behalf of people.

Risk assessments were in place which set out how to reduce any risks people faced and the service did not use any form of restraint.

There were enough staff to meet people's needs. The service carried out checks on staff before they began working at the service such as employment references and criminal records checks.

Support to take medicines was provided in a safe manner.

Requires Improvement

Is the service effective?

The service was effective. Staff received training and supervision and they had an annual appraisal of their performance and development needs. This helped support them to carry out their role effectively.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

People were supported to eat and drink in a way that met their individual needs. The service supported people to access healthcare professionals.

Good

Is the service caring?

The service was caring. Staff interacted with people in a kind and caring manner. The service promoted people's privacy, choice and independence

Good

Is the service responsive?

The service was responsive. People's needs were assessed before the provision of care. Care plans set out how to support people in a personalised manner. Care plans were subject to regular review.

The service had a complaints procedure in place and people knew how to make a complaint.

Good

Is the service well-led?

The service was well-led. The service had a registered manager in place. People and staff told us they found the manager to be supportive and accessible.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Good

Rainbow Homecare Limited

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 was carried out by two inspectors. Before we visited the service we reviewed the information we already held about it. This included previous inspection reports, details of its registration and any notifications they had sent to CQC. We spent one day at the service's office where we spoke with seven staff including the registered manager, the care coordinator, trainer and four care assistants. We also examined various records including five sets of care records, five staff recruitment, training and supervision records, minutes of meeting and various policies and procedures including the complaints and safeguarding adults procedure.

We spent two days visiting people who used the service in their homes. During these visits we spoke with six people who used the service, three relatives and four staff all of whom were care assistants. We examined a further six sets of care records and medicine administration records at people's homes. We also observed how staff worked and interacted with people. After the inspection we spoke with a member of the local authority commissioning team that commissioned end of life care from the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and that staff knew how to support them in a safe manner.

The service had a safeguarding adults procedure in place. This made clear the services responsibility for reporting any allegations of abuse to the relevant local authority. The registered manager was aware of their responsibilities with regard to safeguarding adults. They told us there had not been any allegations of abuse since the previous inspection. Most staff were aware of their responsibility for reporting allegations of abuse but one staff member told us that it was not possible any staff would abuse people. The service did not provide training to staff about safeguarding adults except as part of the Common Induction Standards. This meant that most staff had not had any recent training in this area. We discussed this with the registered manager who told us they planned to address this issue.

The service spent money on behalf of people with their consent as part of people's support plans, for example doing shopping for people. The registered manager told us that staff were expected to get receipts and keep records of any money they spent on behalf of people. However, these records were not checked or monitored by any senior staff at the service which increased the possibility of financial abuse occurring.

Lack of staff training and knowledge about safeguarding potentially puts people at risk as does a lack of monitoring of monies spent by the service on behalf of people. This is a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had developed risk assessments for people. Assessments covered risks of falling, the physical environment, malnutrition and self-neglect. Most risk assessments included information about how to manage and reduce risks. However, the risk assessment for one person stated they were at high risk of vulnerability to infections and other external causes of illness but there was no plan in place about how to manage and reduce this risk. We discussed this with the registered manager who agreed there should be a plan in place for this and told us they would address this issue imminently.

The registered manager told us the service did not provide support to any people who exhibited behaviours that challenged others. They said they did not use any form of restraint when supporting people. Staff told us that promoting people's safety was a priority when providing care and explained how they did this. For example, they made sure there was a convenient place for people to sit and rest when walking to and from the bathroom if they needed it and checked the water temperature was not too hot before people had a bath.

The service carried out checks on staff before they began work. These checks included employment references, proof of identification and criminal records checked. This helped to ensure that staff were suitable to work with people that used the service.

People told us the staff were punctual and that they stayed for the full amount of time. One person who required two carers said they usually arrived within two or three minutes of each other. A relative of a person said, "They are good. I can plan my life around their times because I know they will be here at the right time." The amount of time care staff spent with people was negotiated between the person and the provider and based upon what level of support had been assessed as required by the NHS or local authority. Staff told us they had enough time with people to carry out the tasks set out in care plans. Staff also said they had enough time to travel from one person to another. One staff told us occasionally they got to a person's home a bit late but when this happened they stayed beyond their scheduled time to ensure the person got the full amount of time they had agreed with the provider.

People told us that staff always reminded them to take their medicines where this was required. Risk assessments were in place where the service provided support to people with taking medicines. These included information to help ensure medicines were given in a safe manner. Staff completed medicine administration records when they supported people to take medicines. We found that these were accurate and up to date.

Staff undertook training before they were able to provide support with medicines. Staff had a good understanding of issues related to medicines. For example, they were aware of what to do if a person refused to take their medicine or if an error was made whilst administering medicines.

Good

Is the service effective?

Our findings

Staff told us they had induction training before they began working with people. This included classroom based training and shadowing other staff as they worked with people. This enabled new staff to learn how to support individuals. The registered manager told us and records confirmed that staff who were new to working in care completed the Skills for Care Common Induction Standards. The registered manager was aware that this had been replaced by the Care Certificate from 1 April 2015. Records showed that staff had on-going training, including training about end of life care, health and safety, moving and handling and first aid. Staff said they felt they had adequate training to meet people's needs.

Staff told us they had regular supervision with a senior member of the staff team. They said they discussed issues relating to people that used the service, performance and training. Records confirmed that staff had regular supervision. Staff also had an annual appraisal of their performance and development needs which helped them to improve their performance.

People had signed consent forms to indicate they agreed with the contents of their care plan and that they gave staff their consent to provide the care and support detailed in care plans. People had also signed consent forms to agree to staff holding keys to their homes where appropriate.

The registered manager told us all but one person had capacity to make decisions for themselves and they were able to communicate their wishes to staff. Due to illness one person was no longer able to communicate their wishes effectively. They lived with a close relative and the relative was able to make decisions on behalf of the person. This meant the service did not make any decisions on behalf of people and that they were working within the spirt of the Mental Capacity Act (MCA) 2005. Staff were aware of issues relating to the MCA.

Some people required support with preparing and eating food. Where this was the case this was detailed in people's care plans. This showed that the service sought to meet people's dietary requirements. For example, care plans included information about people's food preferences and if they had any dietary requirements due to their culture or medical condition. One person's care plan included information about what food types they should eat to promote their health and help with their medical condition. Where people were supported with eating and drinking they were able to choose what they ate. A staff member who supported people to eat said, "I ask the person what they want for lunch." People confirmed they were able to choose what they ate. One person said, "They ask me each day what I would like to eat."

The service supported people to attend medical appointments. This was done in a personalised manner. For example, one person had a weekly appointment at a hospital which often left them feeling tired afterwards. The care plan said staff were to monitor this and support the person to rest at the hospital if required before making the journey home.

The service worked with other care and support agencies to help meet people's needs. For example, they worked with the occupational therapy team who provided training to staff about how to support one person to transfer safely from their bed to a chair. Another person had difficulties swallowing their medicines so the service contacted the person's GP service to change their medicines to liquid form. One person told us the service supported them with arranging visits from the district nurse and social worker.

Good

Is the service caring?

Our findings

People told us they were treated well by the service. One person said, “They are wonderful. I am happy with them.” People told us that they were able to choose their care staff, one person said, “I chose the carers. If I don’t like them or they don’t suit me I can change them.” This meant people were able to choose care staff that they felt comfortable with and that they trusted. A relative told us, “The carers are very good and calm. They talk to her all the time. The staff are sensitive to mum and get to know what she likes.” Another person said of the service, “Very caring agency, they really look after us. They respect me and I respect them.”

The service supported people to be independent. Care plans set out what areas of care people needed support with but made clear that people were to be supported to do what they could for themselves. Staff told us they asked the person what they wanted support with and people were then able to do what they could for themselves.

Care plans included information about people’s likes and preferences including what they liked to be called. One care plan said the person liked companionship and that staff should chat with the person. It gave personalised information about the person’s interests and topics staff should talk with them about. Care plans included information about meeting people’s cultural and social needs. For example, one care plan provided details about how to support the person to attend a place of worship each week. Other plans included information about supporting people to access community centres and the library in line with their preferences.

The provider had a confidentiality policy in place. This stated that confidential information held about people had to be stored securely and that staff were not permitted to discuss confidential issues relating to people unless authorised to do so. Staff had a good understanding of issues relating to confidentiality. This helped to promote people’s privacy. Staff were aware of the need to protect people’s privacy and how to do so. One staff member said “I always close the bathroom door when giving personal care.” Another staff member said, “If she wants to get changed I close the door and wait outside.” People were able to choose the gender of their care staff to help promote their dignity.

We observed that staff interacted with people in a kind and caring manner. People were seen to be at ease and relaxed in the company of staff. Where we saw support being provided this was done sensitively. For example, we saw a staff member supporting someone with their meal. Staff were sensitive to their nonverbal cues and chatted with the person about their day while providing support.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received and that staff understood their needs. One person said of their care staff, "He is very good. I know him well. He explains everything to me." Another person told us, "I choose the times the carer will come and she knows me very well about what I need." One person said of the two senior staff, "They are both very friendly they actively listen to you."

People had copies of their care plans in their homes and were aware of the contents of care plans. Care plans we looked at where in line with the care people told us they wanted.

The registered manager told us they met with people before they provided a service to assess the person's needs and determine if the service was able to meet those needs. They said they also met with family members where appropriate to help gain a full picture of the person and their support needs. Most of the people that used the service purchased their care through direct payments. The registered manager told us that people were able to choose to buy the care package they wanted. This enabled them to decide when they wanted their support provided and what they wanted the service to provide support with.

Assessments of people's needs had been carried out by the relevant local authority for those people on direct payments and by the NHS for those people receiving end of life care. The service had developed their own care plans which were based upon assessments provided by the local authority and NHS and on their own assessment and discussions with people that used the service. The registered manager told us care plans were reviewed a least annually or more frequently if there was a change in the person's needs. This meant the service was able to respond to people's needs as they changed over time. Records confirmed these reviews had taken place.

Care plans contained information about what support was to be provided to each individual and at what time they wanted support. They included information about personal care, eating and drinking and accessing the community. Plans were personalised around the needs of individuals. For example, the care plan for one person said they felt self-conscious about using a walking stick in the community and that staff needed to be sensitive to this.

The registered manager told us they sought to match care staff with people who they were best able to support. They said, "The main thing is a carer (staff member) that meets their (people that used the service) needs. That's the most important thing." For example, they said they sought to match staff with people who spoke a shared language or who understood their cultural background. Staff confirmed that they spoke a shared language with all the people they supported. This helped the service to meet people's needs with regard to communication.

The registered manager said once they had identified the right staff member to provide support to a person they went with them the first time the person and the care staff met. They told us this gave them the opportunity to see how they got on together and to gauge if it was a suitable match. The registered manager told us that two or three staff worked regularly with the same people. This meant if one care staff was unable to work they were usually able to replace them with another staff member who knew the person and had worked with them before. This helped to provide continuity of care. Information held by the senior staff that was on-call included information about which staff had worked with which people so if they needed to send a replacement carer at short notice they were aware of which staff would be most suitable. Staff said they worked with the same regular people so they were able to build up good relations with them. Staff told us if they had to work with a new person for the first time they read the person's care plan and spoke with the person, asking what they needed support with. People confirmed that they did have the same regular care staff.

People told us they knew how to make a complaint as it was written down in their folder. One person said, "If I complain or raise concerns they sort it out."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. People were provided with a copy of the complaints procedure. The registered manage told us this could be translated into languages other than English if required. Staff had a good understanding of how to respond to complaints made. The registered manger told us there had not been any complaints made since the last inspection.

Good

Is the service well-led?

Our findings

People told us the service regularly spoke with them about their care to check how things were going. One person told us that senior staff visited them every month to check that things were all right. Another person told us they were asked to complete a survey by the service to see if they were satisfied with the care provided. One person said of the registered manager, "She is very good to me. She is nice to talk to and it is easy to explain what you want."

The service had a registered manager in place and a clear management structure. Either the registered manager or the care coordinator were on-call 24 hours a day to provide back up and support as required. Staff told us whenever they had phoned the on call number it had always been answered promptly.

Staff praised the registered manager and told us they had fostered a good atmosphere within the organisation One staff member described Rainbow Homecare Limited as, "Absolutely perfect." Another staff member told us they found the registered manager to be accessible and approachable, saying, "She is a good manager. Any problems she listens and helps." Another staff member told us, "She (the registered manager) lets us know that if we have any problems we should call her right away, even at weekends or midnight." They also said, "I am really happy with Rainbow (Homecare Limited) and with my manager who is really helpful." One member of staff said they had difficulty getting from one person to another in the time allotted, they discussed this with the manager who changed the times to sort the problem out.

The registered manager told us and records confirmed that senior staff carried out spot checks at people's homes to monitor the quality of care and support provided. These looked at various things including the punctuality of the staff, whether or not paperwork was completed correctly, if people were treated with respect by staff, if staff checked their wishes before performing tasks, if they were satisfied with the support from the office and if they were notified in advance if there was a change of care staff.

The registered manager told us they routinely spoke with people and listened to their views. They told us they acted upon any concerns raised. For example, one person said they did not get enough hours of staff support to meet all their needs so the service worked with the relevant local authority to gain extra funding so the person's needs could be met.

The service carried out an annual survey to seek the views of people that used the service and their relatives. The survey asked about various elements of the service provided including how well care staff understood people's needs, if staff followed the correct procedures, if staff were polite and if people felt safe. The most recent survey took place in October 2014. Eleven completed surveys were returned and we saw these all contained positive feedback about the service. Comments included, "They meet my needs and the care staff speak my language so I am very happy" and "All your services are excellent."

The service held staff meetings every three months. Records of staff meetings showed performance issues were addressed, for example staff were reminded of the importance of completing log books in people's homes after each visit. At one meeting senior staff went through a list of do's and don'ts with regard to good practice. For example, care staff were expected to inform the office if there were any concerns relating to people but staff were not expected to carry out any tasks that were not detailed in a person's care plan. This helped to re-enforce good practice amongst staff.

The registered manager said they carried out various checks of records. For example, they checked people's files each month. This was to make sure everything was in place and up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People who use services and others were not protected against the risks associated with abuse because staff were not properly trained about how to respond to allegations of abuse and systems were not in place for monitoring and checking monies spent on behalf of people by the service. Regulation 13 (1) (2)