

Rainbow Of Care Limited

# Rainbow of care Ltd Agency

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Rainbow of Care Agency Ltd Agency provides personal care to people living in a supported living setting. People shared communal area's in the supported living setting, including the kitchen and lounge. Staff had an office and sleep in arrangements. At the time of the inspection site visit it was providing personal care to two people.

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

Recruitment procedures were not always thorough to ensure prospective staff were suitable to care for people receiving personal care in their own homes, because all the required pre-employment checks were not in. Full employment histories were not in place on the files we looked at. The registered manager agreed to follow this up and include this information on staff recruitment files.

The registered manager assessed people's needs before they used the service to ensure their needs could be met. Where risks were identified, risk assessments were not in place to manage these. Medication support plans did not provide information on the level of support people required with their medication to ensure this was provided consistently.

Staff understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people. When needed, people were supported to maintain their dietary requirements. People were supported to access healthcare services.

People's privacy, dignity and independence was promoted. 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 service supported this practice.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint and felt their concerns would be listened to and addressed. Staff thought the service was well run. Systems were being developed to monitor the quality of the service to enable the registered manager to drive improvements.

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

This service was registered with us on 10 October 2018 and this is the first inspection.

### Why we inspected

This was a planned first inspection in line with our inspection schedule. Though the service has been inspected it has not been rated because at the time of the inspection visit a limited service was being

provided, two people were receiving minimal support with personal care.

#### 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?**

Inspected but not rated.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Inspected but not rated.

Details are in our effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Inspected but not rated.

Details are in our caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Inspected but not rated.

Details are in our responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Inspected but not rated.

Details are in our well-Led findings below.

**Inspected but not rated**

# Rainbow of care Ltd Agency

## 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. Though the service has been inspected it has not been rated because at the time of the inspection visit a limited service was being provided, two people were receiving minimal support with personal care.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. 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.

#### During the inspection

We spent time with the registered manager during the inspection site visit and two directors. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

Following the inspection site visit we spoke with one person by telephone to ask about their experience of the care provided. We sought the views of three support workers by e-mail, we received responses from two of them.

# Is the service safe?

## Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

### Assessing risk, safety monitoring and management

- Risks to people had been identified but did not always contain guidance to reduce the risk of recurrence. For example, one person had been non-compliant with their medicines in the past. However, the risk assessment did not reflect what measures were in place should the person not take their medicines.

### Staffing and recruitment

- People's safety was not always protected by the provider's recruitment practices. We looked at the recruitment checks in place for two staff members. We saw they had Disclosure and Barring Service (DBS) checks in place. However, neither of the staff files contained full employment histories. This was discussed with the registered manager and director who agreed to take action and follow up the gaps in employment with the staff members.
- There were sufficient staff to support people. One person confirmed staff were available to support them as needed.
- The registered manager confirmed staffing levels would be monitored and the recruitment of staff would be ongoing to ensure enough staff were available to support people as the service grew.

### Using medicines safely

- Two people were supported by staff to take their medicines. One person stated, "The support workers help me take my medication."
- Where people required support with their medicines, support plans did not describe the actual level of support needed. This did not ensure people would be supported consistently with their medication. We discussed this with the registered manager who told us they would take immediate action and update support plans to contain this information.
- Staff who administered medicines had received medicine training, records we looked at confirmed this.

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

- One person told us they felt safe with the way they were supported by staff.
- Records showed staff had received safeguarding. Staff understood their responsibilities to report concerns.
- The registered manager understood their responsibilities to protect people from the risk of abuse and reporting concerns of abuse to the local authority safeguarding team and CQC.

### Preventing and controlling infection

- The service had an infection control policy in place. The registered manager told us personal protective

equipment such as gloves and aprons would be available if required.

#### Learning lessons when things go wrong

- The registered manager confirmed there had been no incidents or accidents since they had been providing a service.
- During discussions the registered manager demonstrated they understood their responsibilities to ensure accidents or incidents would be reviewed and appropriate action taken as needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- Before people used the service, assessments were carried out by the registered manager to ensure their needs could be met.
- The assessment process identified outcomes for people and how they would be supported to achieve these. For example, they included support to take their medication and gaining skills to live independently.

Staff support: induction, training, skills and experience

- The provider had training provision to support staff in their roles.
- Staff told us the induction and training they had received had been useful to support people. Records we looked at confirmed staff had received training
- Staff told us they felt supported by the registered manager and they received supervision. A staff member said, "If I need guidance or reassurance I can call the registered manager."

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

- Staff told us they supported people to purchase ingredients for their meals and people prepared their own meals.

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

- People were supported to access healthcare services. The service worked in partnership with other health and social care professionals.
- Staff supported people to attend health appointments. A staff member stated, "I have assisted a client when visiting the doctor to ensure the information given was understood by the client. Also, I ensured the client passed on as much information relating to their condition."
- People's care records contained a history of their health conditions and how these could impact on their wellbeing.

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.

- Staff had undertaken training on the MCA to raise their awareness about the issues around capacity.
- Staff understood their responsibilities for supporting people to make their own decisions and offering people choices.
- One person told us staff asked for their permission before supporting them and tasks were explained by staff.
- Support plans had been signed by people consenting to the support they received.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Ensuring people are well treated and supported; respecting equality and diversity

- People's cultural, religious beliefs and preferences were documented in people's support plans. Staff told us they would support people to attend their preferred place of worship.

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

- Staff supported and encouraged people to make decisions about their care and making day-to-day decisions such as what they wished to eat.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Support plans set out areas where people required support to become more independent. For example, one person's support plan stated, "I would like the care staff to help me become independent and I would like to improve my social and living skills."
- Staff maintained people's privacy and dignity. One person told us staff respected their privacy.
- Records were stored securely in the office and were only accessible to authorised staff. Staff were aware of the importance of maintaining confidentiality. A staff member said, "Client files are locked away."

# Is the service responsive?

## Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the development of their support plans, which were personalised setting out their needs and preferences.
- The service had been providing a service since January 2019. The registered manager told us support plans would be kept under review and updated as required to reflect any changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager stated Information would be provided to people in accessible formats, which included easy read format.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since they had been providing a service. There were systems in place to record, investigate and respond to complaints.
- People were given a copy of the provider's complaints' policy when they began to use the service to enable them to raise any concerns or make a formal complaint.

End of life care and support

- People who were receiving a service were young adults and were not receiving end of life care at the time of our inspection.
- The registered manager told us where people were willing to discuss their preferences and choices regarding end of life this would be discussed with them, including their cultural and spiritual needs.

# Is the service well-led?

## Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated awareness of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. At the time of this inspection visit no notifications had been submitted as the registered manager explained no notifiable incidents had occurred.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager explained they had an open door and inclusive culture to ensure staff could raise concerns or make suggestions.
- Staff told us they felt supported by the registered manager and was contactable when required.

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

- Staff understood their roles and responsibilities and who to go to if they had any concerns relating to people's well-being.
- A business continuity plan was in place, to ensure people would continue to receive care in the event of an emergency.

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

- The provider had developed system to assess, monitor and improve the quality and safety of the service. This included sending out annual satisfaction questionnaires to people using the service or their representatives, auditing accidents/incidents, care plans and medication records.
- The registered manager explained spot checks would commence July 2019, ensuring staff provided care in line with support plans and risk assessments, meeting people's needs safely.

Continuous learning and improving care; working in partnership with others

- The registered manager was developing a business development plan, focusing on provider level strategy for the business.
- The provider had a contract with a company to support them with areas such as, employment matters, health and safety and working towards achieving compliance with CQC inspections.
- The registered manager had been operating the agency since March 2018, they were keen to build on

partnership working with other agencies, such as community and statutory services.

- Staff supported people to access local community facilities.