

The Westminster Society For People With Learning Disabilities

Rainbow Family Centre

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

This comprehensive inspection was announced and took place on 28 November 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the manager would be available to speak with us.

Whilst we have taken into account any wider social care and support provided to people in their homes and in the community, the Care Quality Commission (CQC) carried out this inspection only in relation to the regulated activity of 'personal care'.

The Rainbow Family Centre is a domiciliary care service which provides personal care and support to children and young adults with learning disabilities and autism in their own homes and out in the local community. At the time of our inspection 27 people were using the service, of whom eight were receiving support with their personal care needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

We rated the service Requires Improvement at our previous focused inspection in June 2017. We reported improvements had been made and the service was meeting the legal requirements we checked. We indicated that we would require a longer term track record of consistent good practice before we were able to revise ratings for the service. At this inspection we found the provider had continued to make and sustain improvements to the service and rated the service Good.

The manager had submitted an application to the Care Quality Commission to become the registered manager for the service. 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.

People's needs were assessed prior to them receiving a service. This ensured that any care and support provided would meet people's needs appropriately.

People's care and support plans were developed with them and their relatives (where appropriate). People and their family members were provided with a service user guide and asked to sign a contract of agreement before a package of care was delivered. Care plans were updated on a regular basis or when there was a change to their care needs.

People were treated with kindness and compassion and staff established caring relationships with the people they were supporting.

Staff were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation and sought people's consent before providing any care and support. Staff ensured people's privacy and dignity was protected and promoted.

Staff completed safeguarding training to enable them to recognise the signs and symptoms of abuse. Safeguarding training was refreshed on a regular basis in line with the provider's policies and procedures.

There were risk management plans in place to protect and promote people's safety. Staff understood how to protect people from harm and were confident that any concerns would be reported and investigated by the manager.

Where staff supported people with their medicines this was done in accordance with best practice guidelines. If required, staff supported people to access healthcare services and other organisations.

People were supported to access the food and drink of their choice where this formed part of the agreed care and support plan.

There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their roles. Staffing numbers were sufficient to keep people safe and double up care was in place for people who required this.

Staff received an induction when they first commenced working at the service. Staff were supported by the manager and had regular one to one supervision and annual appraisals.

The service had a complaints procedure in place and relatives said they would feel comfortable making a complaint if the need arose.

Accidents and incidents were appropriately recorded and investigated. Action had been taken to reduce the risks of any repeat incidents.

The provider had systems in place to monitor staff visits and evaluate staff performance. Quality service audits took place so that the provider was able to drive forward improvements that benefited people using the service, relatives and staff members.

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.

Parents and relatives told us their family members were safe and comfortable with the staff who supported them.

Risk assessments were completed and risk management plans were in place to reduce and minimise the identified risks.

Medicines were administered and recorded appropriately where this formed part of people's support agreement.

Recruitment procedures were in place and appropriate checks were completed before staff started in post.

Is the service effective?

Good ●

The service was effective.

Staff reported that sufficient and regular training was provided to enable them to carry out their roles successfully.

People's rights were protected in accordance with the requirements of the Mental Capacity Act (2005).

People were able to make choices about their day. Staff had an understanding of the importance of promoting independence and where agreed, supported people to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by all staff.

Staff understood people's needs and supported people to express their wishes.

Staff provided compassionate, kind and thoughtful care.

Is the service responsive?

Good ●

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

People and their relatives were provided with information as to how the service operated, and what they could expect from the service. Information was available in easy read formats.

Care plans and other records were regularly reviewed, with involvement from the person themselves, their family or other representatives.

Is the service well-led?

The service was well-led.

The service had a new manager. Improvements had been made since they had been in post.

Staff were supported and given opportunities to express their views and concerns.

Audits and monitoring tools were in place and had improved since the last inspection and were used regularly to assess the quality of the service.

Good ●

Rainbow Family Centre

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 checked 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.

This comprehensive inspection took place on 28 November 2017. We gave the provider 48 hours' notice of the inspection because we needed to ensure the manager would be available to speak with us.

Before the inspection took place we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

One inspector visited the provider's office location on 28 November 2017 to review people's care records, the provider's policies and procedures, meeting minutes and communication records. We reviewed care records for five people using the service and looked at four staff records in relation to recruitment, training and supervision. We spoke with the manager of the service and looked at records relating to the quality monitoring of the service.

Following the site inspection, an expert by experience spoke with four family members. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also contacted two members of support staff to gain feedback about their roles and the management of the service.

Is the service safe?

Our findings

Parents and relatives we spoke with told us their family members were safe and comfortable with the staff who supported them. Comments included, "I've never had any doubts, [staff] do a good job", "Very safe, the carers we have are fantastic and support [our family member] and each other very well", and "Our carers now are very good. [They] understand our need for feeling safe and for [our family member] to feel safe. I feel supported and I feel [my family member] is too."

The service had a safeguarding policy and related procedures in place in relation to safeguarding adults and children from harm. Staff we spoke with told us they had received training in safeguarding from the local authority and that this training was refreshed annually. Staff understood how to recognise the signs of abuse and knew what to do if they felt someone they were supporting was being abused. A staff member told us, "Safeguarding training is key, necessary and always a good reminder. I find it most helpful."

Staff told us they would speak to the manager if they had concerns about a person's safety and/or welfare. Where safeguarding issues had arisen they had been reported as required and appropriate actions taken to reduce the risk of recurrence. The service had sought to work positively with local authorities to address any identified concerns.

Staff were familiar with the provider's whistleblowing policy (whistleblowing is the term used when a worker passes on information concerning wrong doings). The provider's whistleblowing policy and procedure provided staff with information about how to raise their concerns within the company and externally, if required.

People were protected from harm by a range of risk assessments that were completed in relation to the environment, behaviour management, mobility and safety in public places. Staff were confident and clear about how they managed risks to people's safety when supporting them and relatives confirmed this. Parents told us, "We have a risk assessment and I see [staff] reading it before they start [working with my family member]", and "Everything is in [their] file and risks have been assessed. If we are going out, there is a risk assessment for that." Records showed that care plans and risk assessments were reviewed every six months or more frequently if and when people's healthcare needs changed. Staff told us that they would be confident raising any issues, concerns or suggestions about a person's safety and risk assessments we reviewed were up to date.

Parents and relatives were usually responsible for administering medicines to their family members. Staff completed appropriate training in medicines administration and first aid awareness. One parent told us, "I manage medication but [staff] are all aware of what [my family member] needs and [their] level of pain. Very rarely are [staff] required to administer pain relief but they know how and when it is required." Where staff were responsible for prompting people's medicines, they were required to make a note of this in people's daily logs and obtain a signature from parents to confirm this task had been undertaken. Another parent told us, "[Staff] know about [my family member's] meds and we always make sure they take them out with them. [My family member] doesn't need them usually during that time but has needed to in the past and the

carers explain to [them] what they are giving [them] and why. Everything is recorded."

A recruitment policy had been followed to ensure people were supported by staff with the skills and experience to meet their needs. Each staff member had submitted an application form, attended an interview and was required to provide two references before they started working for the service. Applications had been made to the Disclosure and Barring Service (DBS) to determine if potential employees had a criminal record or were barred from working with vulnerable people. Safeguards had been built into the recruitment system in that until these checks had been recorded as complete, the employment contract could not be progressed.

We asked parents and relatives if there were enough staff to support their family member and whether staff arrived on time and equipped for the job. Parents told us, "There are always two [staff members] and they are always on time. I am happy they arrange that they are never on holiday at the same time and if someone is off there is always one familiar person [our family member] knows", and "We always have enough staff and they are rarely late. [Staff] let me know. We do text messages because it's easier. I'm happy with this."

Is the service effective?

Our findings

People were supported by staff who were adequately trained to deliver care safely and to an appropriate standard. Parents told us, "[My family member] gets everything [they] need and the quality of care is very good." All new staff were required to complete an induction which involved reading the provider's policies and procedures, completing e-learning and classroom training, shadowing and observation sessions. Staff were required to demonstrate a good level of understanding and knowledge before working with people on their own and completed specialised training when they were required to support people with more complex needs. Records showed that some staff had completed courses in managing behaviour that challenges and epilepsy. All incidents of behaviour that challenged were recorded and analysed to inform regular review of support plans.

Parents and relatives told us, "I am so well supported I couldn't wish for more efficient and lovely carers", "[Staff] know what they are doing and support [my family member] so well. They listen to me too. I feel valued and everyone is respected." Staff training records we looked at were accurately maintained and up to date. Records confirmed that staff had completed all essential training which included first aid, safeguarding adults and children, moving and handling, food hygiene and medicines administration. Training needs analysis records indicated when staff members needed to attend refresher training. Sessions were arranged and completed appropriately ensuring staff were able to update their skills and knowledge and carry out their duties effectively.

People were cared for by staff who were adequately supported in their roles. Staff attended regular team meetings. Meeting minutes we looked at showed that staff provided feedback about people using the service, refreshed their knowledge of the provider's policies and procedures and addressed any training and development needs. Staff were kept up to date with changes to current legislation, standards and evidence-based guidance to achieve effective outcomes. For example, the provider's safeguarding policy had recently been updated to include procedures relating to female genital mutilation (FGM) and preventing radicalisation. This meant staff were aware of their duties and responsibilities in relation to these matters.

The manager told us supervision took place every six to eight weeks and was designed to facilitate feedback from staff and managers and support learning and training needs. Records showed that staff supervision and appraisal arrangements were in place and that these sessions were taking place as per the provider's policies and procedures.

The service was working in line with the Mental Capacity Act (MCA) 2005. The Act 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For children under the age of 16 years, decisions about their care and support were made in their best interests by parents, guardians and relevant healthcare professionals.

Parents and relatives told us, "[Staff] allow [our family member] to make choices about what they do, how they spend their day. [My family member] is quite independent and they are good at encouraging this." The manager understood her responsibilities in this area and we saw evidence that family members and health and social care professionals were involved in people's care.

Parents and relatives told us they made sure their family members had enough to eat and drink. Where staff supported people with meals, they ensured that information in relation to this was documented in people's care plans and the daily logs. Parents told us, "[Staff] encourage a healthy diet, especially if on a day trip. They will take a packed lunch or let [them] choose where to go for food. They have treats together that [they] choose but given free reign [my family member] would forget to eat or eat badly so I feel [staff] guide [them] positively. Another parent explained, "[Staff] assist [my family member] to make meals sometimes and show [them] how to do this safely which is great."

Parents and guardian retained overall responsibility for ensuring that the health needs of family members were met. However, parents told us staff were always very supportive in all aspects of people's health and well-being. We were told, "[Staff] support [them] with everything and ask [them] how [they] are feeling every time and if [they aren't] feeling well [staff] will ask [them] if [they] would like to see someone and chat with me about it. They are a good team for me too. Another parent told us, "[Staff] give advice if they think [my family member] may need a doctor and chat with [them] about how [they] are feeling."

Is the service caring?

Our findings

People were supported by staff who had a caring and respectful attitude. Parents told us, "[Staff] respect [my family member]", "The utmost respect is given and the office staff are all very respectful and listen too. The carers respect our home and our privacy."

The Rainbow Family Centre had clear values in place in relation to the way the service operated. The service aimed to support people with a range of disabilities to achieve positive outcomes through inclusion, choice and consultation. Staff were aware of the provider's values and understood how to put these into practice.

People's individual needs and preferences were discussed during an initial assessment meeting. Parents told us, "The support plan is very good, we all use it and I know what has been happening during the day", and "The risk assessment is reassessed regularly and we all chat with [our family member] and get [their] opinion and then with the office too. I like that we all have input to know how to work as a team."

Parents told us they were involved in the care planning process and the day to day plans for activities and outings. One parent told us, "[My family member] is involved in planning and deciding what they do together and they run it past me. The carers let [them] make the choices and ensure it's safe. They discuss with [our family member] if they think [their] plan should be altered slightly to keep [them] safe or keep within the correct time schedule for the day. [Staff] always check with me first to see if there is anything pre-planned so as not to cause any confusion."

People's cultural and religious needs were considered when support plans were being developed. Parents told us, "[My family member's] views on likes and dislikes are listened to and respected", and "[Staff] respect our religion and our times we like to keep for prayer or festivals."

Staff were mindful of protecting the privacy and dignity of the people they supported. A parent told us, "[Staff] are sensitive to [our family member's] needs and gender. They never send a male carer and they listen to us all. I am very lucky they treat us all with respect and [our family member] has [their] dignity." Another parent told us, "There's lots of respect for [my family member] and privacy. They knock on [their] door before coming in and tell [them] who it is which is very nice."

Parents were positive not only about the care provided to their family members but also about the ongoing support they received as parents. One parent told us "[Staff] do extra things like make me a sandwich if they know I am tired or busy. They are very kind." Another parent told us, "The support I get is just as good as the help my [family member] gets. It's very nice to know the organisation cares about the family and gives good care to [them] and follows the plans to do it safely." Other comments included, "[Staff] are so respectful to all of us", "I feel valued and everyone is respected", "I am so well supported", and "It's such a relief that [staff] are able to do the job, respectfully and we can trust them."

Is the service responsive?

Our findings

Parents and relatives were positive about the consistency and reliability of the care and support their family members received. One parent told us, "A lot of time has been taken over the years to focus on [our family member] completely and to put adequate and useable plans in place to support [them] and [their] wishes. They have considered mine too and I have to say that this year has been super in that they have stepped up to being so reliable and providing the best care for [my family member] and us as a family. The support from the carers and office staff are second to none." Another parent said, "[The service] is reliable and well organised and all our needs are being met."

People's needs were adequately reflected in their care plans to ensure that their individual needs were met. Before any care was provided, an assessment was undertaken of people's needs. This was done via a referral form and a visit to people's homes and/or schools. From this, a comprehensive care plan was created which included information about the nature of peoples' disabilities, likes, dislikes and daily routines. People's care was reviewed on a regular basis and the appropriate people, parents and guardians were involved and had agreed to any changes made.

Care plans included details of what tasks were to be undertaken by staff and family members. Information was provided around what activities people liked to do or didn't like to do. Staff used a range of communication methods when working with people who were non-verbal such as Makaton, hand gestures, signs and objects of reference. Information and guidance for staff on how to recognise when people were unhappy and how to settle them when in distress was available in people's care and support plans.

Relatives were provided with information as to how the service operated, and what they could expect from the service. Information was available in easy read formats. The service had a clear complaints policy and procedure in place. Staff told us they knew who to inform regarding any concerns they may have or if people wanted to make a complaint. Parents told us, "I can approach the carers or if not appropriate I know I can speak with the manager or office staff at any time and there is always someone to talk to. Even if it's not the manager she hears about it on her return and addresses it immediately to make sure I am happy."

People were provided with opportunities and support in relation to promoting their autonomy, independence, home and community involvement. We heard from parents and staff about the range of activities people partook in including visits to parks and cafes and support to attend colleges and social events. One parent told us, "[My family member] is out and about with [staff] all the time and they always plan. [Staff] let me know what is happening and listen to my views and consider them too. There is always a back-up plan in case of bad weather or illness. [Their] train spotting hobby is supported all the time and [they] love this." Another parent told us their family member loves "colour and music" and was encouraged by staff to "wave streamers and shakers, play and sing."

Is the service well-led?

Our findings

The service manager was supported in her duties by two senior members of the wider management team. At the time of our inspection the service manager had applied to become the registered manager for the service. This process was being finalised at the time of writing this report. The manager demonstrated a very clear understanding of the provider's registration requirements and the notification process. We have received no notifications since our last inspection took place in June 2017.

Staff told us the manager was "great", "always supportive", "happy and helpful." Parents and relatives knew who the manager was and were positive about her approach and management ability. Comments included, "This manager seems very efficient and approachable", "She's helpful and good at what she does", and "She's very proactive and gets results quickly."

Parents told us they were kept up to date and informed of any changes either via emails, letters or phone contact. One parent told us, "I get emails and calls. We get letters too with important information like holidays and calls if someone is unwell and an explanation and review of what they will put in place for this event." Another parent said, "The manager asks me for feedback and calls to ask what I think. I'm definitely involved and my opinion is taken into consideration and they feedback to you if you make suggestions about what they have done to put this in place."

The service had clear values which were documented in their leaflets. Feedback from parents, relatives and staff confirmed that the service promoted people's health, well-being and independence. Parents and relatives told us, "This service is great for us and especially this year it has become brilliant. My [family member] is supported impeccably and as a family we are listened to and respected", "I would recommend them", and "The service is reliable and [staff] are kind. It's safe."

Processes and records were in place to evidence and oversee adverse incidents such as safeguarding concerns, complaints, incidents or accidents. Staff had access to policies and procedures. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff would be aware of up to date issues within the service. Staff told us they knew who to inform and contact to report any untoward occurrences or if people wanted to make a complaint.

Staff understood their role and responsibilities and felt they were very well supported. There were systems in place to monitor that staff received up to date training, had regular team meetings, supervision and appraisals. A member of staff told us, "It's a good organisation, doing great work. It's a job that keeps me humble. The [people using the service] teach me more about myself than I teach them. I am grateful."