

Rainbow Medical Services Ltd

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Inspection report

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28 September 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rainbow Medical Services Ltd is a domiciliary care agency. At the time of our inspection they were providing personal care and support to 36 adults who lived at home. Most people using the service had a range of complex health care needs. Two people received 24-hour care from live-in staff.

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

People told us they were satisfied with the standard of care and support they received from this home care agency. This quote we received from a relative summed up how most people now felt about Rainbow Medical Services Ltd, "We had a few problems in the beginning with lots of different carers turning up, sometimes late or not at all, but since [name of registered manager] has been in charge these issues have ceased."

People were supported by staff who knew how to prevent and manage risks they might face and keep them safe from avoidable harm. People received continuity of care and support from staff who were familiar with their complex health care needs, wishes and daily routines. Staff were also punctual and the introduction of a 24 hour on call rapid response team helped reduce the risk of staff missing a scheduled visit. New staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. People received their medicines as prescribed. The provider had effective systems in place to assess and respond to risks regarding infection prevention and control, including those associated with Covid-19.

People, their relatives and staff all spoke positively about the way this home care agency was now managed. Since our last inspection the service had appointed a suitably fit, experienced and competent person to manage Rainbow Medical Services Ltd. They recently registered with us in February 2020. The provider's governance systems were effectively operated, ensuring the quality and safety of the home care service people received was routinely monitored and assessed. The provider also continued to consult people, their relatives and staff as part of their on-going programme of improving the service they provided. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver positive outcomes for people using the service.

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

Rating at last inspection and update.

The last rating for this service was good (published 10 October 2017). This report only covers our findings in relation to the key questions; Is the service safe and well-led?

Why we inspected

We had specific concerns about the way the service was managed in the past because they did not have a suitably competent person registered with us and there were issues with staff sometimes not arriving on time for their scheduled visits. As a result, we undertook a focused inspection to review the key questions

safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rainbow Medical Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service now had a manager registered with the Care Quality Commission. The service had a manager registered with the Care Quality Commission. This means 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 visit because we needed to be sure the newly registered manager would be available for us to speak with during our inspection. Inspection activity started on 22 September and ended on 28 September 2020. We visited the office location on 28 September 2020.

What we did before the inspection

We received telephone and email feedback from five people using the service, seven relatives, a community health care professional and three members of staff.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

During the inspection

On the second day of this inspection we visited the services offices and spoke in-person to various managers, including the registered manager, the human resources and compliance manager and a case manager (a joint clinical lead nurse).

In addition, we looked at a range of records that included four people's care plans, four staff files in relation to their recruitment and multiple medicines administration record sheets.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- The provider had effective safeguarding and staff whistle blowing policies and procedures in place.
- Staff had completed up to date safeguarding adults training and knew how to recognise abuse and respond to it.
- The registered manager had notified the relevant authorities without delay when it was suspected people using the service had been abused. There was one safeguarding concern open at the time of our inspection, which had been reported to the local authority and was currently being investigated.

Assessing risk, safety monitoring and management

- People's care plans identified risks they might face and the support they needed from staff to stay safe. For example, risk assessments and management plans were in place to help staff mitigate or appropriately manage identified risks, such as those associated with people's physical health, eating and drinking, skin integrity and use of medical equipment.
- Staff demonstrated a good understanding of these identified risks and how to prevent or manage them. For example, staff were aware of the action they needed to take to prevent a person choking when they ate. A relative told us, "My [family member] is at risk of choking and staff know exactly how to help them eat and drink safely."
- Maintenance records showed where care staff used specialist medical equipment to support people in their own homes, such as mobile hoists and ventilators; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Staffing and recruitment

- People told us they or their family member received continuity of care and support from the same group of staff who were familiar with their needs, wishes and routines. Furthermore, people said staff were reliable because they never missed their scheduled visits/shifts and usually arrived on time. Typical feedback included, "In the past staff sometimes arrived late, but since the new manager has been in charge this is no longer an issue", "We've had a small team of regular carers for years now who know what my [family member] likes and doesn't" and "I can't fault the punctuality and the consistently excellent care we receive from all our wonderful carers."
- People's needs had been considered when planning the support they required so that only suitably trained staff could be assigned to meet these. For example, where people required complex medical interventions, such as tracheostomy care, they were matched with staff who had the correct levels of health/nursing care knowledge and skills to meet this specialist medical need.

- The provider had introduced a new electronic call monitoring (ECM) system. The system logged the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a scheduled visit.
- The provider had also established a 24 hour on call rapid response team. This team consisted of office based managers, nurses and senior staff who were always available to offer advice or to cover a shift or call in the event of an emergency. This helped reduce the risk of shifts or calls being missed due to staff absenteeism.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history and a health check, satisfactory character and/or references from previous employer/s, National Midwifery Council professional PIN registration numbers for qualified nurses, and a current Disclosure and Barring Services (DBS) criminal records check.

Using medicines safely

- Medicines systems were well-organised, and people told us they received their prescribed medicines when they should.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included clear guidance for staff regarding the use of controlled drugs and 'as required' medicines.
- Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Since our last inspection the registered manager had arranged for an external qualified pharmacist to routinely assess the competency of staff to manage medicines safely.
- Managers and senior staff regularly carried out spot checks to observe staffs' medicines handling practices and review their medicines recording keeping during their scheduled visits. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly.

Preventing and controlling infection

- There were robust systems in place to assess and respond to risks regarding infection prevention and control, including those associated with Covid-19. We were assured that the provider was minimising the risk of visitors to their offices of catching or spreading infections and staff were using Personal Protective Equipment (PPE) effectively and safely. For example, on arrival at the service's office temperatures were taken and visitors were invited to wash their hands and use the hand sanitiser provided.
- Staff had received up to date infection prevention and control training, which included guidance about how to safely use PPE. People's care plans included an individualised Covid-19 risk assessment to help staff appropriately manage the risks associated with this pandemic.
- People told us staff always wore PPE when they visited them at home. Staff confirmed they had been given adequate supplies of PPE. One member of staff told us, "We struggled at the beginning of the pandemic to get all the PPE we needed, but the managers got on the case and accessing enough of the right PPE is no longer a problem."
- Practice around infection control and use of PPE was checked by senior staff when they carried out their observations of staffs working practices as part of their regular monitoring visits to people's homes.

Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, the provider had significantly reduced the number of incidents of staff failing to sign for medicines they administered on half of being using the service by improving how they trained and observed staffs medicines handling practices.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service continued to be consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. The registered manager told us they routinely used group team and individual supervision meetings to remind staff about the provider's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- Since our last inspection the service now had a suitably fit, experienced and competent person registered with CQC as the agency's manager. The new manager was registered in February 2020.
- There were clear management and staffing structures in place. The registered manager was supported by various office-based senior staff including, the head of human resources and compliance, two case managers who were both registered nurses, two supervisors and two care coordinators.
- People using the service and staff all spoke positively about the way the service was now managed and about how approachable the office based staff now were. A relative told us, "I like the new managers. They are easy to get hold of and do listen to us". A second relative remarked, "The managers are generally responsive and always helpful these days."
- Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send CQC notifications, without delay, of events or incidents that affected their service and the people using it.
- We saw the service's previous CQC inspection report and ratings were clearly displayed in the agency's offices and were easy to access on the providers website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Continuous learning and improving care

- The quality and safety of the service people received continued to be routinely monitored by the provider.

For example, annual quality assurance checks were carried out by independent auditors and quarterly visits to people homes continued to be undertaken by the office based senior staff team. These monitoring visits known as spot checks were used by senior staff to observe staffs working practices, check records and to gather feedback from people using the service and their relatives.

- The provider also used a range of electronic systems to monitor the quality of the service they provided. For example, electronic information technology was used to alert the managers when staff were late or missed a visit and when their employment checks, training and supervision needed refreshing or updating.
- It was clear from comments we received from managers and senior staff based in the office they recognised the importance of continued monitoring of the quality of the standard of home care people using their service received. The results of all the audits and feedback described above were routinely analysed by managers to help them identify issues, learn lessons and develop action plans to improve the home care service they provided people.

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

- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone and home visit contact from the office based staff.
- The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular one-to-one meetings with their line manager and group meetings with their fellow co-workers. The registered manager told us the introduction of zoom meetings during the pandemic had proven popular with staff and attendance of team meetings had significantly increased in the last six months.

Working in partnership with others

- The provider worked in close partnership with various external agencies, including GPs, the local authority and clinical commissioning groups (CCG). A clinical lead representing a local CCG told us, "Wandsworth and Merton Continuing Health Care team do not have any concerns with Rainbow Medical Services. The [name of registered manager] and the senior case manager [clinical lead nurse] engage well with our team. They provide good quality of care."
- Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.