

Mrs Catherine Sleightholm

Rainbow Lodge

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 

Overall summary

The inspection took place on the 28 October 2014. It was a short notice announced inspection.

Rainbow Lodge is registered by Mrs Catherine Sleightholm to provide accommodation to persons who require nursing or personal care. Nursing care however is not provided. The home specialises in care for people with a learning disability and can accommodate a maximum of 4 people. It is located in Scarborough close to amenities and with good transport links.

Rainbow Lodge is a family run concern and people who use the service live as part of the family unit. Mrs Catherine Sleightholm is the registered manager. '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 using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions related to people's care were taken in consultation with people using the service, their next of kin and other healthcare professionals which ensured their rights were protected.

Summary of findings

Rainbow Lodge has been owned and operated by the same family for 21 years and three of the four people who live there have been there for those 21 years. The fourth person has lived in the home for six years. People living in the service have been treated as extended family and been involved in family events such as christenings, weddings and celebratory parties. This means that people who used the service are well known to the staff.

One member of staff (family) had completed training relevant to supporting people with learning disabilities. Other staff had identified this training in their development plan.

Staff were supported through good links with community healthcare professionals to ensure people received effective care relating to their diet and their ongoing healthcare needs.

There was a friendly, relaxed atmosphere at the home. People told us they enjoyed living there and one relative told us that staff were caring and compassionate. People were able to take part in activities that they enjoyed and they received support from staff if required.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved relevant professionals such as; independent mental capacity advocates, health care professionals and social workers. Families were also involved in these meetings.

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?

This service was safe. People using the service told us they felt safe living at the home and they had no concerns. This was also confirmed by a relative who we spoke with. Staff were aware of what steps they would take to protect people.

People were not restricted in any way and, where risks had been identified, staff supported people to make informed choices.

People with behaviour that challenged others were supported by staff and their behaviour was managed appropriately

Good



Is the service effective?

This service was effective. Staff completed relevant training to enable them to care for people effectively. Staff supervision was provided on an informal basis.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved where appropriate relevant health and social care professionals, family members, and independent mental capacity advocates.

People were supported to maintain a balanced diet. Staff consulted with community healthcare professionals where people required a modified diet and extra support with their nutritional needs.

We saw from people's records that other health and social care professionals had been involved in the development of people's care plans and this meant they received the support they required.

Good



Is the service caring?

This service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

People who used the service and one relative that we spoke with told us they were happy with the care and support they received at Rainbow Lodge.

They also told us that staff treated them well and respected their privacy. One person told us "When I want to be alone I go to my room and they don't mind".

Care plans were person centred and staff were aware of people's choices, likes and dislikes which meant that care was provided in a person centred way.

Good



Is the service responsive?

This service was responsive. People using the service led active social lives that were individual to their needs. People had their individual needs assessed and consistently met.

We saw people leaving the service throughout the day to attend day centres or went out socialising in the community. In addition to formal activities, people using the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

Good



Summary of findings

People were encouraged to express their views and concerns on a daily basis.

Is the service well-led?

The management and staff at Rainbow Lodge were a family unit (staff) and had lived with people who used the service for a period of between 6 and 21 years. It was clear during our inspection that people approached staff easily and interactions were positive.

There was a registered manager in post and they provided support and guidance to the staff where it was needed.

We saw evidence that equipment used within the house was checked in line with the requirements of health and safety standards.

Good



Rainbow Lodge

Detailed findings

Background to this inspection

We inspected Rainbow Lodge on the 28th October 2014. This was a short notice inspection which meant the provider received 24 hours' notice of the inspection to ensure people were available during our visit.

The inspection was led by a single Adult Social Care inspector. Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 4 July 2014.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during their lunch time meal. We also reviewed the care records for the four people who lived at the home, staff training records, and records relating to the management of the service such as audits and policies. There was no Provider Information return (PIR) as the provider had not been requested to return any information at the time of the inspection.

We spoke with all the people who used the service and the relative of one person who used the service. We also spoke with the registered provider and their family, who helped support the people who lived at the home.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person told us, “I like living here, they look after me here.” Other people told us “I can talk to the staff if I feel unhappy or unsafe” and “I can tell my parents if I don’t feel safe, they would help me”. One relative told us they had no concerns about the way their family members were treated.

The provider had safeguarding policies and procedures in place to guide practice. The service was run as a family unit and the owner, her daughter and son-in-law provided the support people required. We saw their training records contained evidence that safeguarding training had been delivered to staff. Staff told us what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff told us, “People are kept safe” and “We have not had any safeguarding concerns here”.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. Staff were familiar with the risks that people presented and knew what steps needed to be taken to manage them. They were able to describe how some situations deemed to be risky had been managed. Staff were familiar with appropriate distraction techniques for people who used the service.

People who used the service told us they could go out if they wanted to. One person told us they liked to go to the shops and run errands for the provider. Staff told us they managed each person’s behaviour differently according to their individual guidelines. They told us that one person

preferred to spend time in their room, coming downstairs only for meal times or ‘to get some fresh air’. Others liked to be busy all the time and these preferences were recorded in their care records.

The provider consulted with external healthcare professionals when completing risk assessments for people. We saw that a recent assessment had taken place to determine whether one person was developing dementia. This was evidenced through speaking to the provider, looking at records and getting feedback from the care coordinator.

Rainbow Lodge is a family home as well as a registered service. The service is registered to and managed by Ms Catherine Sleightholm. She is supported in this role by her daughter and son-in-law, who live at Rainbow Lodge with their children. People who used the service told us that there was always someone available for them if they needed help. The provider told us that when they were not in the building they were available at short notice. There was always at least one person available to people who lived at Rainbow Lodge. This level of support was provided by Ms Sleightholm and her family; no other staff were employed in the home.

Only two people received medication. For one person this was on an ‘as required’ basis and the instructions for when the medication could be used were very clearly stated in their care plan. The other person received their medication directly from the original containers. These were stored in a locked cupboard in the kitchen. We saw the medication administration sheets (MAR) and these were up to date and would allow for an audit to be carried out. No medication audits had been completed. Staff who worked in the home had received training in the safe handling of medication. We saw evidence of this in their training file.

Is the service effective?

Our findings

Most of the people who lived at Rainbow Lodge had received support in a family style environment with support being provided by the proprietor (the registered manager), their daughter and son-in-law for the last 21 years. The service continued to be operated by the family within a family setting.

We spoke with the manager who told us that training could now be accessed on line or through an external training provider. Training records showed that one person had completed training in areas that helped them support people with learning disabilities, such as challenging behaviour and the use of Makaton. Makaton is a type of sign language that people can use when they have limited communication skills. The member of staff who was trained in the sign language was showing the other staff (The proprietor and their family). Staff told us they used the internet to access current research and best practice through the National Institute of Clinical Excellence (NICE) web site. They also worked with the local learning disability team to ensure the support they provided was based on best practice.

People who used the service told us “They always talk to us about what we are doing” and “They explain any decisions we have to make”. Staff told us how they ensured people understood what decision they were making. We saw evidence in the care files that best interest meetings had taken place where they were necessary.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. People were not restricted from leaving the home. People told us they went out shopping and to various activities and we observed this to be the case during our inspection. People identified at being of risk when going out in the community had up to date risk assessments and we saw during our inspection that, if required, they were supported by staff

when they went out. We also saw evidence that people’s capacity to ensure they were safe when they went out had also been assessed in line with the Mental Capacity Act 2005.

People were encouraged to decide on a daily basis what they would like to eat on that day. If necessary they would then go and buy the ingredients for the meal. We looked at the care plans and noted that no-one was on a specialised diet, although one person had decided they wanted to lose weight so were following a low fat diet. A record was kept of what people ate each day. We observed people going to the kitchen and helping themselves to hot drinks and healthy snacks. Bowls of fruit were available in the communal area for people to help themselves. One person told us “We decide each morning what we are having for our tea” and “I help myself to a healthy breakfast because I am trying to lose weight and they make me a healthy lunch to take with me when I go out”. We saw that advice had been taken for one person who had very limited vision; plain crockery was used to try and ensure they could see what they were eating.

We saw evidence that people were involved in completing their health action plans which were person centred. Health action plans included dates for medication reviews and annual health checks. When people’s needs changed referrals had been made to relevant services. We saw evidence that a recent assessment for dementia had been carried out for one person by the learning disabilities team. We also saw that people went for regular appointments for their dental care, the opticians and well-man and well-woman clinics.

We contacted a social care professional after our visit and they told us that they were kept up to date with changes to people’s support needs and that the service contacted them for advice. They told us “The person I am involved with has settled down very well and continues to be active and requires minimal support. The family provide the necessary support whilst promoting their independence”.

Is the service caring?

Our findings

We saw that people were treated with kindness and as individuals.

We spoke with all of the people who lived at Rainbow Lodge and they told us they liked living there. Three people who use the service had lived at Rainbow Lodge for 21 years and had been very involved with the family that own and run the service. One person told us “I know the managers daughter. I went to her wedding and when she had her children christened we were all invited”. One person preferred to spend most of their time in their room. The registered manager told us they had noticed over the years they had been at Rainbow Lodge their behaviour, which could challenge the service was more settled when they were in their own room. We noticed their room was quite bare but when we spoke to the person they told us the room was as they wanted it. They told us they had ‘got rid’ of their TV a couple of years ago and if they want to watch TV they go downstairs to watch it in the communal lounge.

One person told us “They (the carers) are nice and they help me to make my own decisions”. Another person said “They (the carers) help me every morning with a shower and make sure I have warm clothing on when it is cold”.

People were observed accessing all areas of the home with ease. One person showed us their room and it was laid out like a bedsit with a fridge, microwave and kettle. Risk assessments were in place for the use of this equipment. Another person had decorated their room as they liked and it was comfortably furnished. Everyone spoken with told us that staff always knocked on their door before they entered to promote their privacy and dignity. Staff told us that each person was an individual and treated as such. Interactions observed confirmed this view.

We spoke with a relative and they told us that staff worked closely with the family to ensure they were kept informed of any changes to their relative’s care plan. Their relative went home every weekend and had told them they enjoyed living at Rainbow Lodge.

Is the service responsive?

Our findings

The people who lived at Rainbow Lodge had been there between 6 and 21 years. The 'staff' were actually the family whom they had lived with for during this time. The registered manager was supported by their daughter and son-in-law (staff). The staff were aware of people's preferences and interests, as well as their health and support needs, and this enabled them to provide a personalised service.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We saw that the care plans were up to date and had been signed by the person they were about. This indicated that they had been involved in the development of their care plan.

People who used the service told us "They talk to me about the support I need and only provide me with reminders to do things because I can forget". Another person told us "They have helped me keep up my social contacts and I go out a lot". We saw that people had planned activities for the week and this included; going shopping, a drama group, evening clubs, bowling, and spending time with their family.

A relative told us "We are very happy with the support they (their relative) get. They come home every week but they are always pleased to go back to Rainbow Lodge".

We saw evidence that specialist advice had been sought from health professionals and the Learning Disability Team when necessary. One person told us "If I want to go to see the doctor then they (staff) ring up for me and arrange an appointment."

People using the service were not aware of the formal complaints process but told us if they were unhappy with anything they would tell the staff. They were very keen to tell us they were very happy at Rainbow Lodge. The registered manager told us that they had received no complaints since the last inspection.

A relative told us "If we were unhappy we would tell them (staff) and they would sort it out and when we have raised concerns in the past they have dealt with them very well".

The local authority told us they had recently completed a contract compliance visit and found the service to be compliant with their contracting guidelines.

The manager told us they did not send out surveys but did spend time talking to people every day to determine what they wanted to do and if they wanted to plan future activities. People who used the service told us "They ask us all the time if we are alright or want to do anything"

Is the service well-led?

Our findings

The registered manager and staff at Rainbow Lodge were a family unit (staff) and had lived with people who used the service for a period of between 6 and 21 years. It was clear during our inspection that people approached staff easily and interactions were viewed to be positive. Staff spoke to people using their preferred name and included them in their discussions.

We saw evidence that people accessed the community either for organised activities or independently to go shopping or for a coffee. One person told us “I ask if they (staff) want anything from the shops because I like to be helpful.” People who used the service had the opportunity to raise any concerns with people outside of the home if they needed to.

The staff told us they discussed the activities available in the home each day with people, although they did not make a record of these discussions. However, people’s daily notes recorded how they had spent their day.

The registered manager in post and they provided support and guidance to the staff where it is needed. We discussed their understanding of when they should be submitting notifications to the Commission and it was clear they understood their reporting responsibilities.

We saw a record of incidents and accidents and it was clear this information was analysed and used in the care planning process.

We saw evidence that equipment used within the house was checked in line with the requirements of health and safety standards.

A member of staff told us they all monitored the Care Quality Commissions web site and the National Institute of Clinical Excellence (NICE) to ensure they all kept up to date with current guidance. They showed us a copy of recent information about managing medication safely they had downloaded from the NICE website.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.