

Rainbow Care Solutions Limited

Rainbow Care Solutions Limited - Redditch

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This announced inspection took place on 23 and 28 July 2015. We gave the registered manager 48 hours notice of the inspection. This was because the organisation provides a domiciliary care service to people who live in their homes or a family members home and we needed to be sure someone would be available at the office.

The provider registered this service with the Care Quality Commission (CQC) to provide personal care and support for people with a range of varying needs including people who were living with dementia. People either lived in the own home or with a relative or friend. At the time of this inspection the agency was providing personal care to about 118 people. This included the provision of a service to a small number of children.

Summary of findings

There was a registered manager for this service who was available throughout the inspection. 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 and their relatives told us they had no concerns about the service provided and people felt safe with the care staff. Care staff and office staff had an awareness of different types of abuse and were aware of their responsibility to report any concerns they had. People told us care staff were kind and caring and treated them with respect and upheld their privacy and dignity. Care staff were aware of the need to gain people's consent prior to providing care and support.

We found some staff did not have a good command of the English language and for some people who used the service this had created difficulties because they had not been able to make themselves clearly understood.

Although the registered manager was aware of these difficulties and had commenced steps to assist care staff in their learning, the issues for people who used the service remained.

Care staff confirmed they received training in order to meet people's care needs. Care staff received support from the management as needed to assist them do their work. Care plans and risk assessments were regularly reviewed to provide care staff with up dated information about people's needs and associated risks.

People and their relatives were aware of how they could raise any concerns or complaints about the service provided. People were listened to and their concerns investigated and acted upon.

Care staff received one to one meetings with a supervisor and spot checks took place to make sure the care they provided met the needs of people they were caring for. Systems were in place to monitor and improve the quality of the service provided. However, systems to ensure call times were correct and accurate were not always effective. The registered manager had sought feedback from people, their families and staff members as a means of improvement to the service.

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 safe

People were often supported by regular care staff who knew their needs. People said they felt safe with staff caring for them. Staff had an understanding of how to keep people safe. Risks to people's safety and welfare were assessed and reviewed as needed.

Good



Is the service effective?

The service was not consistently effective.

People were not always supported by care staff who could communicate effectively because they only had a basic understanding of the English language. People were supported by care staff who had received training in order to provide them with the knowledge needed to care for people. People's consent was sought prior to care staff providing care and support.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives thought care staff were caring and they had their privacy and dignity respected. People were involved in making decisions about the care and support provided.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in the care and support provided by care staff. Plans of care were reviewed on a regular basis to make sure they were up to date. People and their relatives were able to raise any comments or concerns and these were investigated appropriately.

Good



Is the service well-led?

The service was consistently well led.

People were not always assured of receiving a quality service as systems to monitor call times were not always effective. People who used the service were aware of how to contact the management of the agency. Staff found the registered manager to be approachable and listened to.

Requires improvement



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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 took place over a period of two days and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We looked at the information we held about the provider of the service such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with six people who used the service, six relatives by telephone. We spoke with five care workers as well as the registered manager, the compliance and training manager and two care coordinators.

We reviewed the care records held at the office for four people and viewed two staff recruitment records. We also viewed records relating to the management and quality assurance of the service including audits and survey results.

Is the service safe?

Our findings

People we spoke with told us they believed either they or their family member to be safe when supported by care staff. One person told us, “I feel in safe hands with them”. Another person told us, “I am absolutely safe when they (staff) are here.” A further person who received a service to look after a younger person told us they were confident they could leave their family member in the care of staff from the agency.

Staff based at the office had an understanding of their responsibilities in the event of staff or others reporting allegations of abuse. Care staff confirmed they had received training in safeguarding people from the risk of abuse. One member of care staff told us, “I would report to the office” if they witnessed or suspected any abusive practice. The same member of staff added, “I have never seen anybody abuse anyone.” Another member of care staff told us they thought the service provided to be safe for people and they would report any concerns they had about people’s safety to a senior or to the office.

People and their relatives told us staff had discussed their care with them. This was to identify people’s care needs and any risks to their safety and welfare. For example the risks and measures put in place regarding the use of equipment within people’s own homes to assist in moving people. One relative told us they were confident care staff used equipment correctly to ensure their family member was not at risk of injury. Care staff we spoke with confirmed care plans and risk assessments would be updated in the event of changing care needs and changes to the risks identified. We saw regular reviews of risk assessments had taken place.

People told us they received information in advance to inform them the name of the care staff scheduled to attend the call. One person told us, “It’s rarely a different person from the one on the rota who attends you”. People told us at times care staff were late as they had needed to provide additional support at an earlier call or due to other problems such as traffic. The majority of people were happy with the time keeping of care staff and confirmed they would often be informed of any delays in care staff arriving. One person told us, “Staff at the office will ring if they are going to be late”. The same person added care staff were not often late in arriving. Another person told us, “Not bad at all with their times.”

We saw the provider had carried out checks on staff before they commenced work with the agency. These included a Disclosure and Barring Services (DBS) check. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with a recently appointed member of care staff who confirmed they attended an interview and understood that a DBS check had been returned before they could work with people on their own.

Some people told us they needed support with their medicines. One person who used the service told us, “One of the first things staff do is give me my medication”. Another person told us care staff, “Give me my tablets first thing in the morning. They (staff) always give me my tablets. Care staff we spoke with confirmed they had received training in the management of medicines. Audit of returned Medicine Administration Record (MAR) sheets were undertaken to make sure staff had signed for the medicines they had given people. No issues were recorded as identified on the audits we saw.

Is the service effective?

Our findings

People we spoke with raised concerns about some communication problems they had encountered when English was not care staff member's first language. People told us this had resulted in situations whereby people felt they were not understood by care staff. This was because some of the care staff did not have a basic command of the English language. People told us they or their family had contacted the office when these situations had occurred and they had not experienced anything similar again once they had alerted the office.

When we spoke with some members of care staff we found them to be caring and kind however they could not always understand the questions we asked because of their command of the English language. They also found it difficult to make themselves understood. The registered manager was aware of some care staff members who did not have English as their first language and informed us of the measures they were taking to improve this situation. The registered manager informed us they had planned to enrol some of the care staff on to courses to enable them to communicate more effectively. We were however unable to establish the effectiveness of this to improve the communication skills of some staff as it had not commenced at the time of the inspection. The registered manager informed us that care staff who did not have a good command of the English language worked on calls where two members of care staff attended in order to reduce the risk of misunderstanding. However this was not the experience of some people we spoke with as they told us of situations when only one care staff member was with them and they had experienced difficulties in effectively communicating with people.

People who used the service and their family members though care staff were knowledgeable about their care needs. One person told us they found staff to be, "Very helpful in getting me dressed". Another person told us, "I tell them what I need doing and they do it". One person who had their child cared for by care staff told us they felt confident they could leave the child concerned in the hands of the care staff.

People and their family members told us care staff were trained to carry out their role. One family member described the staff as, "Very experienced and competent". The same person believed care staff to have the necessary

skills to meet their relative's needs as a result of the training provided. The registered manager confirmed that staff who worked with younger people had received training for them to undertake this role.

We saw that induction training was provided for new members of care staff. One recently appointed member of care staff confirmed they had attended induction training and had worked with experienced care staff before working on their own. They felt they had received sufficient training before they started work.

The training manager was in the process of reviewing all the training care staff had undertaken to ensure it was up to date for everyone. Care staff we spoke with told us they had received the training they believed to be needed in order to carry out their role. Care staff confirmed to us they had undertaken specific training in order for them to meet particular care needs. They also confirmed that only care staff with the necessary training were able to attend these calls.

The registered manager showed us a system in use which matched the identified care needs of people with their care staff. For example if a member of care staff was allocated to a person with particular care needs the system would not accept the match unless the care staff member had the suitable training required to meet the person's needs.

People we spoke with told us care staff asked them for consent prior to them providing care and support. Care staff we spoke with confirmed they asked people for permission. One member of care staff told us that due to communication difficulties some people who used the service were not able to verbally give permission. However this would be obtained by other ways such as a person's gesture or body language for example them nodding their head. Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to protect people who may lack capacity to make decisions are protected. We were informed that training in MCA was included as part of the dementia training carried out by staff members.

People we spoke with needed different levels of care and support. Some people we spoke with needed assistance with meeting their dietary needs. Other people did not require assistance from staff with their nutritional needs because they either supported themselves or had a relative

Is the service effective?

to support them. One person told us staff assisted with their breakfast following the completion of their personal care. The person told us they were happy with the service provided and found the care staff to be supportive.

People we spoke with confirmed they had managed to re-arrange their regular call times to accommodate appointments such as to the hospital. For example, staff in the office would allocate an earlier so that people were

ready for hospital transport or to be collected by a relative. Information about people's healthcare needs was recorded within people's care plans. Care staff we spoke with demonstrated that when needed they had taken appropriate action if they had found people to be unwell on arriving at their homes such as calling emergency services.

Is the service caring?

Our findings

People who used the service and their relatives were positive about the care staff and the support they had received. One person told us, "I couldn't wish for nicer people to take care of me." Another person told us "I think they are very good" and continued saying, "I am very pleased with them". Another person told us, "Staff are all very caring and helpful". A further person told us "I would say they are a very caring company". The same person told us their family member liked the care staff as they were cheerful in their work. A similar comment was made by another relative who described their family member's face when care staff arrived. The relative told us that seeing their family member respond so well to care staff made them also feel better.

People told us they preferred having the same people visit them to provide their care and support. One person told us, "You get to know people who come out to you". Another person told us, "I am truly satisfied with Rainbow" because they knew who would be coming to them and due to the relationship they had managed to develop with the staff. A further person told us, "One person comes to me almost every morning. If not it is because they are away. It is always much better if you have the same one each morning." People told us they did not feel rushed by care staff due to time constraints.

Care staff we spoke with felt it was important to build relationships with people they provided care for. They told us they enjoyed their work and about their desire to care for people. One member of care staff told us, "I have a caring heart". Care staff we were able to have full conversations with were knowledgeable about people's individual care needs and knew people's likes and dislikes. Care staff told us they enjoyed speaking with people and made sure people were comfortable with them working in their home.

Care plans made reference to promoting people's independence such as where people were able to attend to their own needs. For example in respect of how much assistance was needed when people were being supported with aspects of personal hygiene. Care staff were able to demonstrate ways they involved people in their own care and support such as selecting the clothing they wanted to wear.

People told us care staff respected their privacy and dignity. One person told us care staff were good at proving their personal care and how they spared them from, "Feeling embarrassed by having to be cared for". Another person told us they believed care staff to be mindful of their privacy and dignity and described how they maintained their privacy and dignity by covering them up while personal care happened and by closing the curtains and door.

Is the service responsive?

Our findings

Many of the people who used the service and their family members we spoke with were happy with the standard of care provided. One person told us, “I can’t say anything against them.” A relative told us, “Best move we ever did moving to Rainbow” due to the care they had received and how the care staff responded to their needs.

People we spoke with told us they had been involved with their initial assessment and were aware of their care plan. One family member told us of a recent visit by staff from the office to their relative’s home to discuss with them and amend the care plan. The same person told changes needed to be taken into account and these changes in the level of support needed were discussed and agreed. We were informed amendments were then made to the care plan to adopt the changes. Other people told us they were regularly involved in reviewing their care plan. Staff confirmed they would contact the office or a senior if they believed the care plan was in need of amending and that these changes were carried out in agreement with people who used the service or their family member. People who used the service told us they believed the care plan to be an accurate and up to date description of their care needs.

One person we spoke with told us the service provided was flexible so that their family member had their needs met. For example changing the time when a call was scheduled

to fit in with hospital appointments. Another person told us they were aware from the time of their assessment staff would not be able to visit at their preferred time but hoped this would change in the future.

We saw the results of a customer satisfaction survey carried out in 2014. The registered manager had analysed the surveys returned and produced a document on the findings. The survey found a positive response overall in the areas considered. The registered manager told us of other ways used to seek feedback and comments from people who used the service and their family members. These included periodic telephone calls to people as well as spot checks on care staff members while they were undertaking their visit to ensure the care provided was doing so safely and to the person’s satisfaction. People we spoke with confirmed spot checks had taken place.

People we spoke with were confident they could raise concerns. People told us they believed their comments would be listened to and they would be addressed. We asked people about complaints. One person told us, “I have no complaints”. Another person told us, “I have no grumbles.” There were systems in place to investigate complaints received. The registered manager showed us the records maintained following the receipt of a complaint. These evidenced the investigation undertaken by the registered manager and the outcome. We saw evidence of apologies to people where needed and actions taken to reduce the risk of similar occurrences in the future.

Is the service well-led?

Our findings

Comments from people who used the service and their relatives highlighted some members of the care staff's inability to communicate effectively with people who used the service. Although the registered manager was aware of this as an issue we were aware of difficulties experienced by people as a result. The registered manager informed us of the actions they planned to take however people who used the service continued to experience these difficulties.

We saw actions were recorded following comments made within the questionnaires sent out to people. The main area of concern identified within these questionnaires was in relation to late calls or a lack of notification when a call was going to be late. Although the majority of people we spoke with believed the timekeeping of care staff to be acceptable this was not the experience of all the people we spoke with. In order to monitor the whereabouts of care staff the registered manager had a system in place which required them to log in and out of each call. This system enabled the registered manager and office staff to check the time spent at each call and whether staff were on time with their calls. Due to some technology issues we saw this did not always work. As a result the systems used to monitor calls and ensure people received a service at the allocated times were not always effective.

We found that people who used the service were able to tell us about the registered manager and other people at the office. People told us they generally received a good service from the office and had any concerns raised addressed. One person based at the office told us, "I believe we are doing a good job". The main areas of continued concerns raised with us were in relation to communication skills of staff and timeliness of the calls.

We found the registered manager to be knowledgeable in a number of areas. They were aware of the main care needs of many of the people who were provided with a service. Other people within the office were able to tell us about

people's needs and the input required by their staff. The registered manager told us of their plans to manage the increase number of referrals to ensure a good service was delivered to people.

The registered manager was supported by a newly recruited compliance and training manager who was also working as deputy manager. In addition were a team of care coordinators and field supervisors. As a result of having a team of people the registered manager had extended the times when the office was open. This provided people who used the service and staff access to a senior member of staff from 7:00 am until 11:00pm each day.

Care staff we spoke with found the registered manager to be approachable and open with them. One of them told us they, "Take action quickly" if any concerns were brought to their attention. Another member of care staff described the registered manager as, "Very good". A further member of care staff told us the registered manager would, "Help staff" if they could and that they, "Will take on board any suggestions to make the service better".

Care staff told us they felt supported by the management team and enjoyed their work. Care staff confirmed regular spot checks took place as well as one to one meetings with a supervisor to discuss their work and feedback from the spot checks. Care staff confirmed they were able to attend staff meetings which took place locally to them due to the large area covered by the agency.

We found the registered manager had systems in place to audit the care and support provided to people. Regular audits of care plans and medicine records had taken place. The findings of these audits were recorded on the computer system and showed any action taken in the event of a shortfall such as speaking with the member of staff and their supervisor. We saw evidence of any issues identified had been taken up as part of the staff members supervision or as part of a team meeting.