

Care @ Rainbow's End Limited

Care @ Rainbow's End

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

We carried out this inspection on 3 March 2016. The inspection was unannounced. Care @ Rainbows End (c@re) is owned and managed by Care @ Rainbows End Ltd. The service provides care and support for up to five people with a learning disability. On the day of our inspection four people were using the service.

The service did not have a registered manager in place at the time of our inspection. However the manager in post told us they were in the process of applying to become the registered manager but we had not yet received the application. 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 and associated Regulations about how the service is run.

People who used the service were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed. Risks to people's safety was assessed and reviewed regularly. Action was taken following any incidents to try and reduce the risks of incidents happening again. People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required. Staff were provided with the knowledge and skills to care for people effectively and felt supported by the management team

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were supported to eat and drink enough. Specialist diets were provided if needed. Referrals were made to health care professionals when needed. People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful way and staff delivered support in a relaxed and considerate manner. Positive caring relationships had developed between staff and the people who lived at the home and different communication techniques were used to assist people to make their needs known.

People who used the service, or their representatives, were encouraged to be involved in decisions about the running of the service and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

The risks to people's safety were assessed regularly. People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked the capacity to make decisions.

People were supported to eat and drink enough and their health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

People who lived at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to undertake a range of social activities within the home and the broader community.

People were supported to make complaints and concerns to the management team.

Is the service well-led?

Good ●

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Care @ Rainbow's End

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.

This unannounced inspection took place on 3 March 2016. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received including statutory notifications. A notification is information about important events the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We conducted telephone interviews with three people who had relatives living at the service and interviewed a visiting health professional. We spoke with three members of care staff and the manager.

We looked at the care records of two people who used the service, four staff files, as well as a range of records relating to the running of the service, which included medicine records and audits carried out by the acting manager.

Is the service safe?

Our findings

Relatives we spoke with told us they felt their relations who lived at the service were safe and they had confidence in the staff to keep them safe. A relative we spoke with told us, "Oh yes." Another relative told us, "Yes, [safe] without a doubt." During our visit we saw people interacted with staff confidently. We noted people's body language when engaging with staff showed they felt safe and secure. People were tactile with members of staff, for example taking their hand to show them what they wanted. Relatives we spoke with told us if they were concerned about their relations' safety they would know who to speak with.

Staff had a good understanding of the different types of abuse people could face and how to recognise and respond to any possible abuse. Staff also understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff said, "Most residents don't communicate verbally. But we know them and we note any different physical behaviours, changes in attitude and facial expressions." The staff we spoke with told us they had not seen any behaviour that would cause them concern. One member of staff told us they had regular training sessions on safeguarding.

Staff knew who to report any concerns to, one member of staff told us, "I would stop any abuse I saw, and report it to the acting manager." They went on to say they were confident the acting manager would deal with any aspects of abuse quickly, but they were also aware of how to report any concerns to the local safeguarding team.

The acting manager was confident staff would protect people from abuse. They told us staff had a good knowledge of abuse through training. The acting manager understood their responsibility with regard to reporting incidents in the service to the local authority and us. They demonstrated their understanding of their role in safeguarding the people in their care by discussing a recent incident with us. The incident showed not only the staff's quick reactions to a potential safeguarding issue but the acting manager's understanding of their responsibilities in dealing with these types of issues. We saw from both the home's records and our records that the acting manager and staff had followed correct procedures.

Risks to individuals were assessed when people went to live in the home and these were reviewed regularly to ensure people's safety. There were detailed risk assessments in people's care plans which showed what help individuals needed with aspects of their day to day activities such as, behaviour patterns, nutrition or managing their medicines. The emphasis in these risk assessments was on supporting people whilst ensuring they retained some independence in their daily life. For example, we saw detailed risk assessments in place for particular activities such as going out on trips. The risk assessments detailed how many staff should accompany people, what activities they could safely undertake independently and what support they required from the staff accompanying them. One relative we spoke with told us staff encouraged their relation to be independent. They said, "Yes [name] gets their freedom but they [staff] take care of them." One member of staff told us the risk assessments helped them understand everyone's capabilities, they said they used positive the risk assessments, "To ensure people have as much freedom as possible."

People could be assured the environment they lived in was safe. The acting manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

We saw there were sufficient staff on duty to meet people's needs. One relative we spoke with told us, "Yes there are plenty of staff." Staff members we spoke with told us there was enough staff and one staff member told us there were no problems with covering shifts. They told us, "Sickness is always covered." During the inspection we saw the needs of people were met by the numbers of staff on duty and there were sufficient numbers of staff to escort people into the community for their daily activities.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined four staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People received their medicines safely and as prescribed by their doctor. People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. Care plans gave detailed information on how to administer medicines to each individual and there were protocols in place for the administration of medicines which were given only when people required them. Staff told us of one person who may refuse medicines if they were unwell. We saw a protocol in place that gave clear instructions to staff on how to manage this issue. We saw medicines were stored correctly and records relating to administration and ordering were up to date. The acting manager undertook regular medicines audits and we saw up to date records of these audits. This showed the administration of medicines was monitored to maintain safe practices and processes were in place to address any issues raised.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to support them safely and appropriately. Relatives we spoke to told us they felt staff had the right training. One relative told us, "Yes the staff seem suitably trained." During our inspection a visiting health professional was supporting staff as they introduced a new piece of equipment to assist with the care of one person who lived in the home. We spoke with the health care professional who told us the staff at the home were receptive and had embraced the training the healthcare professional had offered, which assisted staff to manage needs of the people who lived in the home.

Staff told us they were given training relevant to their roles with a number of staff undertaking further qualifications. One member of staff we spoke with told us, "We have external people come in and the manager has undertaken a teaching qualification and has started to do in house training." They went on to say, "Absolutely get the right training for my job." The training matrix showed staff had received regular training in areas such as moving and handling, health and safety and first aid.

People were protected from the use of avoidable restraint. Staff told us they did not use restraining methods but had training in managing challenging behaviours. The emphasis in the home was on preventing incidences that required the use of restraint. One member of staff told us that one person sometimes communicated through their behaviours and staff had been given guidance on techniques which would support this person and protect other people.

Staff told us that on commencing employment they were required to undertake an induction process. The manager told us a new member of staff was working their way through the new care certificate induction. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. A new member of staff told us they felt the induction was sufficient to prepare them for working with people. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until the less experienced staff member felt ready to work independently.

Staff were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. A relative we spoke with told us their relation enjoyed going outside to smoke a cigarette. They told us staff assisted their relation to manage the amount they smoked and ensured they were able to go out to smoke a cigarette at the times they wanted to. Throughout our inspection we observed that people spent their time where they wished in the home and garden. Staff allowed people to take the lead so they made the decisions. Staff told us before they assisted with things such as personal care they always obtained consent and although the majority people were unable to give verbal consent they were able to indicate if they were happy for the member of staff to provide the care.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) and the

Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had an understanding of the MCA and their role in relation to this. One member of staff told us, "You can never presume that someone hasn't got capacity to make a decision, but people here do sometimes struggle to make big decisions. We have best interests meeting with their families." Another member of staff told us, "If you are depriving someone of their rights then you need to apply to the local authority to get a professional assessment for them. We have made applications for all our residents." We saw there had been assessments carried out to assess people's capacity to make specific decisions. Where it was determined people did not have the capacity to do so, the correct process was followed to make a decision in the person's best interest. There were records of best interest meetings to help staff understand what decisions individuals were capable of making.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made applications to the local authority for these assessments.

People's individual nutritional needs were met and they were supported to eat and drink enough. During our inspection we saw people eating breakfast at different times throughout the morning. There were different options for people to choose from with staff showing people what was available. We also joined people at lunchtime and saw people being served their lunches. Staff asked people what they would like and showed people the choices on offer. Staff sat with people to eat their lunch and discreetly offered assistance to people who required it.

One relative we spoke with told us they were able to bring in particular food for their relation which met their cultural needs and had asked for the staff to cook this type of food on occasion. We spoke to the manager who told us that staff had started to include this on the menus. They told us people were able to choose the food themselves and the introduction of new types of food had also proved popular with the other people who lived at the home.

Staff were knowledgeable with regard to people's dietary needs and care plans showed what measures were in place to support people with a healthy diet. People were weighed weekly and a recognised weight monitoring tool was used to assess any excessive weight fluctuations. Where appropriate, advice had been sought from health professionals such as a dietitian or GP.

People could be assured that their healthcare needs would be met and staff supported people to attend regular appointments with a variety of health professionals such as the chiroprapist, optician and dentist.

Relatives we spoke with told us staff were responsive to their relations' health needs. One relative said, "They are spot on, and I get a phone call if there is a health problem." Staff told us people's health needs were responded to in a timely way. One member of staff said, "Yes doctors are called straightaway if they are needed." They told us one or two people had re-occurring health conditions. This was documented in their care plan and staff were aware of what symptoms to look for to deal with any issues promptly.

On the day of our inspection we spoke with a visiting healthcare professional. They told us staff made referrals to their team when any concerns were identified. They also told us that when they provided advice to staff on how to promote people's health and wellbeing their advice was followed in practice.

Is the service caring?

Our findings

On the day of our inspection we noted that people who lived in the home were relaxed and happy in the company of staff. We saw that staff interacted with people in a relaxed and caring manner. They responded to people's requests for assistance in a timely way and were patient with people when they tried to communicate with them. Relatives we spoke with told us staff were very caring towards their relations. One relative said, "Yes the staff treat [name] well." Another relative we spoke with said, "The staff are lovely we could not have wished for a better placement."

Staff told us they enjoyed working at the home and they had developed good relationships with the people who lived there. A new member of staff told us, "I love it here, it's all about the residents."

People were spoken with by staff in a kind tone of voice who used effective communication skills to give people choice and control. Staff established eye contact with people before speaking with them and made good use of alternative methods of communication such as visual aids.

People were supported by staff who were patient and understanding. For example we witnessed one person being spoken with by a member of staff and whilst the person was only able to give minimal verbal responses they were clearly engaged with the member of staff. The staff member joked with the person as to who should make a drink, it was clearly an ongoing joke which they both enjoyed. Further examples were when one person's behaviour began to change during an activity. They began to withdraw into themselves and staff were quick to see the person wanted some time to sit quietly alone and they facilitated this.

A relative we spoke with told us they had been impressed by the kindness of the staff. They told us their relative felt of the home as their home. Another relative told us, "[Name] is full of life." The relative told us their relation's whole demeanour had improved since going to Care @ Rainbow's End (c@re), and they were much happier." We saw people's bedrooms were decorated with and contained items which were important to them.

People who lived in the home were supported to maintain their relationships with the people who were important to them. Relatives told us they felt welcome when they visited the home, one relative told us, "We can go anytime to see [name]." The relative told us they phoned each night to discuss their loved one's day, and they did not need to ring or make an appointment to visit their relation. Another relative we spoke with told us they often received a telephone call from staff to let them know how well their relation was doing. The relative told us they could not get to see their relation as much as they would like and the regular contact was reassuring for them. Relatives told us staff were also willing to escort people to visit them if required.

The acting manager told us that one person who lived at the home enjoyed attending their local place of worship each week and staff enjoyed taking the person. They also enjoyed attending a centre related to their culture and exploring their culture through looking at books and other subject matter.

Advocacy services were available for people who lived in the home and information was available for relatives on the notice board in the home. An advocate is a trained professional who supports, enables and empowers people to speak up. The acting manager told us no one in the home was currently using this service. The acting manager told us they had the knowledge to ensure that families were aware that this support was available should it be required.

People were encouraged to express their views on the things that were important to them. Throughout the inspection we saw people doing the things they wanted in the way they preferred. People were able to spend time in the communal areas and in their own rooms. They chose what and when to eat and what clothes they wanted to wear. Staff told us some people liked to have a routine, for example getting up and going to bed a particular times. Whereas other people liked to vary their times. One member of staff told us, "We do what they want."

People could be assured that staff respected their privacy and dignity. Relatives we spoke with told us staff respected their relation's privacy and maintained their dignity. One relative told us, "I've never seen any issues, [name] is treated with respect". Staff we spoke with told us they respected people's rights to privacy. One member of staff said, "I always knock on doors and if I am giving personal care I make sure people are covered and the curtains are closed."

We saw staff were discrete when dealing with personal issues. One person was in need of a change of clothes and we noted a member of staff spoke quietly to the person to highlight the issue and the person went to change their clothes.

The acting manager told us they had introduced the role of Dignity Champions into the home to ensure issues of privacy and dignity remained at the forefront of staff's minds when giving care. They had invited a relative of a person who lived in the home to undertake the role as well as key members of staff. The manager told us they introduced a different topic of discussion related to privacy and dignity each month at the staff meetings.

Is the service responsive?

Our findings

People who lived at the home received personalised care from staff who knew their needs well. Relatives we spoke with told us staff had a very good knowledge of their relation's needs. One relative we spoke with said, "[Name] is an individual and the staff treat them as such." We saw there were systems in place to involve people in the planning of their care package. Relatives we spoke with told us they had been involved in planning their relation's care. In each care plan we viewed we saw there was correspondence with relatives. A relative we spoke with told us, "Yes I was very involved; they listen to me."

People were supported by staff who had excellent knowledge of their needs and their individual preferences. Staff were aware of what was needed to ensure the safety of people when they were in the home and in the community. They were aware of how to present choices to people to assist them to make their own decisions. One member of staff told us, "People's likes and dislikes are taken in account and we are able to give individualised care." The care plans we viewed gave good accounts of the daily issues people faced. The care required for each person was recorded clearly covering areas such as how to manage aspects of a person's behaviour and the level of help people required with personal care or managing nutritional needs. Staff we spoke with told us they got the chance to read the care plans. They told us they were very useful and were updated regularly. Staff told us there were effective communication systems in place to ensure they were aware of individual preferences so person centred care was given.

Social activities took place on a daily basis and were tailored to meet people's individual needs and preferences. On the day of our inspection one person had gone out with their relative and other people went out for a walk. Staff told us they went out walking most days and often went to the local farm to collect eggs. Some people enjoyed attending the village coffee morning and had established relationships with other people who attended. They also enjoyed going to the local pub and staff took people to the local market each week to shop for fruit and vegetables.

Relatives we spoke with told us their relations were supported to follow their chosen hobbies. One relative told us their relative enjoyed listening to music and had a tambourine that they played when they listened. Another relative we spoke with told us, "The difference in [name] since they have been here is unbelievable [much better], they have a life." A member of staff we spoke with told us people had a choice with regard to what social activities they took part in. Another member of staff told us that as well as activities in the community, staff would bake with people at home.

People could be assured that any complaints or concerns they raised would be responded to. Relatives we spoke with told us they did not have any concerns but they knew who to go to if they did. One relative told us, "I have no big issues and the minor things are sorted out." The company's complaints procedure was displayed in the communal area of the home in an easy read format.

Staff had a good knowledge of the complaints policy and the procedure they should follow should a complaint or concern be raised. They also felt complaints would be responded to appropriately and taken seriously. The manager told us that as the unit was so small and relatives often lived some distance away

having regular formal meetings in a group setting was not feasible. However they were in regular contact with relatives and discussed issues regularly to pre-empt and deal with any concerns.

Is the service well-led?

Our findings

On the day of our visit the acting manager was visible around the service and we observed them interacting with people on a regular basis. It was evident that they had a good rapport with people and people approached them confidently. One person who had been shopping came to show the acting manager their purchases. Relatives told us they felt the manager and the owner of the home was open, honest and approachable. One relative said, "[Name] the manager rings me regularly to let me know how things are going."

Staff told us the manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt the manager was proactive in developing an open inclusive culture within the service. One member of staff told us, "The manager and owner are approachable and responsive to ideas. I can talk to them anytime."

There was a no registered manager in post at the time of our inspection. However the manager told us they were in the process of applying to register with us. It is a condition of their registration for the provider to have a registered manager in post to manage the service who is aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). The acting manager understood their role and responsibilities. Records we looked at showed that the acting manager had fulfilled their responsibility to notify us of events within the service when they should. Staff we spoke with told us they felt supported by the manager and in turn were encouraged by them to support their colleagues. They told us they felt comfortable talking to the manager who was approachable and was open to suggestions and dealt with their concerns. Staff told us the manager led by example and there was a clear staff infrastructure in place.

The manager told us they worked to achieve an open and inclusive environment in the home. Staff told us they enjoyed working at the service and felt the manager worked to develop the quality of the service. Throughout our inspection we observed staff working well together and they promoted an inclusive environment and supported each other. It was evident that an effective team spirit had been developed.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. We contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them.

The manager told us there were regular staff meetings so staff could keep up to date and discuss issues. One member of staff told us staff meetings took place every month, but they could go and discuss suggestions or

ideas with the manager at any time.

Relatives we spoke with told us they had not received any questionnaires asking them of their opinions of the quality of the service. We discussed this with the manager who told us they had not carried out any formal surveys among people who used the service, their relatives or staff. They told us this was something they planned to carry out in the near future. However relatives also told us they were aware of different ways they could provide feedback about the service to the registered manager and we were told they could speak to them face to face or ring them. Relatives felt the manager and owner was responsive to any feedback they were given.

The registered manager had systems in place to monitor the quality of the service provided, they carried out regular audits in areas such as medicines and the environment. However at the time of the inspection the manager was not undertaking audits related to care plans or infection control. Following our visit the manager sent us evidence to show they had set up audits in these areas. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.