

# Rainbows House Limited







# Rainbows House

## 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

This inspection took place on 23 June 2015 and was announced. The provider was given short notice of the visit to the service. The service did not have people stay every day so we needed to ensure the service would be operating on the day of our visit. This was the first inspection of this service since it was registered in 2014.

Rainbows House is a care home providing respite care for younger people with a learning disability. It can accommodate up to five people at any one time. Two of the five bedrooms have en-suite bathrooms. One room

can meet the needs of people with physical disabilities, with tracking hoist and walk in shower installed. There is a communal lounge and kitchen and a small accessible well managed garden. The service is situated in West Melton, near Rotherham. At the time of our inspection there were seven people who regularly accessed the service. One person was staying at the service on the day of our visit.

The home had a registered manager. A registered manager is a person who has registered with the Care

# Summary of findings

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 who used the service and their relatives we spoke with told us the service provided excellent care and support. They told us they felt safe staying at the service and the staff were caring and considerate.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. Systems were being improved at the time of our visit.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice.

During their stays people were involved in menu planning, shopping and meal preparation. We saw snacks were available throughout the day and people had access to drinks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

People's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well. Care records we saw detailed people's needs and were regularly reviewed.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and the registered manager was aware staff would require an annual appraisal of their work performance, although at the time of our inspection the service had not been operating for a year so staff had not yet completed an appraisal.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager told us they had received one complaint, which we saw was dealt with appropriately following the provider's policies and procedures. The registered manager was aware of how to respond to a complaint and information on how to report complaints was clearly displayed in the service. People we spoke with did not raise any complaints or concerns about staying at the service. Staff and people who used the service who we spoke with told us the registered manager was approachable, there was an open door policy and the service was well led.

# 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

People's health was monitored and individual risks had been assessed and identified as part of the support and care planning process. Medicines were stored and administered safely. Procedures were being improved to ensure they were more robust.

There was enough skilled and experienced staff to meet people's care needs.

Good



### Is the service effective?

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their dietary requirements. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.

Each member of staff had a programme of training and was trained to care and support people who used the service safely. The registered manager was accessing additional training for staff at the time of our visit.

Good



### Is the service caring?

The service was caring

From speaking with people who used the service, their relatives and staff it was evident that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, kindness and respect, and took into account people's privacy and dignity.

We saw people who were able were involved in discussions about their care and we saw evidence of this in care files.

Good



### Is the service responsive?

The service was responsive

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were met.

People had access to varied activities. People also regularly accessed the community during their stay with support from staff.

There was a complaints system in place. The complaints procedure was displayed in the home for people who used the service and visitors to access.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a registered manager in post.

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to.

Good



# Rainbows House

## Detailed findings

### Background to this inspection

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

This inspection took place on 23 June 2015 and was announced. The inspection team was made up of an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

As part of this inspection we spent some time with people who used the service talking with them and observing support in the communal areas, this helped us understand the experience of people who used the service. We looked at some other areas of the home including bedrooms. We looked at documents and records that related to people's care, including two people's support plans. We spoke with one person who used the service and three people's relatives.

During our inspection we spoke with two care staff and the registered manager. Following the visit we also contacted two health care professionals by telephone to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

People who used the service and their relatives told us Rainbows House was a safe environment. One person we spoke with said they felt very safe. They told us, “Yes I am safe.” A relative told us, “He can’t wait to get out of the car and is very happy to go, that tells he feels safe there. Another relative told us, “He is safe, looked after and happy.”

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people were appropriately supported when bathing ensuring their safety.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff did not hesitate in their answer when asked how they would respond to suspected abuse; they all said they would report immediately to the manager. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

The training records showed that staff received training in safeguarding people from abuse. The registered manager told us they were looking into the staff attending the local authority safeguarding training. This would ensure they were aware of any changes to the local procedures to protect people.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people’s needs and some people who accessed the service were funded for one to one and two to one staffing, the rotas we saw allocated adequate staff to ensure these levels were provided to meet people’s needs. Staff we spoke with confirmed that there was always enough staff on duty.

People’s health was monitored while they stayed at Rainbows House and reviewed if any changes had occurred. People identified as being at risk when going out in the community had up to date risk assessments. We saw that some people were supported by staff when they went out during our inspection. We also saw other risks had been assessed for individuals and measures were in place

to ensure people’s safety. For example one person was at risk of choking, we saw detailed risk assessment was in place with information from the speech and language therapist to ensure staff followed guidance to minimise the risk.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned at the end of people’s stays. When we observed people being given their medication we saw staff followed correct procedures. They supported people appropriately to take their medication and were aware of signs when people were in pain or discomfort to ensure they received pain relief when required. The registered manager was at the time of our visit in the process of reviewing, updating and improving systems for managing medicines. New MARs were being devised and more robust audits and protocols were being implemented. As part of the audit the registered manager had identified that confirmation from people’s GP’s was required to ensure the medicines they received from families was what was prescribed. The new systems, the registered manager explained to us, would further protect people and ensure medicines were administered safely.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of two staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files, and staff comments, confirmed that the required checks had been carried out prior to commencement of employment at the service.

We found all new staff were subject to a probationary period and during this period had received regular supervision. Staff records we saw showed staff had

## Is the service safe?

received supervision in line with policies. Staff we spoke with also confirmed they had received regular supervisions and support. One staff member told us, “I was very well supported when I first started the manager was excellent.”

Before our inspection, we asked the local authority commissioners for their opinion of the service. People who

used the service were placed from different local authorities so we spoke with two commissioners. They both told us they had positive experiences, staff understood people’s needs and they had no concerns regarding the service.

# Is the service effective?

## Our findings

People and relatives we spoke with told us staff respected choices and decisions. One relative told us, “Staff always knock on bedroom doors before they enter, they also ask what people want and wait for them to make a decision.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. As Rainbows House is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had reviewed people who used the service to determine if any DoLS applications were required. The registered manager had sought advice from the local authority to determine when an application would be required, they explained to us that providing a respite service meant people were able to go home if they wished, so the criteria was slightly different. However the registered manager was able to explain to us when a DoLS would be required.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was very good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. This included autism awareness and nutrition. We saw training records that confirmed staff had attended training. However we identified that staff had not received first aid training. We discussed this with the registered manager, who during our inspection identified some training for all staff to attend. They have sent us confirmation that this is booked for July 2015. This will ensure staff have the appropriate training to meet people’s needs.

The registered manager told us they followed up with group supervision after training to determine staff had understood the training and it had been effective. Staff had also received regular individual supervision and all staff told us they felt supported by the management team. Staff had not worked at the service for a year so no staff had received an annual appraisal. The registered manager told us. “I am arranging these for September 2015 for all staff.” Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

People’s nutritional needs had been assessed and people’s needs in relation to nutrition were documented in their plans of care. We saw people’s likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. This enabled people to participate in activities and not be restricted with the time they had to be back at the service. We saw there were snacks and fresh fruit available throughout the day for people if required.



# Is the service caring?

## Our findings

People we spoke with told us the staff were lovely and relatives we spoke with had nothing but praise for the service and staff.

A relative told us, "It is excellent a wonderful place, (my relative) loves coming here, they are well cared for." Another relative told us, "We feel blessed we found Rainbows House as it is perfect." All relatives we spoke with told us the staff were extremely caring and kind. They also told us the registered manager was very good always listened and always resolved any issues no matter how minor immediately. One relative said, "Nothing is too much trouble." Another comment we were told was, "We visited other services and were very apprehensive, but when we visited Rainbows House it stood out a mile, it is out of this world."

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together.

People were supported to access the community and activities. One person was supported to go to the local shop during our visit and outside the service they met another member of staff who was not working. They stopped to talk, we saw them laughing and joking together the conversation was very inclusive and the person who used the service was very relaxed and happy. When they came back they told us what had made them laugh and it was obvious they had enjoyed the meeting. This showed people valued their relationships with the staff team.

We spoke with people who used the service and their relatives; they told us they were supported to access the community and social events which took place in the local area. Some activities included church fair, ice cream parlour, shopping and social nights out.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked the people if it was alright to assist with care needs before they did anything. We also saw staff take people back to their room when they required any personal care and observed staff knock on people's bedroom doors before entering.

We looked at people's care plans and found these were very person centred and involved the person who used the service if they were able, or their family. Information in the plans also told staff their likes, dislikes, choices and preferences. We saw that staff respected people's dignity and privacy. For example, the care workers we observed always asked people if it was alright to assist them. We found that staff spoke to people with understanding, warmth and respect.

Staff were able to explain to us how people communicated their needs and told us they ensured new staff learnt people's communication methods. They also told us that any new person who accessed the service they would ensure they had all the information they needed to be able to understand their needs before they visited the service. Staff told us they would gain this information from parents and social workers. We saw that staff understood the individual ways people communicated and knew how to meet their needs. This showed staff had learned how to respond to different communication methods to ensure they were able to respond appropriately.

Although at the time of the inspection people who accessed Rainbows House were young and healthy, the registered manager had an end of life champion. The staff member had NVQ level 2 in palliative care. The registered manager told us that they could have a person who had an illness that was life shortening who accessed the service and these skills and knowledge may be required.

A relative we spoke with told us they had a recent bereavement and the staff at Rainbows House had helped their relative who used the service to understand this and help them express their emotions. The relative said, "They helped (my relative) through a very sad time, which also helped us as a family."

# Is the service responsive?

## Our findings

The people who used the service and their relatives told us they the staff were good and provided support that was required. We also observed staff respond to people's needs. Staff we spoke with understood people's needs and explained to us how they meet people's needs. Staff were also able to explain to us how each person responded differently and this required different approaches and methods, this evidenced staff were responsive to individual's needs.

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. The plans had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives.

People's support plans we looked at also contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities during their visit in the home and in the community.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice sought. The staff and registered manager liaised with the parents and guardians of the people who used the service.

This ensured they were kept up to date with any issues or changes. Relatives told us, "Staff keep us informed, but will only call when required, will deal with minor issues so we have a break, they are very good it gives us peace of mind."

The registered manager told us there was a comprehensive complaints policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. The registered manager told us they had received one complaint this year which had been dealt with. This meant people were listened to and taken seriously. People we spoke with did not raise any concerns regarding the service and told us if they had any they would speak to staff or the managers.

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

The feedback we received from health care professionals who visited the service was very positive they felt home provided a good standard of care and support, and were responsive to people's needs.

# Is the service well-led?

## Our findings

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

One member of staff said, "I hadn't worked in care before I came here but it is a lovely home to work in." Another staff member said, "We all work well as a team, the manager is very approachable and listens we always look for ways to improve things."

Staff had told us they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy, doesn't work in an office and is available when we need her."

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since the service registered in 2014.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

The registered manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. These had been sent out this year. We saw the completed returned forms these were all very positive. One comment was, "My (relative's) smile speaks a million words we have taken nineteen months to get a place we are totally happy." This showed people's views were sought and people were listened to.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of the last meetings from April and May 2015. The minutes documented actions required, however these were not logged to determine who was responsible to follow up the actions and resolve. The registered manager said they would add an actions log so these would be captured at the subsequent meeting so they were resolved. The meetings ensured staff had opportunity to raise any issues or concerns or just to be able to communicate any changes.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.