

Rainbow Care Solutions Limited

Rainbow Care Solutions (Warwick)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 30 October 2018 and was announced an hour before our arrival to ensure the registered manager was available to speak with us when we arrived.

Rainbow Care Solutions (Warwick) is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection 83 people received personal care from the service.

There was a registered manager in post. 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. The registered manager was also the registered provider.

We last conducted a comprehensive inspection of the service in January 2017, where the service was rated as 'Good' in every key question and overall. This inspection was prompted by information of concern received from members of the public and local authority commissioners, about the standard of care being provided. At this inspection we found senior staff had not identified and appropriately managed a safeguarding event. The event had not been referred to the CQC in a timely way. Recruitment processes had not initially identified some staff whose first language was not English may not be able to communicate effectively with people and meet their needs. It was not clear what level of understanding these carers had of the training they had received. We have rated the service as 'Requires Improvement' in the key questions of safe, effective and well-led and 'Good' in all other key questions. Therefore, the service is rated as 'Requires Improvement' overall.

Processes to monitor the quality of service were not always effective and improvements were required in the way events which called into question people's safety were managed.

People found it difficult to communicate with some staff because of the standard of their communication skills and they told us staff were very busy. The registered manager was in the process of working with local authority commissioners to make improvements to the service, to ensure staff had the skills to provide effective care for people.

Staff understood their responsibilities to protect people from the risk of harm, however some staff had limited knowledge of local authority adult safeguarding procedures. Senior staff had not identified and appropriately managed a safeguarding event.

Staff worked within the principles of the MCA and supported people to have choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

Most people we spoke with felt cared for. Staff respected people's right to privacy and supported people to maintain their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and had the opportunity to share their views and opinions about the service they received.

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 not consistently safe. Staff understood their responsibilities to protect people from the risk of harm, however some staff had limited knowledge of local authority adult safeguarding procedures. Senior staff had not identified and appropriately managed a safeguarding event. The event had not been referred to the CQC in a timely way. Staff were very busy and more staff were being recruited. People received their prescribed medicines.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Staff had varying levels of communication skills and we could not establish their level of understanding. The provider was in the process of making improvements to ensure all staff could communicate effectively with people. Staff received training to support them to meet people's needs. They understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People's nutritional needs were met and they were supported to maintain their health.

Requires Improvement ●

Is the service caring?

The service remains 'Good'.

Good ●

Is the service responsive?

The service remains 'Good'.

Good ●

Is the service well-led?

The service was not consistently well-led. The registered manager was in the process of making improvements to the service. However, we found processes to monitor the quality of service were not always effective and improvements were required in the way the service assessed the risks to people's health and safety. People had mixed opinions about the quality of the service.

Requires Improvement ●

Rainbow Care Solutions (Warwick)

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 was 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 was prompted by information of concern received from members of the public and the local authority commissioners, about the standard of care being provided.

The inspection visit took place on 30 October 2018. It was a comprehensive inspection and was announced an hour before our arrival to ensure the registered manager was available to speak with us. The inspection was undertaken by one inspector.

Due to limited time scales between scheduling and conducting our inspection visit, the provider had not been asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider was given the opportunity to provide the information we would have asked for in their PIR, at our inspection visit.

Prior to our visit we reviewed the information we held about the service. We looked at information received from relatives, members of the public, local authority commissioners and reviewed the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The local authority provided us with information regarding recommendations it had recently made to the provider to improve the quality of the service. We considered this information when planning our inspection of the service.

During our visit we spoke with the registered manager [who was also the provider and the registered

manager of two other services], the area manager, the care coordinator, the deputy manager and the care office administrator. Following our inspection visit we contacted people who used the service by telephone and spoke with two people who used the service and four relatives. We also spoke with seven care assistants to obtain their views of the service.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

At this inspection, we found improvements were required in managing safeguarding events. Therefore, the rating has changed since our previous inspection, from 'Good' to 'Requires Improvement'.

Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. A member of care staff told us, "I would contact the manager or senior staff in the care office, they will know what to do." However, we found some staff had limited knowledge of local authority adult safeguarding procedures. Following our inspection visit, information was shared with us about an event which called into question two people's safety. We discussed the information with the registered manager who was not aware of the event and had not notified the CQC of the event. The registered manager investigated the issue and provided evidence the event had been recorded by senior staff, however it had not been identified as a safeguarding issue. The registered manager forwarded a notification to the CQC following their investigation and gave us their assurance how any similar events would be managed in future. They agreed staff required further training and support to ensure any future events would be managed in a timely way to reduce risks to people's safety. Records showed other concerns had been recorded and reported by care staff to senior staff who acted straight away to keep people safe.

Some people did not feel there were sufficient staff because staff were sometimes too busy to talk. One person told us, "Staff are very, very, busy." Care staff told us they were very busy and were regularly asked to cover shifts. Two members of staff told us, "You can say no, but they do pester you" and "I try to deliver a high standard of work but there's only so much I can do. It's very stressful." The care coordinator explained they managed the gaps on the call rota by asking existing staff to work additional shifts, including senior staff who worked in the care office. They said in this way they tried to provide consistent care for people. The registered manager told us there were currently vacancies and they were recruiting more staff to cover these. Some people told us they did not receive a copy of the visit rota and they would like one so they knew who was coming to support them.

There had been 10 late or missed calls recorded in the 12 months prior to our inspection visit. Eight of these had been during June and July. The registered manager explained the reason for the missed and late calls had been investigated and no one had been harmed as a result. They explained to reduce future risks to people, a new electronic system had been introduced in July, which had improved the way they monitored calls. The call rotas were now communicated better to care staff, which meant late and missed calls had decreased. The registered manager explained they discussed the reasons for late and missed calls with care staff in team meetings, to make improvements to the way staff worked and reduce the risk of these events occurring in the future.

People told us they felt safe using the service. Two people told us, "I feel absolutely safe" [when staff supported them to use specialist equipment] and "I trust staff." The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care to people in their own homes.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility were assessed and their care plans explained what support they required and the actions care staff should take to minimise risks to people's health and wellbeing.

The registered manager explained how they assessed risks to people by monitoring any accidents or incidents which occurred and reviewing the information to identify any patterns. A higher number of events had been recorded in the earlier part of the year and we discussed this with the registered manager. They felt this was due to staffing changes in the care office. We found the numbers of events which called into question people's safety had now decreased.

The provider had acted to minimise risks related to emergencies and unexpected events. Each person had been assessed to give staff guidance about how urgently they would require care in an emergency, such as in severe weather. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks.

People told us they had their medicines when they needed them. Only trained and competent staff administered medicines. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. MARs were kept in the person's home so they could be completed each time a medicine was given. Regular checks were made by senior staff to ensure medicines had been administered in accordance with people's prescriptions and care plans. However, we found best practice had not been followed for one person who was supported to have medicine through a patch applied to their skin. Patches should be rotated around the body to minimise the risks of skin irritation, but there was no process to record where the patch had been applied. This meant there was a risk it could be applied again in the same place and cause the person to have a bad reaction. We discussed this with the registered manager, who gave their assurance they would ensure this information was recorded in future to minimise any risks to the person's health and well-being.

Everyone we spoke with told us care staff did all they could to prevent and control infection. Care staff told us they received training in infection prevention and control and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. People told us care staff left their premises clean and disposed of their PPE properly.

Is the service effective?

Our findings

At this inspection, we found improvements were required in ensuring staff could effectively communicate with people and meet their needs. Therefore, the rating has changed since our previous inspection, from 'Good' to 'Requires Improvement'.

The inspection was prompted in part by information of concern received from members of the public and local authority commissioners. A theme of the concerns was that some staff did not speak English as their first language and could not effectively communicate with people and meet their needs. People we spoke with had mixed views of staff's communication skills. They told us, "Some staff are difficult to communicate with because their English is not very good. Eventually they understand. I cannot move about so it is difficult to show them", "Communication is very good, they speak English although they are from another country", "The majority of the time [Name of relative] can understand staff" and "Some staff's English isn't very good, but it's improving. We help teach them to speak." We spoke with seven members of care staff by telephone following the inspection, to obtain their views of the service. Three staff could not answer our questions fully, so we could not establish their views or their level of understanding.

We discussed this issue with the registered manager. The registered manager was working closely with local authority commissioners to make improvements to the service. They had recently changed their recruitment process to include additional checks of the standard of candidate's language abilities and they had reviewed their induction training to ensure it was detailed and was compatible with the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. These changes demonstrated the provider was committed to acting in accordance with nationally recognised guidance, to ensure their induction procedures were effective and staff were equipped to deliver good care to people.

We discussed with the registered manager that three members of care staff whose first language was not English, were not able to respond to our questions when we telephoned them following the inspection visit. We asked how they satisfied themselves these care staff whose first language was not English understood the training they had received and could communicate with people and meet their needs. The registered manager told us they were satisfied all staff could communicate effectively with people, because they had spoken with people who had raised concerns, to obtain their feedback. They had continued to follow up any concerns about staff's ability to communicate effectively, by arranging sessions for staff with a language tutor and staff were regularly spot checked to review their performance including their communication skills. Records confirmed the provider had made checks on staff and feedback was being obtained from people who used the service to check if they were satisfied with the standard of care they received.

Staff were positive about training. One member of care staff told us, "We have training when we need it, so we improve all the time." The registered manager explained how they had improved staff training and had designed a practical session following feedback from people who used the service, which included training in meal preparation, for example using a microwave and making porridge. Staff told us they found this level of detail very useful. The registered manager told us all staff had undertaken training delivered by healthcare

professionals, to support people with specific needs, such as percutaneous endoscopic gastrostomy [PEG] feeding and catheter care. PEG is a medical procedure where a tube is passed into the stomach, to maintain people's well-being when they are unable to take in food and drink orally. Health-care professionals are people who have expertise in areas of health, such as nurses or consultant doctors.

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. 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.

We found the registered manager understood their responsibilities under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us people were reviewed to identify if they had potential restrictions on their liberty and told us there were none currently identified. They told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest. The registered manager explained they were currently in the process of clarifying if people had legal representatives, to ensure people's rights were protected and consent was obtained in accordance with the MCA.

There were assessments for some people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. Care plans gave guidance to staff about what support people required to make decisions.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. One person said, "The staff are very polite and they ask permission before they do things." One member of care staff told us, "I ask people's permission all the time before I help them."

Some people received food and drinks prepared by care staff. A member of care staff told us people's care plans included their dietary requirements and any cultural or religious preferences for food. They explained how they ensured food was safe to eat and said, "I check the condition of the food and the expiry date."

Care staff were observant to changes in people's health, appetite and moods. Staff told us they supported people to obtain advice and support from GPs and other healthcare professionals to maintain their health and independence. Two members of staff told us, "I am always speaking about what's good for clients with the district nurse" and "I am vigilant for any changes in people's health."

Is the service caring?

Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection. The rating continues to be 'Good'.

Most people felt staff cared about them and valued them as individuals. People told us, "When we have our normal carers they are lovely, but the casual ones are difficult to communicate with" and "We have a couple of really nice lads, their English is good. They make sure they speak up to [Name], they speak clearly." Another person told us, "Some of the carers are really caring. They are good to [Name], I trust them." They went on to explain a member of care staff had decorated their relative's room with an ornament, which their relative loved and said the carer was "Lovely."

Staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. One member of care staff told us, "I ask people if they need anything and if everything is okay. I have time to chat."

Staff felt valued by the provider and told us they received recognition for good practice. The registered manager had introduced an award for 'Going the extra mile'. The provider asked people who used the service to nominate care staff. The provider's newsletter said the award was to, 'Ensure our vision 'A better life for all our customers' is achieved. It is also a way to look at improving the way our customers are cared for.' The registered manager organised an annual award ceremony which clients and staff from all the provider's services were invited to attend.

The registered manager told us person centred care was, "About treating people as individuals and respecting people's preferences and wishes...We look at people's needs holistically." Staff shared the registered manager's caring ethos. They told us, "I make people feel confident and gain their respect and let them make decisions" and "Everything we do is for the client's wellbeing and their quality of life."

The registered manager told us about a trip they arranged for clients from across all the provider's services. They told us, "We encourage our clients to attend the 'Rainbow day out'...We arrange transport and take people who want to go to our Redditch office. We do games, for example pass the parcel. The theme this year was equality, diversity and human rights [EDHR]." They explained they asked people to bring something that made them an individual and discussed why they were an individual. They collected feedback from people about the day, including any concerns they had about their care. The registered manager showed us photos of the get together and told us one person was very grateful to be invited out because they had not been out for four years.

Staff understood the importance of treating people with dignity and respect. One person told us, "Staff treat me with respect. They don't leave me exposed, I am always adequately covered." The registered manager explained how they tried to maintain staff's awareness of dignity issues. They told us, "This month's tip for staff is 'knock and listen' before entering people's homes." Records showed staff had training in 'equality and diversity.'

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be 'Good.'

People told us they were happy with the care and support staff provided. Two people told us, "Staff are very quick to notice any changes and advise if I need to see the GP" and "What [Name] needs, they deliver." A member of staff told us, "I have no problems communicating with people. I have regular customers, this helps me and the customer because I get to know them. And when I observe something I tell the family and the office."

People told us they were asked for their views and were involved in planning their care and support. People were initially assessed by a senior member of staff before they used the service. Care plans were personalised and easy to understand. They included details of how staff could encourage people to maintain their independence and where possible, make their own choices. A member of staff explained how they supported one person to enjoy the outdoors. The person's relative told us, "They really help with [Name's] independence. They encourage [Name's] mobility and take them outside and they like this."

The registered manager confirmed where people needed support to access information in alternative formats, such as documents in a large print, these could be supplied if requested.

The registered manager explained what plans there were in place to support people at the end of their lives. They explained how care staff would be trained and would work alongside other organisations, such as GPs, to provide end of life care to people if required.

The inspection was prompted in part by information of concern received from members of the public and local authority commissioners about the standard of care provided by the service. People told us they knew how to raise any concerns with staff. One person told us, "If I had a complaint I'd ring up and ask for the manager. I feel I can tell them about things that need to change." One person told us they had made a complaint in the past, they said, "I made a complaint, I asked for some staff not to come. They listened and changed the rota." The registered manager told us there had been 13 complaints made in the last 12 months about care provided by the service. Records showed complaints had been investigated and resolved in accordance with the provider's policy and to the complainant's satisfaction. The provider's complaints policy was accessible to people in their own homes. Two compliments had been recorded in the previous 12 months. The registered manager explained compliments were shared with staff straight away to recognise good practice.

Is the service well-led?

Our findings

At this inspection, we found improvements were required in the way events which called into question people's safety were managed. Therefore, the rating has changed since our previous inspection, from 'Good' to 'Requires Improvement.'

There were systems to monitor and improve the quality of service. These included checks of the quality of people's care plans and medicine records by senior staff. Records showed actions were taken to make improvements to the service, following audits. However, these audits had not identified issues we found during our visit. For example, senior staff had not identified and appropriately managed a safeguarding event during their weekly review. This event which called into question two people's safety, had been not been referred to the CQC in a timely way. Recruitment processes had not initially identified some staff were unable to communicate effectively with people whose first language was English and it was not clear what understanding these care staff had of the training they had received.

The registered manager had been working alongside the local authority commissioners to make and maintain improvements to the service. The local authority had visited the service twice within the last 12 months and made recommendations for improvements. The registered manager and area manager were in the process of addressing the issues, which demonstrated they were committed to making improvements to the service. For example, they had made changes to their recruitment process and the way some care staff were supported, to ensure new care staff had a better understanding of English and could communicate effectively with people. There was no other independent oversight of the service because the registered manager was also the provider.

The registered manager had been in post since 2015. They were also the registered manager for two of the provider's other services and explained they shared their time between the services. They told us they ensured there was always a senior member of staff available to support care staff. They were aware of their responsibilities to provide us with notifications about important events and incidents that occurred. However, they had not referred one event which called into question people's safety, to the CQC. We discussed this with the registered manager who provided a notification to the CQC following our inspection visit and gave us their assurances how any similar event would be managed in the future to protect people's safety.

The registered manager explained there had been changes to the senior staffing structure earlier in the year, where a new manager and an experienced care coordinator had left within a short space of time. A new branch manager was in the process of being recruited and a new care coordinator had been in post since September. People told us there had been noticeable improvements within the service. Two people said, "We experienced a lot of different carers which was unsettling, however this has now settled down in the last couple of months. We have been introduced to our new carer, which hasn't happened in the past. I think there's been an improvement", "They phone if they're going to be late. They didn't used to, but they do now" and "They went through a difficult patch in Easter when senior staff left and they struggled to cover their calls and that has now improved."

People had mixed views of the service. They told us, "It is an adequate service", "I would recommend the service, I am happy with it" and "I am not completely happy with the service because the staff change and you can feel staff's dissatisfaction sometimes."

Most staff we spoke with told us they felt supported by the registered manager. Two members of staff told us, "The provider is supportive and visits each week. They ask me if I need anything. I find the job rewarding" and "Every time I have a problem I call the office, or I can go in and they will solve my problem. We are a good team." Staff told us communication was good within the service and they were encouraged to suggest improvements and share information. The registered manager told us they had weekly staff meetings and shared information with staff via email and securely on their internal website. The registered manager told us they kept up to date with best practice by working closely with the local authority and health professionals. They told us they received updates from organisations such as CQC, which they shared with staff at meetings.

The registered manager encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys. We saw the most recent survey was completed in July 2018. The registered manager had published the results and had highlighted areas for improvement. For example, one person had commented, 'English is sometimes a problem as carers do not understand' and the registered manager had responded by saying, 'We are reviewing our recruitment process and further assessments will be carried out with applicants. In addition, we will shortly be employing a tutor to deliver classes to our identified carers where English is not their first language.' Other feedback was also obtained from people who used the service, through telephone chats with care office staff.