

Rainbow Care Solutions Limited

Rainbow Care Solutions (Staffordshire)

Inspection report

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20 March 2019

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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

About the service: Rainbow Care Solutions (Staffordshire) is a domiciliary care agency. It was providing personal care to 32 people at the time of our inspection. The agency primarily supports older people but is registered to support anyone with care and support needs.

People's experience of using this service: People received a safe service, from staff who were trained and supported in their role. People told us staff were reliable, arrived on time and were not rushed. Where people required it, they were supported to receive their medicines in line with their prescription. Staff understood how to identify and report any safeguarding concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us staff were caring and respected their privacy and dignity.

Care plans were in place to give staff the information they needed to support people in line with their preferences. People had the opportunity to provide feedback on the service they received and the provider conducted checks and audits on the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The service was registered in November 2017. This was the service's first rated inspection.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Rainbow Care Solutions (Staffordshire)

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was conducted by two inspectors.

Service and service type:

Rainbow Care Solutions (Staffordshire) is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone who uses the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with CQC. This person was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is sometimes out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity took place on 20 March 2019. It included home visits to two people who use the service. We visited the office location to see the registered manager, office staff and care staff; and to review care records and policies and procedures. We made telephone calls to people and additional care staff on

21 March 2019.

What we did:

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team, safeguarding team and local healthwatch prior to our visit. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service and three relatives. We spoke with the registered manager, branch manager, deputy manager, a care coordinator and four care staff. We received feedback from a health and social care professional. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service. We visited two people in their own homes to get feedback on the service, observe the care provided and look at the documentation available to staff in people's homes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and access to local authority policies and reporting procedures.
- The provider had appropriately referred concerns to the local authority safeguarding team when required.
- Staff received safeguarding training and knew how to report any concerns.

Assessing risk, safety monitoring and management

- People told us they felt safe with care staff and were comfortable when being supported.
- The provider conducted an assessment to evaluate and minimise risks to people's safety and wellbeing. This included risks relating to mobility, personal care, skin integrity, nutrition and the environment. We discussed with the provider about including more detail in some risk assessments about the measures in place.
- The provider had a system to record any accidents and incidents. This enabled the registered manager to review any incidents and assess if further action was required to prevent the risk of recurrence.

Staffing and recruitment

- The provider had a system to ensure there were sufficient staff to meet people's needs. They planned care visits in line with people's requirements, including the number of staff required at each care visit.
- All people we spoke with told us staff usually arrived on time and always stayed the full length of the care visit. People and staff commented that they did not feel rushed.
- The provider had recently introduced an electronic system to monitor any discrepancies between the planned time of visits and the actual time.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Using medicines safely

- Staff received medication training and their competence in this area was assessed.
- We observed one staff member did not follow best practice in relation to handling medicines. The provider addressed this and issued a reminder to all staff shortly after the inspection.
- Staff completed medication administration records (MARs). These were regularly returned to the office so that management or office staff could check that medicines had been given in line with people's prescription.
- Information about people's needs in relation to medicines was recorded in their care plan.
- People confirmed they were satisfied with the support they received with their medicines.

Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment (PPE) when required, such as disposable gloves.
- The provider checked that staff used PPE appropriately as part of their routine staff competency observations.

Learning lessons when things go wrong

- The provider learned from any incidents that occurred and took action to prevent the risk of recurrence. For instance, following an incident where care visits had been missed for one person, the provider introduced a new electronic system to monitor that staff had arrived at all visits.
- The provider gave examples of where they had made changes as a result of sharing learning from incidents or feedback at their other services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider conducted an assessment of people's needs, to ensure they could provide an appropriate service for them.
- The provider worked with other health and social care professionals where required, to ensure people's needs were met.
- We received positive feedback from a social care professional about the effectiveness of the service and the support provided to one person and their family.

Staff support: induction, training, skills and experience

- Staff received an induction and training to prepare them for their role. Staff were generally satisfied with the training they received.
- The provider conducted spot checks and observations of staff delivering care, to check on their competence. Any issues about staff competence were addressed by the provider to improve practice.
- Staff received supervision and appraisal.
- People commented positively on the competence and skills of staff. One person told us, "I can't fault them" and another said staff were "Very good."

Supporting people to eat and drink enough, with choice in a balanced diet

- Where it was part of someone's support package, staff provided support with meals and drinks. People we spoke with were satisfied with the support they received in this area and confirmed they were offered choice.
- Information about people's nutritional needs was recorded in their support plans.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals, and staff sought medical advice for people where required.
- Basic information about any health conditions people had was included in their care plan.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Nobody who used the service at the time of our inspection was deprived of their liberty.
- People confirmed staff always asked their views and sought consent before supporting them.
- People's consent to their care was recorded in their support plan.
- The provider had mental capacity assessment documentation for use in the event that there were any concerns about people's capacity to consent to their care or particular decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The feedback we received from people and relatives about the staff was consistently positive. People's comments included, "They are wonderful" and "They are absolutely lovely. I don't know what I'd do without them; so kind, so lovely." Another person described their two regular carers as "Kind and caring" and told us, "I couldn't wish for better carers."
- It was evident from our observations that people had built positive, warm relationships with staff, and they knew each other well. One person told us, "I so look forward to them coming."
- Staff received equality and diversity training as part of their induction. There was basic information in people's care files about any needs in relation to protected characteristics of the Equality Act, including those in relation to disability and age.
- The provider's assessment did not prompt staff to ask questions about all protected characteristics, such as sexuality. Reviewing this documentation would provide opportunity for people to discuss any other support needs they may have relating to protected characteristics.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- People and their families, where appropriate, were involved in the planning and assessment of new care packages. This was confirmed by a social care professional we received feedback from.
- A relative told us, "When we asked for a review, they arranged this within the week. We wanted to change the number of calls per week and they did this. They were very good and flexible."
- Nobody who used the service at the time of our inspection had an advocate, but the provider advised us they would share information about local advocacy organisations with anyone who they felt may benefit from independent support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People's comments included, "They (staff) always treat me with dignity."
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care. This included ensuring curtains were drawn and doors closed, and ensuring people were appropriately covered when being washed.
- Staff promoted people's independence by adapting their support according to people's skills and wishes. Information about this was available in people's care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People who used the service confirmed staff responded to their requests and provided support in line with their needs and preferences.
- The provider developed a care plan for each person, which contained detailed information for staff about the care people needed at each visit and people's likes and dislikes. Care plans were reviewed and updated when people's needs changed.
- Care plans contained some information about people's communication needs and any sensory impairments. Information, such as the provider's newsletter, could be made available in alternative formats should anyone wish for this. This showed the provider was working to the requirements of the Accessible Information Standard (AIS). The AIS is a legal requirement for all providers who receive any public or NHS funding.
- Staff recorded details of the care they provided at each care visit. These records were returned to the office at least monthly, which enabled the management team to check that care was provided in line with people's care plan.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community. We found there was limited information about people's interests and hobbies in the care files of some people who received 'social calls'. The provider sent us examples shortly after the inspection to demonstrate how they had addressed this.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was available to people who used the service.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. One person told us, "If I had any problems I'm sure the office would sort it out." A relative told us that when they had raised an issue in the past the deputy manager "Took down all the issues verbatim and dealt with it really well."
- The service retained a record of any complaints received and how these were investigated.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone.
- The registered manager advised that staff would work alongside district nurses to provide end of life care, should this be required. They also confirmed that if staff needed any additional guidance or support in relation to anyone's end of life care needs, this would be provided on an individual basis.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post who was also the registered provider. There was also a recently appointed branch manager.
- The registered manager was aware of their responsibilities, including what events they needed to notify CQC about. Notifications had been received as required.
- Information related to people who used the service was stored securely. The provider agreed to review their policy in relation to sharing information via mobile phone messaging. This helped to ensure the integrity of confidential information.
- The register manager and branch manager kept up to date with best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a quality assurance system and the management team completed audits to monitor the quality and safety of the service. This included checks of care records and medication records. They also completed spot checks of the support being delivered, to monitor the quality of the service.
- The provider promoted a positive person-centred culture. Staff told us it was a good place to work and spoke warmly about people they supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff we spoke with felt supported. They confirmed they could raise concerns or suggestions. There was a recognition scheme for staff and people could make nominations for staff awards.
- The provider produced a newsletter to keep people informed. They also gave people a handbook containing useful information and contacts.
- The provider told us they were working to involve people in the service more. For instance, they had a 'Rainbow Day Out' planned shortly after our inspection. This was a social event and an opportunity to get feedback and views.
- Surveys and spot checks were conducted to gather feedback from people who used the service, to identify any areas for improvement. Results of the most recent survey were being collated at the time of our inspection. Responses received so far indicated high levels of satisfaction with the service.
- The provider worked in partnership with other organisations and built links in the community. This

included working with health and social care professionals.

Continuous learning and improving care

- The registered manager and branch manager demonstrated a commitment to continual improvement of the service.
- Since the service had started, the provider had made a number of changes to improve and develop the service. This included introducing electronic call monitoring system and recruiting more bank staff.