

The Westminster Society For People With Learning Disabilities

Rainbow Family Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 8 September 2016 at which breaches of the legal requirements were found. This was because the provider had not ensured staff received appropriate training, supervision and support to carry out their duties effectively. We also found the registered person had not notified the CQC of safeguarding concerns in relation to a person using the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on the 6 June 2017 to check the provider had followed their action plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Rainbow family Centre' on our website at www.cqc.org.uk

The Rainbow Family Centre is a domiciliary care service which provides personal care and support to children and young adults in their own homes and out in the local community. At the time of our inspection 24 people were using the service, nine of whom were receiving support with personal care needs.

The service manager had begun the application process to become the registered manager. 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.

At this inspection, we found that the provider had followed their action plan which they had told us would be completed by the 2 December 2016.

Staff were supported by the management team through regular supervision sessions. An appraisal system was in place ensuring staff were provided with continual assessment and constructive feedback in regards to their performance, learning goals and achievements.

Team meetings and a feedback process ensured staff views were listened to, encouraged and acted on.

The service manager and care co-ordinator demonstrated a good understanding of their registration requirements in relation to notifying CQC of any serious concerns, incidents and/or accidents. We have received one notification since our last inspection which was investigated in line with the provider's policies and procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff were provided with opportunities to update and refresh essential training and were supported in their development by regular supervision and an annual appraisal.

Staff training records were kept up to date to ensure staff training needs could be easily analysed.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve the leadership of the service.

The service manager demonstrated a good understanding of events that should be reported to CQC in line with the provider's registration requirements.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Rainbow Family Centre

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.

We undertook a focused inspection of Rainbow Family Centre on 6 June 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 7 and 8 September 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service effective and well-led? This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one inspector and was unannounced. Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our visit we spoke with the service manager and a care co-ordinator. We looked at staff training syllabuses and training attendance records, supervision and appraisal records and checked to see if notifications were being reported appropriately and what if any action was taken by the provider in these incidences. Notifications provide us with information about changes to the service and any significant concerns reported by the provider.

Is the service effective?

Our findings

At our last inspection of this service on 7 and 8 September 2016 we found the provider was failing to ensure staff received the appropriate training, supervision and support they required to carry out their duties effectively.

During this inspection we found the provider had followed their action plan and addressed the issues in relation to this requirement.

Staff training records we looked at were accurately maintained and up to date. Records confirmed that staff had completed all essential training which included paediatric first aid, safeguarding adults and children, moving and handling, food hygiene and medicines administration. Training needs analysis records indicated when staff members needed to attend refresher training. Sessions were arranged and completed appropriately ensuring staff were able to update their skills and knowledge and carry out their duties effectively.

People were supported by staff who were adequately trained to deliver care safely and to an appropriate standard. All new staff were required to complete an induction which involved reading the provider's policies and procedures, completing the Care Certificate workbook, e-learning, classroom, shadowing and observation sessions. Staff were required to demonstrate a good level of understanding and knowledge before working with people on their own and completed specialised training when they were required to support people with more complex needs. Records showed that some staff had completed courses in managing behaviour that challenges and epilepsy.

People were cared for by staff who were adequately supported in their roles. The service manager told us supervision took place every six to eight weeks and was designed to facilitate feedback from staff and managers and support learning and training needs. Records showed that staff supervision and appraisal arrangements were in place and that these sessions were taking place as per the provider's policies and procedures.

Team meeting minutes we looked at showed that staff provided feedback about people using the service, refreshed their knowledge of the provider's policies and procedures and addressed any training and development needs. Meetings were organised on different days and at different times to ensure as many staff as possible were able to attend. Following team meetings staff were required to complete feedback forms assessing whether or not the meeting had been productive, well organised and effective. This ensured future meetings were designed to best address the provider's objectives and promote positive outcomes and actions where needed.

This meant the provider had followed their action plan was now meeting legal requirements.

We have been unable to improve the rating for this key question from requires improvement to good because we were unable to check that improvements had been sustained. We will check this at our next

inspection.

Is the service well-led?

Our findings

At our last inspection of this service on 7 and 8 September 2016 we found the registered person had not notified CQC of a safeguarding concern in relation to a person using the service.

During this inspection we found the provider had followed their action plan and addressed the issue in relation to this requirement.

The service manager demonstrated a clear understanding of the provider's registration requirements and the notification process. We have received one notification since our last inspection relating to an allegation of verbal abuse. This concern was investigated appropriately and found to be unsubstantiated.

This meant the provider had followed their action plan was now meeting legal requirements.

We have been unable to improve the rating for this key question from requires improvement to good because we were unable to check that improvements had been sustained. We will check this at our next inspection.