

Rainbow Care Solutions Limited

Rainbow Care Solutions (Redditch)

Inspection report

2 Oak Tree Park
Burnt Meadow Road
Redditch
Worcestershire
B98 9NN

Tel: 01527585700

Website: www.rainbowcaresolutions.co.uk

Date of inspection visit:
16 November 2022

Date of publication:
17 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Rainbow Care Solutions (Redditch) is a domiciliary care agency that provides care and support to adults who may have a range of needs which include physical disabilities, varied health conditions, dementia and sensory impairments. When we inspected, 76 people were being provided with personal care by the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People had detailed care plans and risk assessments which included information about their people's support preferences. Staff told us they understood people's individual needs.

Staff were recruited safely. Where staff were sourced from overseas there were robust procedures to ensure that only suitable staff were employed and all relevant references and checks were made.

Staff were trained in safeguarding people and were able to describe what they needed to be aware of to keep people safe. Where there had been concerns over the management of people's finances for shopping the provider was in the process of reviewing their procedures to protect people from risk of financial abuse.

Feedback from most people was positive. Where concerns had been raised about the time care staff arrived, the provider had made contact with the families and addressed the concerns raised.

People told us the care and support they received matched their expectations.

People were supported by staff who had access to training and who felt supported in their roles.

People were treated with dignity and respect and staff showed warm and caring attitudes to the people they supported.

People were supported to access appropriate health care professionals and services to ensure care remained responsive to their individual needs.

The provider had processes to monitor and improve the quality of the service, . The provider maintained an overview of how the service was performing. There were systems to identify where lessons needed to be learned in response to concerns or complaints.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people being at risk of financial abuse. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same at good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rainbow Care Solutions (Redditch) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rainbow Care Solutions (Redditch)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 November 2022 and ended on 28 November 2022. We visited the location's

office/service on 16 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 staff including the registered manager, 3 people using the service and 4 relatives. We also looked at 4 staff records and 5 care records that included people's care plans and risk assessments. We also reviewed a variety of records relating to the management and governance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from harm or abuse. People were supported by staff and a manager who understood their responsibilities to safeguard people from abuse and harm. Staff knew when they would whistle-blow and when they would report any concerns. All staff felt the registered manager would take action if concerns were raised.
- The provider had systems and processes to help ensure people were protected from the risk of harm or abuse. We had received concerns from a relative regarding how the service were managing a person's finances. The registered manager took steps to ensure that where money had been spent this was accounted for and had reviewed the system to ensure people were kept safe from any risk of financial abuse. We were satisfied there were safeguards in place to protect people.
- People told us they felt safe. One person said, "Staff are kind and I do not feel under threat at all."
- The provider understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- People had detailed and comprehensive assessments and care plans. For example, where people required care and support with their catheters, there was detailed information for staff to refer to. Another person had a recent stroke, so there was additional information for staff on what to look for and what to do in the person's care plans.
- Staff we spoke with understood what they needed to do to provide safe and effective care.
- We did find some people's records lacked some personalisation and found where details from other people's care plans had been included. The registered manager said that they would rectify this and were in the process of reviewing people's care plans.

Staffing and recruitment

- People told us they had the support they expected and that where they had been assessed as needing 2 staff, this was consistently provided.
- The provider told us they felt there was no problems with recruiting and felt positive about their staffing situation.
- The provider had a recruitment process which had the relevant checks to ensure that new staff were suitable to work with vulnerable people. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some staff were recruited from overseas, the provider carried out right to work and background checks

under a government approved scheme.

Using medicines safely

- People received the support they needed to take their medicines safely. There were systems and procedures to ensure medicines were administered in line with their prescription.. All staff had training in medicines before being able to administer medicines.
- People told us they received their medicines in line with their prescription, from staff that had the training and knowledge to do this safely. Where people needed time sensitive medicines (for example, before breakfast) their calls were prioritised to ensure timely medication.

Preventing and controlling infection

- People told us that staff wore appropriate PPE (Personal Protective Equipment) including gloves and aprons where required.
- Staff had access to disposable gloves and aprons. Staff told us about effective infection control including hand washing and wearing of gloves.
- Guidance was in place to protect people from the risk of infection.

Learning lessons when things go wrong

- The registered manager had a system to review all notifications and incidents and identified any points for learning. One example was the action to change the way people's money was handled following concerns being raised.
- Staff felt they were kept informed of any changes or where any concerns had been raised in other areas of the service.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People had their needs assessed before they started to receive care and support from the service. This included information about individual health and care needs and any specific preferences or religious and cultural needs. All staff had awareness of respecting people's equality, diversity and human rights.
- People and family members told us they were involved in reviewing their assessments and care plans and any decisions about the care they received.

Staff support: induction, training, skills and experience

- Staff had the support and training to carry out their roles safely.
- New staff received an induction to the service and had time to shadow more experienced staff around people's specific needs. Where staff were coming to work from overseas, the provider sourced external training covering aspects essential to the role, for example; manual handling, medicines and safeguarding.
- The registered manager told us checks on staff competence and knowledge left them assured training was suited to their roles.
- Staff told us they had the skills and knowledge around people's needs.
- Staff felt they had access to support and supervision and the provider carried out unannounced calls to check on how well people's care was being provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating preferences and needs were detailed in their care records and staff we spoke with were able to tell us about those needs.

Staff working with other agencies to provide consistent, effective, timely care ,Supporting people to live healthier lives, access healthcare services and support

- Staff and the registered manager, when needed, worked in partnership with other health and social care professionals to meet people's needs. For example, the registered manager co-ordinated with health professionals to ensure detailed care plans were accurate.
- People's care plans contained information about their health and wellbeing. For example, where a person wanted a radio left on when staff left this was included in the persons assessment and carried out by staff.
- People told us that they felt valued by staff who were also attentive to how they were feeling. One person said, "If they were concerned staff would contact the GP for me."

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA. People's care assessments included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff had knowledge of ensuring people made choices about their care.
- People told us staff treated them in a way that supported their choices and that nothing was done without their consent.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager told us how they encouraged staff to promote the very best service for people. There was regular contact with staff to reinforce the aims and objectives of the service. Staff we spoke with told us they always tried the best to provide a good service.
- The registered manager ensured people were involved in their care and acted in an open manner when concerns were raised.
- People and family members were positive about the service. A person said, "The service is fine. They turn up and do their jobs, not much more I could ask for."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a range of ways to engage with people that who used the service, and staff, including formal and informal meetings. This helped people to be able to communicate effectively with the registered manager and staff about any aspects of care or support.
- The registered manager said they had an open-door policy so that staff had access to raise any concerns straight away.
- Staff told us they felt well supported by the provider and management team.

Continuous learning and improving care

- The registered manager told us they were always looking for ways to improve. Recently they had employed a member of staff to work alongside the manager and undertake tasks related to improving the oversight and governance of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;. Working in partnership with others

- The registered manager understood their responsibilities to report any safeguarding incidents to the relevant agencies such as the local authority and CQC.
- The registered manager had overview of the day to day working of the service and staff performance and took action to address issues when this was required.
- There were systems to check and monitor the quality of care that people received. Care records were

monitored weekly to identify where action was needed.

- The registered manager had worked to ensure transparency and honesty throughout the service. They contacted other agencies with any concerns or at times when safeguarding incidents had occurred.
- There was a good working relationship with other agencies such as other health and social care professionals.