CareQuality Commission

Prime Marque Services Limited

Rainbow Care Solutions (Hertfordshire)

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 ●

Summary of findings

Overall summary

About the service
Rainbow Care Solutions is a domiciliary care agency providing personal care to 10 people in their own home at the time of the inspection.

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 felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. There had been no incidents, but a system was set up to review events and accidents should they occur. Medicines were managed well, and staff knew how to report any concerns about a person's safety or welfare. People told us staff were reliable.

Staff received relevant training for their role and people felt they had the right knowledge and skills. Staff felt very supported by the management team. People told us staff respected their preferences and choices. People were asked for give their consent before receiving support and the principles of the Mental Capacity Act were followed.

People and their relatives told us staff were kind, caring and respectful. Staff enjoyed working for the service and told us the culture was to ensure care was person centred. Care plans included information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, their relatives and staff were asked for their views about the service and felt listened to. There were monitoring processes in place to help ensure a good standard of service. Quality assurance systems were set up to identify any areas that needed further development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
This service was registered with us on 21/04/2021 and this is the first inspection.

Why we inspected
This was a planned inspection based on the registration date.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead

used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 (Hertfordshire)

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
The 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 available to support the inspection.

Inspection activity started on 11/7/23 and ended on 9/8/23.

What we did before inspection
We reviewed information we had received about the service since their registration. We used this information to plan our inspection. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this as part of our planning.

During the inspection
We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 2 members of staff.

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe receiving support from the service.
●There had been no safeguarding incidents but there was a system in place to ensure they were reported to us and to the local authority safeguarding team should this occur.
● Staff were aware what abuse might look like and knew how to report any concerns they had within the service or externally. Staff told us they could raise any concerns with the management team.

Assessing risk, safety monitoring and management
● People and their relatives told us staff worked safely.
● People's individual risks were assessed. These were to be reviewed and updated should there be an incident, for example a fall, or change in needs.
● Staff told us that the management team was regularly checking they were working safely.

Staffing and recruitment
● People and their relatives told there were enough staff available to meet their needs. Visits happened on time and lasted the length planned. A person said, "They are always on time."
● The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

Using medicines safely
● Staff were trained to support people with their medicines safely. The management team ensured staff completed competency assessments.
● The management team carried out spot checks and audits to help ensure medicines were managed safely.

Preventing and controlling infection
● People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance.
● Staff told us they had access to a regular supply of PPE. They were clear on was needed to promote good infection prevention and control.

Learning lessons when things go wrong
● The provider had systems in place to help ensure learning from events, incidents or accidents that may

occur.

● The learning from these events would be shared with staff during training, meetings and electronic messaging.

Is the service effective?

Good ●

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences. The PIR stated, 'All service users have an initial assessment when we take on the package to determine how they can be supported. Furthermore, their needs and preferences will be evidenced in their support plans and risk assessments. In addition, assessment helps identify if a client requires single or double-handed care. We have a rota system planned in-advance to ensure that the correct staffing levels and skills required are in place for each shift.'
● People and their relatives told us the service was well prepared to meet their needs.
● The registered manager remained in contact with people and their relatives to ensure the planned care package was working well.

Staff support: induction, training, skills and experience
● People and their relatives told us staff were well trained and knowledgeable for their role. A relative said, "I trust them."
● Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid.
● Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role and they worked in the required way. Staff told us they felt supported.
● New staff had a full induction. This included training and shadowing experienced staff members.

Supporting people to eat and drink enough to maintain a balanced diet
● People and their relatives said staff supported them well with eating and drinking when needed.
● People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access health or social care professionals as needed.
● Staff all knew what to do if a person became unwell or needed additional support. A staff member said, "I will inform my line manager and wait for feedback. In case it is a life threatening situation, I will call the appropriate emergency services, such as an ambulance." Staff were made aware that any changes in people's health were to be reported.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● People and their relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan in relation to care, records and sharing of information.
● There was a system in place to ensure people had mental capacity assessments completed when needed.
● Staff received training in the Mental Capacity Act and knew how to put this into practice. A staff member said, "The MCA has helped me to make decisions for others in their best interests and also, caring for people who lack mental capacity should be the least restrictive of their basic rights and freedoms."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People and their relatives told us that staff always treated people well and they felt respected.
● People were supported by staff who had taken the time to get to know them well.
● Staff were encouraged to get to know people and what was important to them.

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives told us they were involved in decisions about their care.
● People's care plans included a record of people's involvement, preferences and choices. The PIR stated, 'We use a system called PASS system where all service users' care and support plans are stored. Using PASS system enables efficient sharing of information with stakeholders.'

Respecting and promoting people's privacy, dignity and independence
● People and their relatives said staff promoted people's privacy, dignity and independence. When asked of they felt they were supported in a respectful way that promoted dignity a person said, "Oh yes, definitely."
● Care plans included detailed information about how to promote privacy and dignity, tailored to the person's individual needs and preferences. The nominated individual told us that as part of new staff starting, they shadowed experienced staff or a manager so they could learn how to promote privacy, dignity and show respect. They said, "We explain to new staff why we do things."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People were happy with the care they received and felt they were supported in their chosen way. A person said, "Everything is good." A relative said, "I'm very happy, it's working well."
● Care plans were detailed and gave information to staff so they could support people safely and appropriately.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● When the care plan is developed at the start of supporting a person, they discuss any specific need or preference in which they communicate. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
●People and their relatives told us that staff communicated well and in a way that met their needs. The PIR states, 'We will refer interpreters and or communication experts where needed when a client is identified to have communication difficulties and adapt the system accordingly to enhance their quality of care.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People and their relatives felt the staff and service provided everything that was needed and ensured they were able to continue with what was important to them.
● We saw that the staff member maintained a record of how they supported the person they supported to carry out tasks and activities.

Improving care quality in response to complaints or concerns
● People and their relatives told us they had not had any complaints but said they would be confident to do so if the need arose.
● The provider had a system in place to record and monitor complaints. This was to ensure they could identify any reoccurring issues so they could be resolved. However, no formal complaints had been received and where small points were raised, these were addressed.

End of life care and support

● The staff team had not yet needed to support people at the end of their life. Some staff had competed training in this area but there were plans in place to ensure staff were ready for if the need arose.

Is the service well-led?

Good ●

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.

This is the first inspection for this newly registered service. This key question has been rated 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
● Feedback about the culture and approach of the service was very positive. A relative said, "I'm very happy, everything is working well."
● Staff told us they were happy working for the service. A staff member told us, "I think Rainbow needs more clients to be able to extend this kind of good service to all that need it."
● The provider's ethos was about people's experience and improving lives. The nominated individual said, "We send a message every day to staff, to motivate them, and for them to appreciate what they do. Our vision is to make a better life for our customers, and everyone is responsible for that."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager understood their responsibilities in relation to the duty of candour. A relative told us, "I trust them." Staff told us they were encouraged to speak up if there were any issues and the management team wanted their feedback.
● The registered manager was in contact with staff daily to help ensure a good standard of service was provided.
● The registered manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable.
● There were audits across key areas of the service. For example, infection control, care plans and medicines. If any shortfalls were found, the information was to be added onto an action plan to give an overview of performance and any areas that needed addressing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were positive about how the service engaged with them and they felt their views were listened to.
● People's feedback was sought through surveys, quality assurance calls or visits with the management team. The feedback was collated so any actions could be developed.
● Staff feedback was sought through electronic messaging and observed practice sessions with the registered manager. Staff were positive about the service and the management team. A staff member said, "I get to give out my views when asked."

Continuous learning and improving care
● The management team reviewed events and shared any learning with the staff team.
● The management team were looking for ways to further develop the service. They were linked in with a local care provider's association and attended the training on offer and had updates sent to them.

Working in partnership with others
● The team worked with external professionals to support people appropriately and develop their service. This included health care professionals.
● The nominated individual and the registered manager was prompt in their response to our requests and organised so that information could be shared effectively.