

BDW Care Ltd

The Rainbow Care Group

Inspection report

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Tel: 01423223454

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Rainbow Care Group is a domiciliary care agency providing personal to people living with dementia in their own homes. The service was supporting 10 people at the time of inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

There was no established auditing system to improve the quality and safety of the service. This meant the provider had failed to identify the improvements required at the service.

When checks were carried out such as medicine checks, spot checks and surveys they had not been used to improve the service. Records were not always accurate, up to date or fully complete.

Records were not always completed for staff induction, and systems were not effective to record and monitor training.

Recruitment records were not robust. We have made a recommendation about recruitment.

Tools were used to assess the risk levels, but control measures were not always put in place when required. Staff had knowledge of how to mitigate risks to people. We have made a recommendation about the management of risk.

People were happy with the support they received with their medicines; however, best practice was not always followed.

People were supported by a consistent staff team who they had developed positive relationships with. Staff treated people with respect and maintained their privacy and dignity.

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.

The service worked in collaboration with health and social care professionals and we received positive feedback regarding the service and partnership working. People were supported with their nutritional needs when this was part of their care package.

People received person centred care. The provider was passionate about ensuring people received

stimulation and activities.

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 06 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Rainbow Care Group

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector. One Expert by Experience supported the inspection by making telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 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 13 July 2021 and ended on 30 July 2021. We visited the office location on 13 July 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven relatives about their experience of the care provided. We spoke with the registered manager, director, care coordinator and three care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received written feedback from four professionals who support the service.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not always follow all aspects of their safer recruitment practice. Appropriate checks were not in place for one staff.
- Recruitment checks had been carried for other staff but records were not robust. For example, interview records had not always been scored and application forms were not always fully completed.

We recommended the provider seeks advice from a reputable source regarding implementing their recruitment procedures effectively.

- People received care from a consistent staff team who turned up on time. Feedback from relatives included, "It is generally the same group of carers who visit four times daily and we have a weekly rota which provides us with information of who and when carers will visit each day."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Tools were used to assess risks to people, but risk assessments were not always developed when required. Staff had knowledge of how to mitigate these risks.
- Individual risk assessments had not been carried out with people or staff in relation to the COVID-19.

We recommended the provider review their processes regarding managing risk.

- Environmental risk assessments had been carried out in people's homes to reduce risks to staff and people.
- Staff wore PPE and had COVID-19 tests in line with government guidelines.

Using medicines safely

- Protocols were not in place to guide staff on when to administer as and when required medicines. The manager implemented these following the inspection.
- Best practice guidance was not followed in relation to medicines management. For example, there were no medication administration records in place for prescribed creams or body maps.
- People were happy with the support they received with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Relatives told us, "Yes [Name] does feel very safe with

the carers as they are very conscientious in their role and [Name] is very comfortable with them."

- Staff knew what action to take to ensure people were safe and protected from harm and abuse.

Learning lessons when things go wrong

- The registered manager told us there had only been one accident since they had registered. They confirmed any accident and incidents would be reviewed and monitored for lessons learnt.

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.

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.

Staff support: induction, training, skills and experience

- Staff told us they received induction, shadowing and training. However, records were not always in place or were not robustly completed.
- Staff received supervisions and the registered manager was in the process of booking all staffs appraisals.

We recommended the provider seek advice from a reputable source regarding induction and staff training.

- Staff felt well supported by the management team.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- Staff support people to access health care services when required.
- We received positive feedback from health and social care professionals. Feedback included, "Staff are very good at contacting if there is an issue or concern. I have worked together very well with the staff and they are receptive to advice."
- Where people required support with nutrition staff supported this.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- Pre assessments were carried out prior to people receiving a service. People and their relatives confirmed they were involved in the assessments.
- People were happy with the care they received and this was in line with their choices.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gained consent prior to supporting people. One relative told us, "Staff tend to go with mums' choices and respect her wishes."
- Where appropriate people had consented to their care plans.
- Care plans contained detail of when people had been given the legal authority to make decisions on another's behalf.

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 were treated with respect by kind and caring staff. Feedback from relatives included, "I think the carers are all very kind and caring with [Name], she loves them all" and "The carers are most definitely caring and very kind towards [Name] who can be very difficult at times. I don't know how I would cope without them."
- People had consistent staff who they had developed positive relationships with. One relative told us, "Yes we always feel listened to, it's like a group of friends visiting us."
- People were given the opportunity to express any diverse needs so these could be respected.

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

- People and their relatives were involved in their care. One relative told us, "Yes, the carers always involve us in the care plan if there are any changes in daily needs."
- People were encouraged to make decisions about their care and staff adapted the support delivered based on this. One relative told us, "Yes my relative has choice regarding their care package, and it's always open to discussion and open to change if needed."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. This included ensuring doors and curtains were closed when supporting with personal care tasks.
- Records were stored securely to ensure confidentiality was maintained.

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.

- People received person centred care from staff who knew them well. Care plans were inconsistent in quality; however, this had no impact on care as staff knew people's needs.
- Staff respected people's choices and preferences. One relative told us, "Staff very much stick to [Name's] strict routine, we told them their likes and dislikes and daily routine."

End of life care and support

- The provider had a tool to use to support people with recording their end of life wishes.
- Nobody was receiving end of life care at the time of our inspection.

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.

- The registered manager was aware of the accessible information standard.
- People's communication needs were assessed prior to starting to receive a service. The registered manager told us they would then get the required documents in the appropriate format. Staff had previously used communication boards to aid effective communication.

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

- The provider was passionate about ensuring people received activities and stimulation. The director was in the process of supplying everyone with 'activity bags' these contained activities and games which staff could use to encourage stimulation and meet people's needs.
- Staff supported people to take part in activities. One relative told us, "The staff sit with [Name] and go through her photo albums and reminisce with her; she becomes quite animated."
- Where it was part of the care package staff supported people to access the community. One staff told us, "I took [Name] strawberry picking the other day because she wanted some fresh ones for her relative, they were so lovely and grateful."

Improving care quality in response to complaints or concerns

- Only one complaint had been submitted which had been responded to and addressed.
- People felt confident to complain and that it would be addressed appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no established auditing system to identify and drive improvements.
- Minimal audits had been carried out on medicines; however, action had not been taken to address the areas identified on these audits.
- The lack of oversight and quality monitoring meant the provider had failed to identify areas found at this inspection.
- Systems for monitoring staff training were not robust, it wasn't always evidenced what training people had received. When staff had spot checks and areas for improvement were identified, these were not action planned or followed up.
- Record were not always in place, accurate or fully completed. Care plans were inconsistent in quality and did not always contain sufficient information.

The failure to operate effectively monitor the quality of the service and a lack of up to date information is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood they should be having more oversight of the service but had struggled with this due to having to attend care calls. They had employed a care manager to give the registered manager more time to carry out their role.

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

- Feedback gained from people and staff was not used to develop and improve the service. There was no analysis or action planning to address feedback given.

Failure to take on board feedback to drive improvements in the quality and safety of the service was additional evidence of the breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and their relatives were extremely positive about the service.

- Staff were well supported by the management team which motivated them to deliver good quality care. One staff told us, "I feel like I am really proud to work for them, it is the nicest job I have ever had, they are such a nice caring company that act in the best interest of the people they support."
- The service worked closely with a variety of professionals in order to meet the needs of the people they supported.
- We received positive feedback from health and social care professional's regarding the partnership working of the service. Feedback included, "The manager will attend any required discussions/reviews and has always had a good knowledge of the situation when asked. They are very responsive to collaborative working and taking professional guidance to manage changes of needs."

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

- The registered manager was open and honest throughout the inspection and were accepting of the findings of the inspection. They were keen to address the issues raised and understood the need for better oversight of the service.
- The registered manager understood their duty to inform the appropriate people when things go wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the service. Regulation 17(1)(2)(a)(b)(c)(e)