



## Inspection Report on

**The Rainbow Foundation - Home Care and Support**

**Penley Rainbow Centre  
Whitchurch Road Penley  
Wrexham  
LL13 0GB**

**Date Inspection Completed**

13/04/2023

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## About The Rainbow Foundation - Home Care and Support

Type of care provided	Domiciliary Support Service
Registered Provider	The Rainbow Foundation, Wrexham
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">This is the first inspection for this service</a>
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

This is the first inspection for this domiciliary support service.

The service provider ensures people's wellbeing is the focus of person centred care from knowledgeable and caring staff. Care staff follow detailed personal plans and know people well. People are supported to access specialist and professional advice where required, including from other parts of the charitable organisation providing this service. People and their relatives are happy with the care they receive.

Staff tell us they are well supported by management. Staff are knowledgeable and receive training to meet people's needs, but staff records require re-organising to clearly demonstrate compliance with training and supervision. Governance structures are in place and undergoing development under the new Responsible Individual (RI). The RI makes frequent visits to the service and gathers feedback from staff and individual people to support ongoing development and improvement of the service.

## Well-being

People receive person centred care from reliable and caring staff who know them well. They make choices about their day to day lives and remain as independent as possible in their own home with support from care staff to manage levels of risk taking. Staff told us “*person centred care is the thing [the service] do best*”. The manager and RI encourage care staff to begin each visit by sitting and having a chat with people they are supporting. Care records contain good detail about how people are feeling, visits from family or friends, in addition to the support and care activities performed, and evidence of meaningful interactions with people. This gives a well-rounded view of the person being supported and their wellbeing. Care staff told us they liked the longer care visit times because they have more time for chatting with people. People told us they are happy with their care and the service currently meets the needs of people using it.

Specialist advice is taken and acted upon to keep people safe and ensure they maintain good levels of health and wellbeing. Staff are aware of their responsibilities to keep people safe and are confident in reporting concerns to the manager. Staff were able to describe the actions they would take if they had a concern, and records we saw demonstrate staff follow policies in place for this. The safeguarding of vulnerable adults is part of routine training, and a regular item on team meeting agendas; this ensures staff maintain understanding and awareness of their responsibilities. People using this service also benefit from access to social prescribing and day centre facilities offered separately by the service provider’s charity locally.

## Care and Support

The service provider ensures people's needs are fully assessed and identified information from people and their relatives or representatives, and professionals. This information is used to write detailed and personalised plans describing people's care needs and desired outcomes. People's personal plans are reviewed with them regularly and updated as their needs change. Care staff are kept informed of changes to personal plans verbally and via the electronic care recording system the service provider uses.

Personal plans are accessible to care staff electronically via mobile devices provided for recording care and support activity. Staff know people well and were able to tell us about people's preferences and support needs. Records show care activities are logged by care staff in real-time and monitored remotely by management. Records also show calls are timely, last the required length of time agreed, and care is provided following people's individual personal plans. Individual visit records contain good detail about people's mood, any visitors they have during a call, or meaningful conversations they have with staff. This gives a well-rounded view of how the person is being supported and their wellbeing. Feedback received from relatives stated that carers were "*very reliable and caring*", and this was supported by talking to people using the service.

The service provider has policies and procedures in place to protect their health and wellbeing. Staff receive training in the importance of safeguarding vulnerable people and are aware of their responsibilities to report any concerns to management as part of their registration with Social Care Wales. Records show staff follow policies and swiftly inform management of any issues or potential risks to people as they are identified. The manager takes appropriate and timely action to reduce risks for people where possible, whilst also maintaining people's autonomy and independence. Records show specialist and professional advice is sought and implemented in a timely way. Identified risks and subsequent modifications to support are clearly highlighted in personal plans, with clear instructions for care staff about what action is needed. There is a lack of evidence of risk assessment although risk levels and mitigations are highlighted in people's plans. This is the first inspection for this service, and we found no evidence this issue is impacting on people. We discussed the need for risk assessment evidence with the manager and RI, who agreed they will document this from now on.

## Leadership and Management

Governance structures are in place for the oversight and monitoring of the quality of service delivery. In the latest quality assurance report the RI highlights a need for further development of these structures. Records of team meetings and monthly management meetings show this work is underway. The same report was lacking direct evidence of people's views on the service. We discussed this with the RI; we were shown evidence that since the report was written, he conducts one to one visits with people using the service to gather direct feedback. The RI visits the office at least each week and we saw records of formal RI visits as required by the regulations. There is a good and comprehensive set of policies in place to support staff and keep people safe; individual policies are discussed in team meetings to ensure staff awareness and understanding. Records also show new management structures in place to improve the training provision, the planning and review of personal plans, and staff supervision.

Staff team meetings are held every two months, and the manager has an open door policy at the branch office prompting staff to raise queries or issues as they arise. Staff told us there is good communication with management and feel well supported with training. Staff scored rated training as excellent or good in their online feedback. Staff feel valued by the management and service provider. Records show staff are supported to develop new skills to enhance the quality of service provided. Some care staff have worked at the service provider's day centre for many years before working in the domiciliary service, and rate them highly as an employer. Staff told us the service provider pays them for travel time and they like the fact they are encouraged to spend time with people chatting during visits.

We looked at a selection of staff files and saw evidence of safe staff recruitment and vetting practices. There is a good induction programme for new staff, and a good range of training is offered for ongoing staff development. We saw competencies are checked regularly and refresher training has been undertaken by most staff. Staff are encouraged to complete written reflection to embed their learning. However, staff files and training records are disorganised, so it is difficult to see if staff are fully compliant with training and supervision requirements. We discussed this with the RI and manager who confirmed they are aware and working to resolve it as part of ongoing quality assurance improvements. There is currently no impact on people using the service, and this is the first inspection since the service was registered; we will revisit this at the next routine inspection.

The service provider is a charitable company, and the service is small despite being active for over a year. The RI told us the service is financially sustainable at present, and they are working with local commissioners to ensure sustainability is maintained.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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