

## Rainbow Services Housing Support Service

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Type of inspection: Unannounced  
Inspection completed on: 1 November 2017

**Service provided by:**  
Rainbow Services (UK) Ltd

**Service provider number:**  
SP2010010813

**Care service number:**  
CS2010238189

## About the service

Rainbow Services has been operating since 2005 and registered with the Care Inspectorate when it was formed in 2011.

Rainbow Services is registered to provide a housing support and support service to adults and older people with assessed needs living in their own homes and in the wider community. These services are provided in a combined way and one inspection is carried out. The service is provided by Rainbow Services (UK) Ltd and is a family run business. The service has its main office in Ayr and subsidiary offices in Castle Douglas and Falkirk. The service is currently provided by staff teams operating in Ayrshire, Falkirk and Dumfries and Galloway. The service is also registered to operate in East Dunbartonshire and East Renfrewshire.

Rainbow services aims to "provide people with the best care and support service in their own home, individually tailored to their choices, needs and requirements. It aims to give the choice and freedom people want in their lives by providing individualised care and support which puts the person in control".

## What people told us

For this inspection, we received views from 197 of the 875 people experiencing care and support. We attended forum meetings on 6 June 2017 (Ayr), 13 June 2017 (Dumfries) and 3 August 2017 (Falkirk) and spoke to people at these events about their experience of the service provided. We sent 200 care standards questionnaires to the manager to distribute to people using the service. We received 111 completed questionnaires. We visited six people in their own homes and phoned 30 people to get their feedback on the quality of the service provided. The provider used social media to inform people that an inspection was taking place and encouraged them to contact the inspector directly to share their experience of the service provided.

Overall, we received positive feedback about the quality of this service. People told us that there was continuity in the service provided and that mainly the number of staff providing their support was limited to a small group. People spoke positively about the quality of staff and confirmed that they were treated politely and with respect and we saw that some good relationships had developed. People confirmed that staff were generally on time unless they were running late from an earlier visit and that on these occasions the office or carer would usually phone to let them know. People told us that they received the full time allocated for their support and that generally staff had enough time to carry out the tasks. Some people told us that they did not know what time staff were allocated for their support. We also saw that some people received weekly rotas in advance of visits and some people did not. Those who didn't said that they would like to receive this. Most people confirmed that they had a personal or support plan which contained information about their support needs and confirmed that this included detail about their needs and preferences. Most people confirmed that the service checked regularly that they were meeting their needs. We explored this further in discussion with people and found that although this was happening that the service needed to be more explicit to enable people to fully understand and participate in this process. People knew who to contact if they were unhappy about any aspect of the service and where there had been concerns that these had been addressed to their satisfaction.

Comments included:

"I am very pleased with the package that I have especially getting the same person on a daily basis. I've got to know them and they are able to know my needs".

"Support is excellent".

"Overall, I think carers have enough time to carry out the care required. Mornings can be difficult if X needs extra help and it can make carers late for the next client. We are very happy with the service provided".

"Good quality carers, respond well to changes in my needs".

"Very happy with the service provided. Staff are friendly. There is continuity of care provided by same group of carers. I was apprehensive of how X would react to carers but service has been great and provided valuable support to X and family".

"I very much appreciate the service provided which has enabled me to live in my own home".

"They are always respectful to your needs".

"The care that I receive is terrific. All the staff are very friendly and nothing is a bother for them. They always have a smile on their faces. I am pleased to see them".

"Any queries are dealt with by staff or a quick phone call".

"Carers are very patient, show respect and meet all X's needs. X has built a good rapport with the carers and is beginning to trust them. We would be lost without them".

"Sometimes staff are a bit late. They are not always given enough time to get from one client to the next. They always see to my care nevertheless".

## Self assessment

The service was not asked to complete a self-assessment in advance of this inspection. We looked at the provider's quality assurance system and processes and how these are used to direct improvements within the service. We discussed how the service improvement plan could be expanded by ensuring that it is informed by all processes for assuring quality within the service, and include the person responsible, timescales, and how this will be monitored and reviewed to ensure that it is achieving the required outcome.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

## What the service does well

People experiencing care could be confident that the organisation was well led and managed. The provider had initiated changes to registration to consolidate and strengthen the way in which the service was provided which was contributing to improved outcomes for people experiencing care and staff working within the service. There were robust quality assurance processes which were monitored by the management team and used to inform the service improvement / development plan.

The manager was visible and promoted an inclusive culture which valued the contribution of people experiencing care, staff and other stakeholders in the continued development of the service. We saw that the manager was committed to the aims and objectives of the service and to ensuring that people experienced care and support which was shaped by their choices and needs. This was demonstrated in the way that they embraced work with partner organisations to support personalised outcomes for people. For example, the service had been working with partner organisations in Dumfries to develop wellbeing teams and community circles to enable people to live their lives in the way they wanted.

People were involved in the planning and review of their care and support. This ensured that the service took account of their wishes and preferences and was responsive to their changing needs. People could be confident that the service monitored their health and wellbeing and involved other healthcare services if this was required. Where people needed help to take medication, arrangements were in place to ensure that this was done safely and in a personalised way. Risk assessments were undertaken to help determine specific care and support needs and promote safety.

Appropriate measures were taken where there was identified changes to needs or where it was identified that the service people experienced was not the right one for them, based on their needs, rights and choices.

People experiencing care could be confident that they would be listened to and taken seriously if they had a concern, and that appropriate assessments and referrals would be made if there was a concern about their protection or safety.

People spoke positively about the service that they experienced and we saw that good relationships had developed.

## What the service could do better

The service was committed to the development of personalised support. They had been involved in a Helen Sanderson project and had used their learning and experience from this to develop personal planning. Person centred planning tools had been introduced to support conversations and help plan care around what matters to

the person. This included the introduction of one page profiles to help staff quickly understand what is important to the person. However, we found that this did not always link to the plan of care in directing carers as to how care needs and preferences were to be met. This was acknowledged by the manager who agreed to review this. See recommendation 1.

Staff had also completed one page profiles and although some people told us that carers had been matched to supports we felt that more use could be made of profiles in this process. For example, in one area we were told that staff profiles were being used to assist people who were new to the service. This is good practice which the service should consider extending to all areas.

There was a system in place to monitor the frequency of review meetings. However, occasionally these were slightly over the required six month period due to difficulties involving families and people supported. We suggested ways that the service could overcome this and strengthen the monitoring of this. See recommendation 2.

Based on what people told us we have repeated two recommendations made at the last inspection to ensure that people know the name of the home care worker scheduled to provide support and that staff have sufficient time to travel between visits. See recommendation 3 & 4.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 4

1. The provider should review and develop the format and content of personal plans to ensure that it sets out people's needs and preferences and how they will be met. This will ensure that personal planning reflects the needs of people and informs the care provided.

National Care Standards Care at Home, Standard 3: Personal plan

2. The provider should monitor the frequency of care review meetings and ensure that the personal plan is consistently updated following review. This will ensure that people's needs are being met and there is no delay in responding to any change in needs.

National Care Standards Care at Home, Standard 3: Your personal plan.

3. The provider should review arrangements for notifying service users and families in advance of staff attending or if there is any change in the timing of the service. This will ensure that people are at ease with home care workers.

National Care Standards Care at Home, Standard 4: Management and staffing.

4. The provider should monitor the schedule of visits to ensure that staff have sufficient travelling time between visits. This will ensure that people receive a consistent and reliable service.

National Care Standards Care at Home, Standard 4: Management and staffing.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Inspection and grading history

Date	Type	Gradings	
2 Jun 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 May 2014	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
14 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
29 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
20 Dec 2010	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed

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