

Rainbow Services Housing Support Service

Heritage House
Ladykirk Business Park
11 Skye Road
Prestwick, Ayrshire
KA9 2TA

Telephone: 01292 287901

Type of inspection:
Unannounced

Completed on:
11 June 2024

Service provided by:
Rainbow Services (UK) Ltd

Service provider number:
SP2010010813

Service no:
CS2010238189

About the service

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.

These services are provided in a combined way and one inspection is carried out. The service is provided by Rainbow Services (UK) Ltd and owned by Grosvenor Health and Social Care Limited.

At the time of inspection, the service provided support to approximately 311 people across East Ayrshire, South Ayrshire and Dumfries and Galloway.

The service is also registered to operate in East Renfrewshire. However, they were not currently providing any services in East Renfrewshire at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 3, 4, 5, 6, 7 and 10 June 2024. The inspection was carried out by two inspectors.

To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 26 people using the service and six of their family
- spoke with 13 staff and management, received 27 responses from surveys sent to staff
- observed practice and daily life
- reviewed documents
- spoke with visiting professional.

Key messages

- People were happy with the care they received.
- The service had trackers in place which provided clear oversight in regards to quality assurance.
- Some of the audits should be developed to incorporate the new electronic systems used.
- Staff had access to a range of person specific training. This ensured people's health needs were met.
- The service should have team meetings to provide a platform for staff to discuss what is going well, what could be improved, and an opportunity to reflect on practice.
- The service had made improvements in the quality of care plans.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

During the inspection, we witnessed kind and caring interactions between staff and the people they were supporting. The majority of people we spoke with were positive about the service they received and those who cared for them. Most people were supported by the same team of staff. This meant those supported received continuity in their care and were supported by people who know them well.

Within people's personal plans we were able to see records of their health conditions. Where staff supported people with the application of topical creams, we were able to see what these were and where they should be applied. Appropriate risk assessments were in place with prompts for staff, highlighting mobility aids people used. This meant that there was information available to inform staff about how to support people with their individual needs.

We reviewed medication administration. At the time of inspection, the service was using both paper Medication Administration Records (MARs) and had started to also use electronic MARs. We found the paper MARs were completed fully. Where there were any missing signatures, these were followed up and actioned appropriately. However, we did find that electronic MARs were not consistently being completed. **(See area for improvement 1 under Key Question 2 - How good is our leadership?)**

We were able to see that when 'as required' medication was administered appropriate records were being kept. However, we found that there was limited information to inform staff on when and why these medications should be administered, as well as any further action to take if they were found to be ineffective. **(See area for improvement 1)**

People should be supported to access healthcare professionals when required. We found the service had clear records of when action had been taken to assist people to access healthcare professionals, as well as raising any concerns.

Areas for improvement

1. To support people's health and wellbeing, and ensure they experience interventions that are safe and effective if receiving 'as required' medications, the service should ensure medication protocols are in place.

These should inform staff of:

- a) what the medication is for;
- b) dose instructions - what the maximum dose is a day, and the minimum interval between doses;
- c) when the medication should be given; and
- d) when, if any, further action would be required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

It is important that care services have effective systems in place to assess, monitor and evaluate the quality of services provided. This is done by gathering evidence using audit tools, feedback from people using the service and their relatives, and carrying out direct observations of staff practice. This information should help drive service development and improve outcomes for people they support.

The service had a service improvement and development plan in place. It was clear to follow the improvement journey of the service. We found that outcomes from quality assurance activities should be detailed within the service improvement and development plan in order to continue to be able to track and follow this journey.

We were able to see there were a range of quality assurance audits in place with relevant actions when required. The service had been transitioning onto an electronic system for care planning, record keeping and tracking service provision. We found that the current audits did not capture all the necessary information now that the systems and processes had changed. This was discussed with the management team who were understanding. They discussed how their current quality assurance systems could be developed to ensure the electronic system is also captured within these audits. **(See area for improvement 1)**

The management team had trackers in place which gave clear oversight of staff supervisions, training, staff spot checks/competency assessments, reviews of people's support packages and the professional registration of all staff members. We found all areas detailed above to be sitting with high compliance rates. We did find that where spot checks had been carried out, these could be improved by ensuring details of what staff could improve on were recorded on the form and discussed with the staff member. This would enable staff members to reflect on and develop their practice.

The service kept clear records of any accidents and incidents that had happened. This included any follow-up that took place and any actions arising.

We were also able to see clear records in regards to any complaints and concerns. These included all the information to detail how any complaints or concerns were effectively resolved.

The service had a range of policies and procedures in place. We found that the policy/risk assessment 'Family Members Working Together' should be reviewed. This is to ensure that all staff and people supported feel they are able to raise any concerns or issues regarding care or staff conduct in order for the management team to be able to address any issues which may arise. **(See area for improvement 2)**

Areas for improvement

1. In order to ensure people experience quality care and support, the manager should develop the service's quality assurance processes ensuring they provide clear oversight of all relevant areas.

This should include, but is not limited to:

- a) recording on the electronic Medication Administration Records;
- b) electronic daily notes; and
- c) staff checking in and out of supports.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. In order to ensure people experience quality care and support, the service should review the 'Family Members Working Together' policy and procedures. This is to ensure that all staff and people supported feel they are able to raise any concerns or issues regarding care or staff conduct in order for the management team to be able to address any issues which may arise.

This should include, but is not limited to:

- a) ensuring the policy is reviewed and updated;
- b) appropriate risk assessments are put in place; and
- c) clear procedures are in place for staff to follow.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS4.21).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

During the inspection, we reviewed staff training and found that training levels were high with a robust system in place to ensure that staff members stayed up-to-date on their training courses. There was a mixture of face-to-face training and online courses that staff had access to. There was also person-specific training available. This ensured people were being supported by staff who had training to meet their individual needs.

We were able to see examples of staff raising concerns about people's deteriorating health and mobility. This meant the management team could update relevant professionals to ensure that people were getting the right level of support.

At the time of inspection, there were no team meetings taking place. Team meetings provide key opportunity for staff to come together and discuss what is going well, what could be better, and to reflect on their practice. They also provide opportunity to discuss updates and changes in the service. There was an area for improvement made at a previous inspection. This will be repeated. **(See area for improvement 1)**

We spoke with people receiving support from the service. We were told about continuity and consistency people received from a care team who knew them well.

During the inspection, we sampled some recruitment files and found that staff had been safely recruited.

Areas for improvement

1. Team meetings should be planned with attendance of all staff encouraged. These meetings should be used to share ideas and suggestions for how the operations of the service could be improved, as well as the experiences of people who use the service. Minutes from meetings should be shared with the whole staff team to ensure everyone is aware of what has been discussed and agreed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11)

and

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

During the inspection, we were able to see that reviews of people's care and support had been carried out. Following reviews, any changes required to people's care plans were made on the electronic system. We found that the review paperwork could be improved by ensuring people's outcomes and goals were recorded.

All people receiving support had access to copies of their own care plan in their home. Staff were able to access these care plans on the electronic system.

At the time of inspection, the service was working on their care plans to ensure they were all at a consistent desired standard. As a result, the care plans we sampled were at various stages in regards to how much information they contained. All care plans sampled had the necessary information to guide staff on what people's support needs were. Most of the care plans we looked at had good person-centred information. We were pleased to see the improvements that have been made to the care plans. As the service are still working towards a consistent standard, the area for improvement made at a previous inspection will be repeated. **(See area for improvement 1)**

The service had oversight of people's individual capacity. This was not consistently detailed clearly within people's care plans. The service should ensure these are added to the appropriate section for all people supported.

Areas for improvement

1. To ensure people's care and support meets their needs and is right for them, the provider should ensure that individual care plans are more personalised. These should detail and guide staff how to provide consistent and effective support for people experiencing care to ensure that they are being cared for in a way that reflects their individual care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

and

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service needs to implement effective quality assurance procedures, that continually evaluate and monitor service provision to inform improvement and development of the service and covers the following areas:

- a) standard and quality of care and support plans, including their content and also covering reviews and monitoring;

- b) communication procedures that allow staff to be aware of their responsibilities in reporting concerns;
- c) staff supervision procedures that allow staff to contribute and raise concerns;
- d) implement a risk register to provide management with an overview of the packages of support; and
- e) medication procedures and management. The quality assurance procedures should also ensure the outcomes of audits help to inform action plans to address issues identified, and actions taken are reviewed to ensure they effectively improve outcomes. This should also include feedback from people receiving support and their relatives is used to inform service development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 10 July 2023.

Action taken since then

We were able to see a range of quality assurance audits in place. These gave the service oversight of their care plans which they were working on to improve the standard across the service.

Staff were emailed guidance regularly. All staff had completed Adult Support and Protection training. We were able to see clear records of when staff had reported concerns.

Staff supervisions were taking place which allowed staff to contribute and raise concerns.

The service had a risk register which provided management with a clear oversight of packages of support.

Medication audits were taking place, and where actions were identified, these were followed up and actioned. We found the audits should be developed to include the electronic Medication Administration Recording, however, this is covered in an Area for Improvement under Key Question 2 - How good is our leadership in the body of this report.

This area for improvement is met.

Previous area for improvement 2

In order for people to be involved and experience consistency and continuity in their care and support, the service should ensure that:

- a) people know who to expect to support them in their home and when;
- b) when there are changes to who will be providing support, people are updated; and

c) when supports are delayed, people are informed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16)

and

'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative' (HSCS 4.22).

This area for improvement was made on 10 July 2023.

Action taken since then

During the inspection, people we spoke with spoke of the consistency and continuity in their teams. Some people had rotas, those we spoke with who did not told us they did not need one. People were updated when there were changes made.

This area for improvement is met.

Previous area for improvement 3

The provider should ensure staff training, including medication training, is delivered in a way that allows opportunity for discussion and ensures knowledge is consolidated and put into practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 10 July 2023.

Action taken since then

Staff had access to a range of training. Medication training was delivered face-to-face which provided opportunity for discussion. All staff were required to complete learning logs and received competency checks to ensure they were able to administer medication safely.

This area for improvement is met.

Previous area for improvement 4

Team meetings should be planned with attendance of all staff encouraged. These meetings should be used to share ideas and suggestions for how the operations of the service could be improved, as well as the experiences of people who use the service. Minutes from meetings should be shared with the whole staff team to ensure everyone is aware of what has been discussed and agreed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11)

and

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This area for improvement was made on 10 July 2023.

Action taken since then

At the time of inspection no team meetings were taking place.

This area for improvement has been repeated.

Previous area for improvement 5

To ensure people's care and support meets their needs and is right for them, the provider should ensure that individual care plans are more personalised. These should detail and guide staff on how to provide consistent and effective support for people experiencing care to ensure that they are being cared for in a way that reflects their individual care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

and

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15)

This area for improvement was made on 10 July 2023.

Action taken since then

We were able to see significant improvement in the quality of people's care plans. However, further work is required to ensure the consistency in the quality across the service. See Key Question 5 in the body of this report.

This area for improvement has been repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.