

Care service inspection report

Full inspection

Rainbow Care Centre Support Service

556 Boydstone Road
Carnwadric
Glasgow



HAPPY TO TRANSLATE

Service provided by: Rainbow Care Centre

Service provider number: SP2003000201

Care service number: CS2003001015

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

The Rainbow Care Centre continued to provide a very positive, supportive service to their service users (members). Members told us how valuable the service was to them. The manager and the staff team were described as 'wonderful' and 'lovely'. It was evident through our discussions that the service was highly valued by the members.

What the service could do better

It was acknowledged that some areas had not been developed since the last inspection. There had been significant management and staffing changes that had impacted on the managerial time available to develop some of the paperwork and the service. During the inspection we identified areas where the service could improve and these are reported under the relevant quality statement. The service was responsive to all the discussions we had about improvement.

What the service has done since the last inspection

The service had maintained the very good standards of performance we saw at the last inspection, in most of the areas we looked at.

Conclusion

The feedback we received about the service, staff and management was overwhelmingly positive. We spent a lot of time in the company of the members who 'could not praise the service enough'. There are some areas to be developed and these were agreed and will be worked on by the staff team.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Rainbow Care Centre provides day care for 22 older people each day. It is a community based resource which operates from a church hall in the Carnwadric area of Glasgow. Currently there are 48 members accessing the service with 17 members attending the service on the two inspection days.

The philosophy of the service is 'to encourage frail older people and individuals who have various disabilities or a diagnosis of dementia to remain living at home where possible.'

The service aims to assist service users in a practical way by providing a therapeutic programme designed to stimulate both physically and mentally. It also aims to help service users achieve a richer quality of life, increased independence and the social interaction that is important to a successful lifestyle.

The service had the use of one large room, a kitchen and appropriate toilet facilities. If privacy was required, staff could use another room within the building. A large reception area was also occasionally used by members and visitors.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. The inspection took place over two days on Wednesday 25 November 2015 between 9.30am-5pm and Wednesday 9 December between 10am and 4pm. Feedback was given at the end of day two to the manager. The inspection was carried out by one Care Inspectorate Inspector. On day one we were joined by our Head of Legal Services who spent time with the inspector, asking members their views on the service they received.

During this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- evidence from the service's most recent self assessment and annual return
- participation information including meeting minutes, questionnaires and surveys
- participation documentation
- care plans including risk assessments and other supporting records
- six monthly care reviews
- staff training records and information
- accident and incident records
- annual report
- the registration certificate
- newsletter
- thank you cards
- environmental documentation
- funding applications.

We spoke with 17 members throughout the inspection and spent time with them participating in an activity.

We also spoke with the manager and all care staff. We spoke briefly with the driver and the cook. We also spoke at length with the chair of the management committee.

We received six completed Care Standards Questionnaires from members and their carers. We also spoke directly with one carer during the inspection.

We received feedback from one external stakeholder and their views are reported under quality theme 4, statement 4.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was completed to a reasonable standard and was referred to throughout the inspection. We discussed how the self assessment could be used as a more reflective tool for the service the next time it was due to be completed.

Taking the views of people using the care service into account

We spent time in the company of all the members who were doing an activity in the big room that is used. We spent time specifically chatting with 17 members across the two inspection days. We also got some comments in our completed questionnaires. The comments were very positive:

'I love coming here. I love the company, food, staff and the activities'

'If I did not come here I would be sitting all alone in the house. It gets me out into a friendly, warm place. The girls are great'

'The trips away are great. I went to Blackpool - it was great. The staff are wonderful, they do so much for me - they go above and beyond'

'I feel safe and cared for when I come here. It's such a warm wee place. We do fun things, it keeps me active. We get a home cooked meal every day we attend'

'Can't praise the centre enough. Staff have been great to me. I like to get involved and have my say and you can do that here'

'I appreciate all the carers do for me. Also the nice meals provided'

'It is the highlight of my week coming here and the only reason I would miss it is if I was ill or it was really necessary. All the support workers and helpers are very special ladies and do a great job. Keep up the good work ladies'.

Taking carers' views into account

We spoke with one carer who was collecting their relative from the service. Their comments were very positive again:

'They take very good care of my relative. She loves to come here and enjoys the company and the things they do. They know her very well and keep me informed of not only the things she has enjoyed but also any concerns. The staff are great'.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives/carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

There was a strong commitment to supporting and encouraging the meaningful participation of members and carers wherever possible. We found that service members and carers were very satisfied with the service provided by Rainbow Care Centre. They told us that they were fully involved (if they wished) in discussions about their own care and support but also service developments.

We spent time speaking with members, carers and staff and also spent time reviewing records and paperwork to determine what level of participation and involvement there was. The methods used to achieve active involvement were very well established and included:

- agreement on applying for funding for a new minibus, which was delivered at the end of November.

- the members forum met monthly. We looked at the minutes of these meetings and could see that members were consulted on a variety of issues such as trips, activities, equipment required. They were encouraged to give their opinions and preferences
- completion of the 'Good, Positive Outcomes' book. Where staff would record a particularly meaningful event or comment received and how the member enjoyed the experience
- ongoing surveys to both members and their carers
- two members were on the Board who have management responsibility for the service
- members fully involved in funding applications, their views were sought on what was required and why
- all members and carers were invited to the A.G.M. for the service and were encouraged to participate fully in the meeting
- there had been full consultation on the logo for the service and agreement had been reached
- the Facebook page would continue to be developed with input from the members.

The above were just some examples which evidenced an inclusive and person centred service which was extremely well thought of by members and carers.

We sampled personal plans to look at the level of consultation with members and carers. The plans we looked at included a very good level of information about service users' needs, choices and individual preferences. We also saw that review meetings were taking place so that the care and support of members was being discussed regularly and updated if required.

There was a very strong commitment to supporting the continued participation of members and carers in all aspects of the service. It was evident that communication was very effective between them and the service as carers told us this was the case. This ensured that the care and support being provided was purposeful and meaningful for all concerned. Members and carers told us they could express their views, concerns and ideas at the forums noted above and on an individual basis and told us they felt listened to.

The evidence we found showed that the outcomes experienced by members and carers were very positive.

Areas for improvement

The service should continue to consolidate all of the consultation into a meaningful format that evidences positive outcomes for members and carers with this process.

It was acknowledged that the manager had been very busy since taking up the post however she was aware of the improvement that was needed in this area.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

“We respond to service users' care and support needs using person centered values.”

Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives/carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

Members and carers spoken with commented very positively about the care and support provided by the service. They told us they felt safe, secure and very well supported.

Throughout our time in the service it was evident that members and carers held the staff in high regard. Staff knew them very well and relationships were warm and considerate. The management and staff team demonstrated an excellent level of knowledge of the care and support needs of the members.

We observed and participated in two group activities. Staff knew how to encourage members and the interaction was humorous and responsive. Members clearly enjoyed their time at the centre.

Care Plans

The care plans we sampled had been developed in consultation with members and carers (where appropriate) and they reflected choices and preferences. The care plans included risk assessments and identified areas of concern which ensured that staff were aware of the main care and support issues and how best to support them.

The service supported members and carers through the care planning and review process but also through regular 1:1 contact and telephone contact.

The telephone contact was particularly welcomed by carers as they regularly received an update on the well-being of their relative. Any specific concerns or areas of identified need would be recorded in the care plan or daily notes. Support was agreed and detailed within the support plan, following consultation with the member and their family.

The care plans gave very good evidence of how staff were supporting service users to maximise their time together to improve their quality of life. The plans would be reviewed on a regular basis.

Activities

Meaningful activities were an important part of this service. We saw this as a real strength. Members and their carers told us they enjoyed the bandage game, exercise, music, bingo and quizzes. Activities were chosen by members on a monthly basis. We were told that the service tried to 'play to people's' strengths and interests'. There had been lots of trips out to places such as Blackpool, members would visit local primary schools and there could be entertainment into the service. They also arranged speakers to come and talk to members about areas such as fire safety and their rights.

Dining Experience

We saw that there was a freshly cooked meal every day at the centre. There was a relaxed environment over lunchtime with it being a pleasant, social opportunity for members. We saw that choices and preferences were catered for and members would receive discreet assistance if required.

Health and Well-being

The service was vigilant with the health and well-being needs of members. Whilst some members had family to support them, staff would still make sure that any health concerns were raised and addressed.

Outcomes for service users and carers were very good in that they were receiving a person centred and effective service facilitated by flexible and caring staff, which was described as being 'the highlight of my week'. It was evident that this service helped members stay in their own homes or continue to be supported by carers in the community.

There was one recommendation made at the last inspection:

The service needs to develop the recording within the members notes to reflect, on a regular basis, what the member got out of attending the service and any areas of particular positivity.

We saw progress with this. The plans we sampled reflected a person centred approach and we could see how someone was enjoying the centre and what they got out of attending. This recommendation has been met.

Areas for improvement

When we looked at some of the risk assessments for members we found them to be too general. We could see that members had potential risk areas such as mobility or impaired vision. We asked the service to identify the specific risks for each member to fully reflect the strategies in place to support the risk. The manager advised that the staff would have these completed in 'a few days'.

We sampled medication management. We did not find that it followed best practice with regards to recording and administration protocol. Tablets should be given directly to the member from the packet at the time of administration, the recording sheet should be modified to show the balance held in the office and the medication should be stored in the original prescribed box. The service told us they would rectify this immediately.

We found that some of the daily notes were not up to date for members. We were told that this would be attended to swiftly.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

"We make sure that the environment is safe and service users are protected."

Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives / carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

We were told by members that they felt safe and secure in the service. It helped with their isolation and they enjoyed the company.

At first sight it might be perceived that the centre would benefit from an upgrade in some areas but this could be a challenge as it is significantly dependent upon fund-raising initiatives and there were tenants in the property. We decided to focus on the main aspect of this statement namely 'are service users safe and protected whilst attending the service?'

We found the centre to be warm, comfortable, safe and free of any hazards during our visit. Visitors had to ring the door to gain entry to the centre. The service had identified the need to have a visitors sign in book as the church and its facilities were being used more. The service was mainly provided within the one room with the use of a kitchen area. Staff were imaginative in how they used the space as all activities and meals took place there.

There was a very good level of staffing to assist service users with their support needs or in whatever activity they wished to participate in.

Maintenance

We were told that the church took responsibility for the maintenance of the building. Regular fire drills took place and the service had visits from the Police and the Fire Service. Staff were vigilant about any trip or fall hazards within the building. Fire authority and local authority environmental health checks were also carried out regularly to ensure the building was safe and free from infection. A Public Liability Insurance Certificate was in place and accident and incident records were maintained. There was also an environmental risk assessment undertaken of the premises by the senior on a 6 monthly basis.

Staff awareness and training

In discussions, we found that staff knew their responsibilities to keep service users safe. They told us they would immediately report any concerns and were well aware of the process to follow.

We looked at training relevant to the safety and protection of service users and staff. We found that staff, in the main, had had some training in Adult Support and Protection and Moving and Handling.

The informality and homeliness of the environment did support members to feel safe and protected. Staff were always visible, members could have privacy in another small room if required and members, throughout the 2 days we visited, said nothing that would concern us about their safety and well being whilst being at the service.

Areas for improvement

Due to the limited space available we spoke with staff about using the premises as imaginatively as possible and to always be aware of potential storage hazards.

We saw that often the door to access this service could be knocked upon by others as they knew that there was always sometime in the premises during office hours. Visitors to the overall premises should use their own designated doors and not trouble the centre staff by having to answer the door to them. The manager decided that she would address this more stringently with other users of the church facilities.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives/carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

We decided to look at this statement to see if the service did all it could to ensure that the environment promoted a positive quality of life. Again it could be acknowledged that the actual environment required some upgrade as previously reported however we focussed on the quality of the experience that members got whilst attending the service.

We found that members were content and felt safe when attending the day centre. It was constantly being assessed to make sure it responded to the needs of members due to the limitations of being in one large room.

We found that staff used the accommodation available very well to ensure the privacy and dignity of members, should they need it. The family members we spoke with were very positive about how the service dealt with everything in a 'private and appropriate manner.'

We found that dignity and privacy were well promoted within the service. Staff responded to members with respect and discretion if they required assistance. We found that staff were visible and were engaged in a lot of low-level discussions and activities and the service users were responsive and engaged.

We were told that the décor within the service had been chosen by members and they were consulted on all aspects of the environment. Staff called it a 'bright and friendly atmosphere'.

Members would receive refreshments on arrival to the service and would participate in activities and meal times which were appropriate to their choices and preferences. Staff tried to promote a 'protected mealtime' so that members were not disturbed. Within the space available staff could still support members to participate in activities in small or larger groups.

All around the walls we saw photographs of events and outings, minutes from the most recent forum meetings for members to pursue and lots of information about services and support that members could access.

The service had participated in a local gardening project which was developed in the gardens around the church. Participants were supported to develop a raised garden and enjoy growing vegetables and flowers.

All of this was strong evidence that the service was very well aware of how best to use the environment to promote the quality of life of members whilst at the centre.

Areas for improvement

It was agreed that the members would benefit from having new chairs to sit on. Some of the existing chairs were showing considerable wear and tear. The manager told us that she intended either using the existing budget to try to facilitate this or they would apply for funding elsewhere.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives/carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

We did not look at recruitment as there had been no new staff members since the last inspection.

Members and carers we spoke with had nothing but praise for the knowledge, skills and approach of staff. They described the staff as 'caring' and 'lovely'. Carers also very much appreciated the approach of staff by keeping them informed about what their loved one had done that day or any concerns.

Staff spoken with during the inspection visit confirmed that they were able to discuss issues with the manager and felt listened to and that any concerns were actioned. Staff commented that they felt well supported in their role by their manager. Staff were very enthusiastic and dedicated to their job. We saw that teamwork was a strong feature amongst the staff team.

It was acknowledged that it had been 'a very busy time' as there had been a staff member off sick and they had not been replaced. Staff felt that they had 'all stepped up' but were realistic that not all paperwork might be up to date.

Staff attended regular staff meetings where issues such as risk assessments, events, training, and health and safety were all discussed.

We looked at the training plan. Whilst there had been little or no training since June 2015 due to staff constraints, we were assured that all mandatory training was up to date and rescheduled for next year. We saw that some staff had attended social media training. We were told that the service had trained all staff to the informed level of the dementia framework Promoting Excellence. It was intended that all staff would be trained to the skilled level in the near future.

We were told that a new development officer post was in the pipeline to help with funding applications and finance management which would take some pressure off the manager in these areas.

There was evidence that staff had either completed or were completing the qualifications required in order to register with the Scottish Social Services Council. This ensured that members were being supported by well-trained and professionally registered staff, where appropriate.

We were impressed by the high level of commitment staff demonstrated towards members and carers. The feedback we received regarding the staff was very positive and it was evident during our inspection visit that staff gained a lot of pleasure from their job. We were told that staff 'went over and above' for the members and this was much appreciated.

Areas for improvement

When we discussed the dementia awareness training with the manager we impressed the importance of trying to achieve the skilled for all staff. It would be important to source this training externally and it should be accredited and recognised. (See recommendation 1).

We also spoke about Adult Protection training. It was important to ensure it took place as scheduled and followed best practice guidance. A robust training plan should be put in place with specific mandatory and developmental training evident.

Staff had not received regular, formal supervision. It was accepted that staff have been very busy, filling in when required. (See recommendation 2).

We discussed the impact of staff being 'very busy' and 'filling in'. There had been no impact on direct care and support for members however it was acknowledged that some of the paperwork could be improved and training had not really taken place since June of this year. The manager was very much aware of all of this and it was hoped that the new development officer post would alleviate some of the pressure on her so that she could address some of these areas.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. All staff should receive dementia awareness training appropriate to their role. This training should be accredited and take place as soon as possible.

National Care Standards for Support Services Standard 2 Management and staffing arrangements.

2. All staff should receive regular, formal supervision.

National Care Standards for Support Services Standard 2 Management and staffing arrangements.

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives/carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

Throughout our time at the service we saw nothing but respectful practice and interaction amongst staff and members. We heard respectful discussions on the phone, in sometimes difficult situations and we saw gentle and respectful relationships in the service.

The staff told us that they valued and respected members and their families by ensuring that their inputs were considered and that all points raised at any time were listened to. To this end members were invited to choose what they would like to do every month and two members were a part of the management Board for the service.

There was a Statement of Rights available which outlined what members could expect when attending the service.

There was a complaints and suggestion box and staff were open to hearing any issues or concerns that members or carers might have. There was also a compliments book which showed the positive regard that members had for staff.

Staff were confident that their experience and training facilitated an ethos of respect within the service.

Areas for improvement

Staff should continue to develop their very respectful practice by ensuring that medication administration and recording in paperwork is appropriate and reflective of the ethos evident during our inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives/carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

The evidence reported under quality theme 1, statement 1 is applicable here.

Members and carers told us they felt very well involved in the development of the service if they wished to be. They had an 'active voice' within the service and could influence change and developments.

Areas for improvement

See quality theme 1, statement 1.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

Service Strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we received feedback from members, relatives/carers, staff and stakeholders; looked at the relevant records and observed staff supporting and caring for members.

Staff told us that they found the manager to be 'approachable' and 'supportive'. They would go to them for advice and assistance if required.

We assessed that the quality assurance systems and processes used by the service were of a good standard and included the following:

- there was an annual survey which gathered views of members, carers and staff
- the manager tried to ensure there was a full staff team on the floor to support the safety and well-being of members
- all relevant information to share with members and their families was posted on a notice board close to the entrance
- there was an A.G.M that everyone was invited to
- there were the monthly forum meetings where members were significantly involved
- the manager was required to report to the Board on a regular basis
- the manager was commencing an SVQ IV qualification to enhance her managerial skills and knowledge.

All of the above demonstrated that the service saw the benefit of quality assurance and also saw the purpose of seeking views and opinions of members, carers, staff and other stakeholders.

On a day to day basis the manager would spend time 'on the floor' at the day centre supporting staff and getting to know service users and carers.

We saw that the service was heavily dependant on external funding sources. These funders required monitoring and updating reports on how money was spent and used and was an important part of the quality assurance process within the service as they liked to receive photographs and quotes from members about the benefits of their donations and they would often visit to see how their money was being used. The service had recently received funding for sessional staff, a new mini bus, outings and weekends away and festive activities.

There was one recommendation made at the last inspection:

The service needs to put a formal supervision system in place for the manager.

We were told that the manager met frequently with the Board and the Chair and she felt supported. This recommendation has been met.

We received feedback from two external stakeholders:

'This was one of the most enjoyable and rewarding days and we had a great fun day out. The staff at the centre were fantastic and the day was well-structured for the service users with plenty of good food, fun activities and time for the service users to interact and have a good old chat. The day at the centre really showed us the value that places such as the Rainbow Centre really bring to the elderly residents of the local community, providing those who may well otherwise be isolated and alone a great opportunity to meet up with friends and get involved in different activities and make sure they are well nourished. We enjoyed it so much we want to do it again.'

The WIN Creative Arts team has had a longstanding relationship with the Rainbow Centre. The project always welcomes contact from WIN and is genuinely friendly and approachable.

This year the joint project involved 25 children from a local primary school visiting the Rainbow Centre. Everyone seemed to really enjoy working together on a simple mosaic project.

Feedback from children included;

'I learned that there are fabulous people in the Rainbow Centre'

'I learned there's no need to be shy around new people'

'Everyone is different but when we come together we are fab'.

And the adults wrote;

'Young and Old are very similar, ages makes no difference'

'I learned how polite the children are'.

Areas for improvement

It was apparent that areas such as staff supervision and regular training had fallen away due to constraints on staff time. We were assured that these would be addressed as soon as the manager had more time. In essence, she is doing two jobs and this needs to be considered. It is hoped that the new development officer role might alleviate some of the pressure and time constraints.

The quality assurance processes and systems we saw should be more formalised and collated to ensure that there is coordination all of the views being sought from members, carers and staff to evidence positive outcomes for members.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The service needs to develop the recording within the members notes to reflect, on a regular basis, what the member got out of attending the service and any areas of particular positivity.

This recommendation was made on 10 June 2014

We sampled the daily notes and the overall care plans. We found them to be written in a more person centred style.

2. The service needs to put a formal supervision system in place for the manager.

This recommendation was made on 10 June 2014

We were told that the manager received regular support and guidance from the Board.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
10 Jun 2014	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
3 Aug 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
22 Apr 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed

19 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
2 May 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 5 - Very Good

To find out more

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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۔

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