

## Rainbow Trust Children's Charity

# Rainbow Trust Children's Charity 2

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 23 and 24 January 2015. We last inspected the Rainbow Trust Children's Charity in November 2013. At that inspection we found the service was meeting all the regulations that we assessed.

Rainbow Trust Children's Charity (RTCC) is a national organisation. It provides emotional and practical support to children who have life threatening or terminal illnesses within family homes.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Parents we spoke with told us that they had confidence in the family support staff to keep their children safe and secure and they had confidence in the support worker's skills and abilities.

Care plans were in place detailing how those using the service wished to be supported. We saw that families were very involved in making decisions about care and the support needed. Everyone we spoke with who used or came into contact with the service on a professional level had only positive things to say about the rainbow trust Children's Charity. People praised the "professionalism" of staff and the way the service involved those who used it in all aspects of the service provision.

Safe systems were in place for the recruitment of new staff and for the induction and on going training and development of staff working there. We found that support staff were well supported to undertake regular training relevant to their roles. They were very knowledgeable about their responsibilities to keep people safe and to maintain their confidentiality.

We saw that the caseloads of family support staff were well monitored to prevent them becoming too large and thereby risk affecting the high level of individual care being provided. The caseload was subject to a monthly review by the support workers with the registered manager to make sure support staff could provide individualised care and be responsive to changing needs.

The manager set high standards and was accessible to all those who used the service and to the support staff who told us the manager was "really good". Families we spoke with who used the service had confidence in the registered manager and felt confident to make suggestions about service provision and put forward ideas and raise any concerns with them.

A wide range of appropriate health and social care services had been included in assessing needs planning and implementing care and accessing support for families with frequent multi-agency meetings taking place. We saw that families needs and preferences were at the centre of all assessments and care planning. Consent was obtained to make any referrals to other professionals or to share relevant information.

# Summary of findings

## 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 safe.

Those using it made choices about their lives and how they wanted to be supported and the life choices and decisions they made were respected.

Staff had been recruited safely and had the skills needed to meet the needs of the children and families they worked with and supported.

There was a stable and dedicated staff team to consistently provide the support needed, at the time people required it. The support staff knew how to recognise and report any untoward incidents and possible abuse.

Good



### Is the service effective?

The service was effective.

Those using the family support services were well supported and the staff knew the children and families they were supporting well and the care they wanted. People received the support they required at the time they needed it.

Children and families received the support they needed to maintain their physical and emotional health and social needs. Where people had complex health care needs, appropriate specialist health care services were fully included in planning and providing their care.

Staff were well trained, supervised and their competencies had been assessed to help ensure they provided the support individuals required.

Good



### Is the service caring?

This service was caring.

Parents told us their children and families were treated in a kind, caring and supportive way. Staff were reliable and flexible to any changing needs when providing support to families.

Those using the family support service were treated with respect and their independence, family life, privacy and dignity were protected and promoted. Parents, children and families were very involved in making decisions about the care and support they received

The family support staff were knowledgeable about the support people required and about their personal and cultural preferences on how they wanted their care to be provided.

Good



### Is the service responsive?

This service was responsive.

The family support staff responded quickly to the needs and preferences of people who used the service..

Care plans were in place outlining people's care and support needs. People made choices about their lives. The support staff listened to them and acted in accordance with their wishes.

Good



# Summary of findings

The registered manager and family support staff had a high level of knowledge about the families and individual children they were supporting. They knew about the individual conditions and the care required.

There was a system in place to receive and handle any complaints or concerns raised.

## Is the service well-led?

The service was well led.

The Rainbow Trust Children's Charity was well managed. The registered provider and manager set high standards. Families who used the agency had confidence in the organisation and the registered manager and were confident to make suggestions, put forward ideas and raise any concerns with them.

The registered provider had good systems to monitor the quality of the service provided. Families and young people who used the services were regularly asked for their views and ideas on service improvement and their comments had been acted on.

**Good**



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## Detailed findings

### Background to this inspection

We carried out this inspection at Rainbow Trust Children's Charity (RTCC) under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on 23 and 24 January 2015 and was carried out by an adult social care inspector. The provider was given 48 hours' notice of the visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available in the office for the inspection.

Before the inspection we gathered information from a number of sources and reviewed the information we held

about the service. We contacted commissioners of the service and three health and social care professionals who were familiar with this service to ask their opinions about the care and support provided.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They provided this information in good time.

During the inspection we spoke with all five staff working for the service including the registered manager and the parents of 10 of the children using the service and looked at care records and plans. We examined the service's business plans, staff rosters and caseloads, the training plans and records, staff recruitment files, the policies and procedures in use, minutes of meetings and the quality monitoring and assurance systems in use.

# Is the service safe?

## Our findings

Parents we spoke with whose children used Rainbow Trust Children's Charity (RTCC) and health and social care professionals who came into contact with the agency had only positive things to say about it. Parents told us that told that it was "a great support" and "very professional" and "know what they're doing". Parents told us they "always" felt their children were "safe" and "secure" and said they had "great confidence in all of them". We were told by one parent that "If I need them I know they will be there to do whatever we need doing".

All the support staff we spoke with confirmed they had completed training in child protection procedures and on recognising and reporting possible abuse or neglect. They said they had never witnessed any abuse but had confidence in the manager to deal with any reports "properly" and "quickly". Training records confirmed this training had been given to all staff and that it had been updated annually.

The policies and procedures supporting this were comprehensive and staff were clear about their responsibilities in safeguarding children. There were codes of confidentiality in place and protocols for information sharing with other agencies. We saw examples where families might need additional support or a referral to another service for support. This had been done by working with them so they gave consent to make any referrals to take a matter forward and so remain in control themselves.

The agency supported children with a range of personal and social care needs. We saw that detailed assessments of individual need and risk had been carried out before any one accessed the support. We saw that the assessments of children's needs were led by them and their families within a risk assessment framework. The risk assessments covered a range of individual needs including the important areas of personal care, the different environments support would be given in, eating, drinking and outings and travel.

We looked at the medication procedures used by the agency staff. We saw that staff had no involvement in the use of controlled drugs. These are medicines that are liable to misuse. Staff we spoke with told us that "The medicines procedures are very strict". If staff were required to

administer any medicines or give them through a tube into the stomach they received training from that child's community nurse and were supervised and assessed as competent by the paediatric nurse. This was for that child only and was assessed on an annual basis if it was still needed. Parents we spoke with confirmed that administration was only with their pre agreement and overseen by the community nurse. This system helped to make sure that staff had the up to date skills to safely provide the individualised support the child wanted.

We saw that the caseloads of support staff were subject to a monthly review by staff and the registered manager. Allocation of work depended on individual family needs and where and how that support was needed. Some involvement would be seen as closed if there were no current support needs but were opened again as needs changed. Staff told us that emphasis was put on making sure their caseloads were safe and support did not have to be "diluted".

Staff told us that "Caseloads are really well managed and every month we discuss how we find the workload, so we never get overwhelmed". The registered manager told us that as the service was receiving more referrals and another team member was being recruited to make sure there was always sufficient support staff to provide a safe service.

The registered provider for the service had good systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of the most recently recruited staff member. We saw that all the checks and information required by regulation had been obtained before staff were offered employment. This included a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. It was the organisation's policy to check this at three yearly intervals to help make sure there had not been any changes. This check helped to make sure that the right people were employed for caring work by the service.

We saw that the registered provider had thorough systems in place to keep staff safe. This was by using their lone worker policy, monitoring journey's via satellite navigation systems in staff cars and having alarm buttons in cars. There was also a system in use to check vehicles regularly and also to check on insurance and driving licences to help

## Is the service safe?

make sure staff were working safely. At the end of the working day staff had to text into the office to confirm they had finished for the day so the registered manager knew they were safe.

# Is the service effective?

## Our findings

Parents of children using the service that we spoke to had only positive comments to make about The Rainbow Trust Children's Charity. We were told, "We feel they really understand what we need" and "Everything was arranged well in advance, we met the girls and knew they had the training they needed when we were ready for them. I have never doubted their abilities". A parent we spoke with told us, "They give us what we ask for, they never try to rush us or take over, it makes you feel in charge and important".

All the staff we spoke with told us that they had to complete a range of mandatory training to ensure they had the skills and knowledge to provide the support individuals required. One said, "I get all the training I need to do my job, if I need anything particular for a family then I will get it, no question". We looked at the training records and found staff had been supported to do a variety of training in addition to mandatory to be able to fully support individual needs and conditions. This training also included cultural awareness, equality and diversity, bereavement support, signing and supporting siblings.

We saw that all new staff completed thorough induction training before working with families and that there was a probationary period and period of shadowing experienced colleagues who gave feedback on their work. There was a staff training plan in place that identified the training all staff had to complete and this was overseen and flagged up by the human resources department. The registered manager accessed any additional training for staff members relevant to their role and responsibilities.

Staff told us about their weekly team meetings and monthly supervision with their manager and we saw the minutes of these. The manager also supervised staff working at the 'drop ins' for families and parents and with family visits. Staff told us about the Situation Behaviour and Impact (SBI) system they used to allow staff to give feedback on difficult situations they had encountered in their work such as bereavement. It also allowed them to explore how the actions of others within the team so issues were not allowed to affect the smooth working of the team.

Staff contributed to team meeting agenda and the items they discussed. Staff told us that "We are very lucky as we have good supervision with our manager and also have management supervision with a counsellor. We all know if

we want more supervision we can have it. If we need more support we will get it". Another staff member told us, "It's an excellent organisation, they really do try to look after us and make sure we have everything we need to do our work well".

Some of the people the service supported had complex needs and required specialist support to maintain their health. We found that appropriate health and social care services had been included in planning and implementing care and support. We found evidence that multi-disciplinary team meetings took place, involving the family, about individual needs or support needs. We looked at the referrals made to access specialist services including community paediatric nurses, consultants, physiotherapist, occupational therapists, health visitors, Macmillan nurses, children's centres, hospitals and GPs. We saw that families were at the centre of this process to get access to the right services. Family support workers liaised effectively to help ensure that children and family contact with other agencies and professionals was smooth and well informed.

The health and social care professionals we contacted told us that the registered manager and team contacted them, made referrals and participated in multi-disciplinary team meetings to provide information and help families get the support they needed and wanted. Their comments about the service were all positive. We were told that in their experience of their joint working the service had, "Always been a great support offering a very professional service that shows great commitment and good understanding of the health and social care needs these particular families have". We were also told they had "Always been able to discuss anything openly" and as a result had "An excellent working relationship with them" (the service) and also "They are sensitive to the cases being referred".

Information was available from the staff and given to all families about the charity and what it could provide to support them. We saw that this was available in both adult and child friendly formats. Information on clinical procedures staff could assist with and the transition support that could be made available as people moved from children's to adult services was also in the information pack provided.

We saw records and evidence of the development of systems to develop joint working with maternity services to extend family support and take referrals to support people



## Is the service effective?

in their own homes. There was also a good working relationship with Alder Hey Hospital and the specialist paediatric nurse attended parents and team meetings to help develop joint services and the 'parents voice' group.

We saw in the records on file, and parents also told us, that written consent was always sought for the use of photographs and for information to be used for statistical

analysis and quality monitoring. Consent was obtained if it was necessary to make any referrals to other agencies and to share relevant information with them and any health and social care professionals involved in providing support. Children over 10 years old had a separate young person's consent so they were part of the agreement process for the care they wanted.

# Is the service caring?

## Our findings

Parents of children using the service all made very positive comments about how caring and supportive the Rainbow Trust Children's Charity had been. We were told, "We are really happy with them, they have been nothing but helpful" and also "They are really lovely, they support my other children as well and support us all as a family". Another told us, "We met the girls who would be coming early on, so we got to know each other and make sure we all liked each other" and "It's been brilliant, they are always so kind and understanding and reliable so I can trust them to be there if I really need help".

The families we spoke with told us they had been "fully" included in making decisions about the support provided by the service. They told us that they were given appropriate information regarding the care and support and about the charity. They said they had been asked about the support their child required and had been included in agreeing to their support plans. They told us they received the "The kind of support we want from people we know well and really like". All the families we spoke with told us the support staff treated them and their families with respect. They said support was provided in a manner which protected their child's individuality and dignity.

We found that the service respected the individual needs of children of different ages and cultures and their siblings. The family support workers worked with families from diverse ethnic groups with different cultural preferences and faiths. Staff we spoke with told us that they were given information on any cultural or faith issues they needed to be aware of and respect in their work with families or when supporting families with loss and bereavement.

The drop in centre had allowed parents to mix and support each other and understand each other's different

experiences and cultures. Staff told us about how the groups had celebrated each other's festivals and supported each other through "difficult times". Parents said having the drop in centre gave them "The chance to chat to other parents" and "It gets me out and I can socialise without feeling awkward".

The support programmes in place and being developed had been created with the involvement of families to provide the services they had asked for and to offer individualised support. Feedback from teenagers from their own engagement group showed that what they had asked for what had been provided such as going bowling or out for a pizza. One parent told us "They take my other child out and they can have a chat and get to do something just for them with others their age".

Staff we spoke with told us about the families they supported and how they worked with them. Staff gave us examples of when their knowledge of those they supported had allowed them to see when someone was starting to have a problem or struggle. This had allowed them to work with the families to get their agreement to involve others who could help them. A parent we spoke with also told us that "They usually see something is wrong before anyone else, I value their concern".

We saw that systems were in place to ensure that all information was kept securely and both electronic and paper records were kept securely. Systems and procedures in use were in line with data protection legislation. Staff we spoke with were very clear about the need for "mutual trust" and "absolute confidentiality" in their support work. Parents also told us that they "trusted them" and had "confidence" in the family support workers and registered manager to maintain their personal information and "family privacy".

# Is the service responsive?

## Our findings

The registered provider had a formal procedure for receiving and handling complaints. Information was given to people on how to make a complaint in the information pack all families received. None of the families we spoke with said they had needed to make a complaint and all said they had “confidence” in the registered manager and would be “comfortable” raising any matter with them. We were also told the registered manager and support staff were “always very helpful”.

People who used the service confirmed that they were given contact details for the office and who to call out of hours so they always had access to senior staff if they had any concerns. Staff also told us that a manager was “always available” if they needed “advice, information or just support”.

The parent participation and family partnership groups that were running also allowed anyone using the service to comment on any aspect of the service and service provision. A parent told us, “If I feel I have something I need to say I just say it and ask the question”.

Staff told us that they were able to raise any matters and were confident of an appropriate and supportive response from the manager. Records of any comments, compliments or complaints were kept on file and discussed at supervision or team meetings.

Parents also talked to us about the “flexibility” of the support workers in responding to any changes in their needs. People told us that support was delivered in accordance with their care plan and what they had asked for and that their wishes were, “always respected and supported”.

Assessments and care planning for children’s and family needs covered a range of individual personal care, emotional and social support needs. This was to promote the provision of ‘quality time’ and managing stress to help children, parents and siblings have as good a quality of life as possible. The implementation of a new data base where staff entered care and risk assessments, care planning and daily information electronically onto a tablet had made these records very current and up to date.

Staff told us they had “relevant information” and “good assessments” when they supported a family. They also said that using the tablets to plan and record care had improved communication and said, “It’s great for keeping everything up to date and active, things can change very quickly and you need to have the best information”. We were told, “You don’t have to go back to the office to update everything, we can respond much quicker now when something changes”. We were also told by staff that, “I have everything I need to be able to give families the support they ask for”.

The family support workers took responsibility for making sure care and support needs were reviewed and that any necessary changes were made to achieve what the families wanted. This review process was followed up at supervision with the registered manager to help make sure it was complete. The care plan information we saw was “person centred”, which meant the information was specific for the child and their family and included information about their likes and dislikes, goals and aspirations.

Health and social care professionals we contacted gave positive feedback on how families were cared for and supported by the service. We were told, “I am very confident in their service and feel they are an excellent resource to families”.

# Is the service well-led?

## Our findings

The systems used to monitor satisfaction and involve those who used the service make their own decisions and stay in control were well established. They involved regular evaluations and meetings with families to make sure the service had met their needs and expectations. Parents we spoke with told us that the service “Often asked for feedback” and “Always ask us if we want to be involved in any meetings or family groups”.

The service had an experienced registered manager in post as required by their registration with the Care Quality Commission (CQC). We saw that they have an up to date Statement of Purpose and a range of information about the service in the information packs parents told us they had received. We were told by a parent “It’s a great organisation” and another told us, “They are really well organised”.

We looked at the organisation’s business plan and records of the annual staff conference. The staff conference allowed senior management to give details to staff and for discussion and to see what staff felt was achievable or might work better. We could see that staff had significant input into business planning from the ground up. Staff also told us that they were represented on all the current working groups looking at projects and service development. Staff told us, “They are good to work for, they do try to do the right thing by staff, I feel valued and the work is amazing”. We were also told that the registered manager was “very good” and “very approachable” and that “I can call on her anytime and know I will get any help I ask for”.

When we visited the offices we found that the agency had quality assurance procedures and policies in place and recorded evidence of the effective quality assurance and monitoring system in operation. The systems in use were highly individualised to show the outcomes achieved with children and families and what difference the agency work had made in practical terms for them. An evaluation tool

was used at six monthly intervals throughout an episode of support to capture the impact of what the support workers were doing and if their interventions were what the families had wanted.

Staff were supported to pursue service development as part of their personal development and work objectives. This was done within the organisation’s Performance Management Programme (PMP). We saw that staff had been able to oversee and take forward projects such as developing the ‘drop in’ for parents and children where safe play areas allowed children to play and parents to meet, discuss common issues and form support networks. There was also the ‘family participation group’ to gain parent’s perceptions about what they wanted and needed and allow them to influence the strategic direction of the charity. These initiatives had been well received and had allowed people who used the service to have an active role in developing services they wanted.

The parents group had suggested meeting with the leadership team from head office to discuss service matters and this had been organised to take place during a drop in session. Suggestions for parent involvement during staff recruitment was also being looked at with a view to implementation. In this way those who used the service were being involved in how it was run and developed.

We saw that the ‘Tribute Day’ that brought families using the service together in celebration of individuality and diversity years had been as a result of the feedback from, parents participation groups. Tribute Day’ that had been held annually for the last two years and was organised by a family support worker as part of their own professional development. It provided different therapeutic approaches and aimed to help maintain bonds.

The development of ‘drop ins’ had also come directly from what parents and families asked for and had been taken forward with support staff. Currently, as a result of family feedback, projects were underway to develop programmes to address the particular needs of teenagers using the service and also siblings. The high profile of the parent participation groups and staff in developing initiatives indicated to us that this was a culture of involvement, openness and continued development.