

Rainbow Trust Children's Charity

Rainbow Trust Children's Charity

Inspection report

12a Cavalier Court
Bumpers Farm
Chippenham
Wiltshire
SN14 6RZ

Tel: 07580510915

Date of inspection visit:
31 July 2017
03 August 2017

Date of publication:
24 August 2017

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 ●

Summary of findings

Overall summary

Rainbow Trust Children's Charity provides emotional and practical support, including personal care, to families who have a child with a life-limiting or terminal illness. This is the first inspection for this agency at this address.

This inspection took place on 31 July and 3 August 2017 and was announced.

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.

We saw that support plans were in place but these needed to reflect the preferences of the child as well as the parents. Initial assessments were conducted by the registered manager and at these meetings the nature of the support to be provided was discussed. For example, respite to parents to undertake other tasks, collecting siblings from school and activities. The agency offered support to children and where appropriate siblings for maintaining social networks and participate in activities. There were drop-in groups and outings organised for children and their siblings.

The parents we spoke with said their children were safe with the staff. The staff were able to tell us the procedures for safeguarding children and gave us examples on how they identified emerging risks and the action taken to ensure the safety of children

Risks were identified during initial visits and covered areas such as children at risk of choking and falls. There were other risk assessments for the environment and lone working of support staff. The level of risk was rated and action taken on how to minimise the risk.

Parents told us they had visits from regular staff who were always on time and visits were not missed. The staff said the staffing levels were appropriate. The agency operates during the week between 8:00am and 6pm.

Medicines were not administered by the staff at the service. The agency was not involved in the delivery or supporting of the children with their ongoing healthcare needs but attended meetings and liaised with other professionals.

Parents told us the staff had the skills needed to support their children. Staff were supported to perform the responsibilities of their role through one to one supervision meetings and training. New staff had an induction which ensured they felt confident to work on their own. Mandatory training was set by the provider which included safeguarding procedures, moving and handling and first aid. One to one supervision was monthly with the line manager which covered concerns, training needs and performance.

Staff said team meetings were weekly and where they discussed what was not working and achievements. There was a reward scheme used to celebrate achievements.

Staff were knowledgeable about gaining consent before they undertook activities or tasks with children. They also told us children were not forced to accept care and if support was consistently refused there were discussions with parents about how to support the child. Where necessary, distraction was used to support parents with tasks that children may not accept.

Parents told us the staff were kind and their children looked forward to the visits from the agency staff. Staff told us how they developed trusting relationships with children. They said they listened to them and shared interests and consistency with regular visits. Discussions about End of Life journeys were led by the families as some preferred not to discuss these topics.

The team said they worked well together and the registered manager was approachable and reliable.

Quality assurance systems were in place which included people's views about the service and audits.

We have made a recommendation about developing support plans that reflect the voice of children.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe,

Medicines were not administered by the staff at the agency.

There were sufficient staff to support parents and children.

Members of staff knew the procedures for safeguarding children from avoidable harm and abuse.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to carry out their roles and systems were in place to support staff with the responsibilities of their role. These systems included one to one supervision with their line manager and training set by the provider.

Staff used distraction to gain agreement from children to undertake task and activities.

Is the service caring?

Good ●

The service was caring.

Parents and children were treated with kindness and compassion.

Staff showed concern for the well-being of children and parents and understood the importance of developing relationships with them.

The rights of children were respected and staff explained how these were observed.

Is the service responsive?

Good ●

The service was responsive.

Support plans did not reflect the preferences of the child. They were based on the preferences of the parents.

Children had opportunities to undertake one to one activities, support with education and family relationships

There were no complaints received at the service.

Is the service well-led?

Good ●

The service was well led.

Quality assurance systems were in place. The views of the parents were gained on the service.

Accidents and incidents involving people were recorded and reviewed by the registered manager and senior managers for assessing the level of risk of harm to people and to identify patterns and trends.

Staff said the team worked well together and the registered manager was approachable.

Rainbow Trust Children's Charity

Detailed findings

Background to this inspection

We carried out this inspection 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 is 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 inspection took place on 31 July and 3 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

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. We reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

The inspection was carried out by one inspector. We sent questionnaires to families and to professionals to gain their feedback about the service. We spoke on the telephone with four parents and received written feedback from one parent. We spoke with the registered manager, two staff and received written feedback from one member of staff.

We looked at documents that related to children and the management of the service. We reviewed a range of records which included four online support plans, staff training records, the recruitment files of two staff, staff duty rosters, policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

Parents told us their children were safe with the staff. Their comments included "sibling work monthly for couple of hours [activities with siblings monthly]". "Got to know the member of first before we left our child with them [staff]" and "XX adores her [staff] no concerns about leaving child with the staff".

Safeguarding procedures were in place for the Rainbow Trust Children's Charity and across the local authority where children using the agency were living. The procedure described the approach which included "Rainbow Trust Children's Charity believe all children and vulnerable adults have a right to be protected". Within the procedures types of abuse were listed, the measures in place to ensure staff were suitable to work with vulnerable adults and the responsibilities placed on the agency to report abuse to the appropriate lead authority.

Staff were able to identify emerging safeguarding problems for individual children and families who would benefit from early intervention. Staff said they had attended training on how to protect children from avoidable abuse and harm. A member of staff said there were continuous assessments which ensured children were protected from avoidable harm. For example, when signs of neglect were identified the registered manager was made aware of their concerns. They said the registered manager gathered information about investigated their concerns before contacting the local authority and took the appropriate actions. Another member of staff told us the types of abuse and their responsibilities towards protecting children from avoidable abuse and harm.

Systems were in place to ensure vulnerable children at risk were identified. For example, a red flag in the electronic file for the child was used to identify that protection plans were in place which included the area of concern, the actions taken by the agency. Where domestic violence was an issue risk assessments were in place which included lone working procedures and contact details of emergency services.

Risks were assessed and an action plan devised on how the risks were to be minimised. A traffic light system was used to assess the level of risk for example, green for go, amber for staff to be aware and red not to proceed with the activity. We saw risk assessments were in place for the fear of animals, falls, choking and gastric feeding tubes. The risk assessment action plan for a child with a fear of animals was for staff to ensure that on outings dogs were not within the vicinity of the child. For another child the initial red rating was reduced to amber by the control measures in place. For example, trip hazards were to be removed and prams were to be used outside the house for a child that was unsteady with walking. Where children had a gastric feeding tube the action plans were for staff not to undertake this activity. The parents of the children were responsible for managing the eating and drinking routines of their child.

Members of staff were aware of their responsibilities for risk management. A member of staff said "parents are made aware that we do not do any medical procedures, therefore we would not be left alone with a child who has a choking risk or gastric feeding tube. Moving and handling is also covered in risk assessment and discussed with parents that this is a service we do not provide". Another member of staff said risk assessment for groups and trips were completed. They stated "all risks are identified and steps to minimise

risks taken".

Staff also said the environment was assessed. They said that initial assessments included parking and pets and action plans on the safety measures to be taken were devised as staff were lone workers.

Accidents and incidents involving children and staff were clearly recorded and reviewed by the registered manager to ensure they had been responded to appropriately. There was a centralised electronic system in place which documented the type of incident.

There was a system in place to determine the number of staff required. There were sufficient staff to support the children that required support from the agency. The parents we spoke with told us visits were never missed and staff always arrived on time. Staff said they had a "caseload" of visits per week. A member of staff said "staffing levels for family visits are discussed at initial assessment, through conversation with parents and also in supervision [one to one meetings]". The registered manager told us families were offered weekly to fortnightly visits that take up to two hours. Support to bereaved families were organised at three weekly intervals.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. The personal file for one member of staff included two written references one of which was from the previous employer and made reference to their work performance.

The registered manager explained that each member of staff has a caseload according to the hours worked each week. Staff working full time had a caseload of 25 children and 12 for staff working part time. They said as visits increased staff for the specific area were to be recruited.

The registered manager, staff and parents told us medicines were not administered by agency staff to children. A member of staff said "we do not administer any medicines, this is explained to parents during initial assessment.

Is the service effective?

Our findings

The comments made by a parent about the skills and knowledge of the staff included "she [staff] is very calm and friendly, helping my son with the things he's interested doing (reading books, and playing toys) and we are happy".

New staff received an induction to ensure they were able to carry out their roles. New staff had an induction into their post. A member of staff said they received a welcome card from the team and their induction included online training, reading policies and procedures and they shadowed more experienced staff. Another member of staff said the registered manager followed a checklist to ensure their induction covered all areas of the role and responsibilities of the post.

The staff knew the benefits of developing their skills through training. A member of staff said "it supports professional development and ensures that safe practice is being followed. It ensures that all staff are equipped to complete their role to the highest standard." The registered manager told us mandatory training set by the provider was attended by all staff in February 2017. The personal files of staff included the dates of training attended which included mandatory training in moving and handling, safeguarding of children, first aid, infection control and food hygiene. Other training attended by the staff included Bereavement Training and Introduction to Children's Palliative Care. A member of staff said they had attended mandatory training and other training such as bereavement training. A training matrix of training undertaken and refresher training needed was kept by the registered manager to monitor staff were competent in their role.

There were opportunities for staff's personal development through one to one supervision with their line manager and annual appraisals. Staff said one to one supervision meetings with the registered manager were monthly. A member of staff said discussions at their monthly supervisions related to their wellbeing, training needs, concerns and team dynamics. Another member of staff said successes were also discussed and "what is happening organisationally in Rainbow Trust, team specific updates, and caseload is discussed" to identify "each families priority and giving an update on their current situation".

Performance development reviews were annual where staff discussed with the registered manager their performance and personal development needs. An individual action plan was then developed on areas the members of staff were to improve during the year. Can you say how this was monitored.

The registered manager told us consent for photographs and videos were gained where appropriate from the parents. They said information was given to parents and a record of their consent maintained at the agency office. A member of staff told us "during initial assessment, all families complete a data protection form, it is explained to them what we will do with their information and they give consent for individual or all professionals that they are happy for us to liaise with". Where parents had guardianship powers following adoptions a record was maintained.

The staff knew how to distract children that were resistive to their support. Staff said children were not

forced to accept their support. A member of staff said where children refused their support discussions with the parents took place. They said "the reaction from the child indicates their decision" but there were times when children "wiggled" and was not an indication of refusing their support. Where the child consistently refused support the staff sought guidance from the parents. This member of staff said "the parents then decide [what action to take]" for example for other staff to take over future visits. Another member of staff confirmed distraction techniques were always used which included distracting children for the parents to undertake tasks such as nappy changes.

The registered manager told us that during initial assessments families were asked about do not attempt pulmonary resuscitation (DNAR) orders and an up to date log of the agreements was maintained.

Healthcare information was shared with the staff. The medical conditions of the children were recorded on their online files. The registered manager said staff attended multidisciplinary meetings attended by social and healthcare professionals who refer into the service. A member of staff said that "families will say during conversation" the outcome of healthcare visits. Another member of staff said they attended "multi-agency meetings, identification of roles and responsibilities are discussed with parents and agreed with other professionals".

A parent told us "we are not sure if the information is shared between healthcare and Rainbow staff, but the staff always ask us how things are, hence staff are updated from us parents, and we didn't ask for any other support rather than happy play with my son, which is happily achieved". Another parent told us "where relevant outcome of visits will be shared. There is no reason not to discuss appointment".

Is the service caring?

Our findings

Children received care that was empowering from staff and who treated the child with dignity, respect and compassion. The comments from parents about the staff caring attitude towards their children included "very friendly and calm, a very lovely person [staff]." "It's a job that she enjoys, right qualities. No qualms with support worker [staff] completely understands." "I can't fault them". "Staff are caring, Daughter looks forward to the visit" and "Very caring to the whole family they listen to your values and respect them. It's a massive help when one child is sick. Fantastic service and we are grateful".

Staff knew the importance of developing trusting relationships with the children they supported. A member of staff said "I am a good listener and parents want to talk. I make eye contact and I don't move off the topic. I give them time. Being genuinely interested. Every child is different." They said having consistent staff meant relationships were built with the child they supported and "it built a foundation." Another member of staff said "time interacting, learning from parents and from the child. Observing the parents to see how the child reacts. One child knows my voice and smiles when they hear me. Being on their level, being someone they can trust. Being involved and open to everything in their life."

A member of staff said "parents have a voice through the action plan we create, children have a voice through the interactions I have with them. This is logged during the write ups of my visits. Action plans are a working document and are formally reviewed every 6 months and feedback is sought from family a couple of times a year".

The rights of the children were respected by the staff. Members of staff told us some children expressed their wishes for privacy by their behaviour and for this reason they were always asked about their wishes for privacy. A member of staff said during procedures the child was asked if their presence was wanted during procedures in hospital. They said an awareness of the children's rights has to be at the forefront of the care delivered. Another member of staff gave us examples on how they respected the privacy and dignity of the children they supported. For example, giving children space and time during hygiene routines.

Members of staff told us how withdrawal of treatment was managed openly and sensitively so that children had a comfortable and dignified death. The registered manager told us their role was to support families and they were asked to share End of Life plans with the staff. They said two deaths had occurred recently and one family was able to share the plan with the staff. This registered manager also said "we follow the family's request and "we are mindful of other professionals involvement." Bereaved families were offered after care support "it supports the family with bereavements or gets them in a better place to grieve." Members of staff attended bereavement Training and Introduction to Children's Palliative Care.

A member of staff said "some families were matter of fact about their child having a life limiting illness while others ignored it." They said the conversations were "built from asking how does that make you feel" for example but "not intrusive." Another member of staff told us the End of Life plans were respected and there was an "understanding on how the journey was to happen" and the staff's responsibility was "to be there when they [families] needed someone the most. It's about being there. They [families] want someone that

has been with them on the journey."

Is the service responsive?

Our findings

While support plans were based on the needs of the parents we saw the reports of the visits reflected the child's preferred activities. For example, playing video games. Action plans were not developed to include the voice of the child about their preferences and wishes. Reports of the visits were maintained.

Parents told us support plans were based on their outcome needs and action plans did not reflect the wishes of the child. For example one parent said "no plan for the care, but more of a plan to help the parents to get some time to get some things done while my son is looked after, which was what we need." Another parent said "There is a record of XX needs and what the care entails. Clear on what needs to be done but it's not set in stone but [staff] knows what to do". Two other parents were not sure about a support plan being in place. Their comments included "Not sure. " We discuss what we wanted, we wanted to focus on play and activities. It's difficult for parents when one child is poorly".

We recommend that the provider seek advice and guidance on developing support plans where the child voice was included. Children under the age of 16 can consent to their own treatment in certain circumstances.

A member of staff said the approach delivered was person centred and was based on "what we are allowed and what we can do". They said "we observe the parent and make decision from this on how to support them [child] within the "parents' values".

The registered manager told us referrals for support were accepted from families as well as guardians, social and healthcare professionals. This registered manager explained support was provided to sick children, parents and siblings. They explained the agency was able to provide support for siblings as some were missing parent's attention and where the sick child was receiving other professional support the agency was able to offer a service to the siblings. This sibling support may include collecting them from school and one to one time on an activity. There was also support to families where the sick child was in hospital to give parents a break. Where families had requested support with economic wellbeing this may include support with benefits, budgeting and managing finances. Reports of the visits were maintained. The registered manager said staff had personal IT systems to document visits within 48 hours of taking place. They said where there were changes to the outcome a re-assessment of needs must take place.

The members of staff we spoke with told us the support they provided included sibling support. A member of staff said during initial assessments the staff raised awareness on the services the agency was able to provide. They said an outcome flower was designed to support families with rating the level of support or resources needed for each outcome. The six point flower included managing stress, quality of life, stability and confidence, economic and wellbeing, emotions and change and quality of time. For example, the support plan for one parent had identified the assistance needed which included the medical diagnosis of the sick child. The plan on how the outcome priorities were to be met included collecting a sibling from school and undertaking one to one activities which achieved the outcomes for managing stress and improve quality of life. Members of staff then documented the support delivered during their visits.

Children and where appropriate siblings were supported to maintain social networks and participate in activities. A parent told us "before an activity there is a discussion on the best activity according to the weather and sometimes visits to the park take place". A member of staff said "we offer sibling and child support with learning and trips". For siblings there were visits to "parks and cinemas which gives an opportunity for social development as they have fun time away from the family."

Support groups through social media as well as drop in groups and group outings were organised by the agency for parents, children and siblings. A member of staff said "We run a drop in group, provide activities on visits which we can match to requests from school for support such as supporting with a particular area of development that school has identified. We provide trips so children are able to socialise with others." The registered manager told us a group trip was planned for later that week to the fire station for children that use the agency and was planned to happen the week of the inspection.

Parents told us the complaints procedure was included in the Welcome pack provided during the initial assessment visit. The parents we spoke with said they had no cause to complain. The registered manager said there were no complaints.

The complaints procedure included a commitment to respond within a specific timescale to concerns raised. Within the procedures were the senior managers and external agencies parents were able to contact for concerns that were not resolved to a satisfactory outcome.

Is the service well-led?

Our findings

One parent told us the views of the agency were gained through questionnaires. Other parents told us they were new to the agency and had not received a questionnaire. A 2016 survey pilot to gather the views of parents, children and professional across seven teams was undertaken. The analysis undertaken from the responses received indicated that 68% rated the service as excellent and 26% rated it as good. The registered manager told us a business plan was developed on how the agency was to improve their overall rating to excellent.

The business plan for the organisation included developing stronger links with local hospices and attending meetings to ensure professionals became aware of the agency. Other areas for improvement included developing drop in groups and after care services for bereaved families.

There were a range of audits undertaken by the registered manager to assess the delivery of care. The stages of delivering support was audited by the registered manager and the results showed there were no gaps. The registered manager told us consideration was to be taken by the organisation on developing support plans that include the voice of the child.

Reports of accidents and incidents were analysed for patterns and trends. Four accidents had occurred and copies of the report were sent to the head office by the registered manager. We saw the accidents were not related and the children had not sustained an injury or first aid needed.

A registered manager was in post. The registered manager said they had a clear direction management approach where task had to be completed. The registered manager told us there was a "culture of support, welcoming, fostering relationships amongst the team and for families." The staff were supported through one to one supervision, team meetings and training to deliver the outcomes expected by the parents and children using the service. A member of staff said the team worked well together. They said the registered manager was reliable "you can't fault her, you need a chat if you call [the registered manager] will answer or shortly after. Team meetings worked well all [staff] not over bearing chilled and open all points are put across." Another member of staff said the culture and management is very supportive, the team feels calm and as though things are under control. We saw the aim of the Rainbow Trust was to have an open door policy throughout the organisation and to make all staff feel comfortable in asking questions.

There was shared understanding with staff of the key challenges, and achievements. They said creating confidence about the service, clarifying the nature of the service and team building were challenges. A member of staff told us there had been team change, the team was more stable and staff were "more in touch with other professionals. There were more referrals for support. Professionals know us. We are back. We want to offer support."

Staff said they felt well supported and valued by the provider. Staff said they attended weekly team meetings. A member of staff said at the team meetings staff discussed the week, rated themselves on their successes. Another member of staff said that at the team meetings challenges were discussed and

successes celebrated. The reward scheme to celebrate individual staff successes included positive feedback from professionals for the support delivered to parents. The registered manager had rewarded all staff when they had devised a rota between them on supporting a family at crisis. We saw that staff were rewarded for unpopular tasks such as cleaning the office fridge. At the team meeting held in July 2017 showed team tasks, Equalities and Diversity, safeguarding of children and the volunteer project were discussed.