

Rainbow Trust Children's Charity

# Rainbow Trust Children's Charity 5

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 28 April 2016.

Rainbow Trust Children's Charity 5 is a national domiciliary care agency which provides support to children who have life threatening or terminal illness. The charity provides support in family homes and the wider community. The regulated activity is personal care but this is provided only when needed, as part of a wider service, for example, changing a baby's nappy whilst taking them out or showering them after swimming. The service was being provided to approximately 100 children under the age of 18.

There was a registered manager at the service. 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. The registered manager had been temporarily seconded to undertake a national project within the organisation but was still involved in supporting the acting manager and was at the service regularly.

Parents felt their children were safe with staff who had been trained in safeguarding children. There was a system in place to assess the risks to children's personal safety whilst they were receiving care and support. The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. Parents supported their children with medicines so staff were not involved with this.

Staff were very experienced and effective in their roles and this was confirmed by parents. The provider had an induction programme available which was based on the Care Certificate and offered a range of relevant training which staff found useful. Staff were supported in their roles through the use of clinical and non-clinical supervision, weekly team meetings and annual appraisal.

Parents and their children were supported by staff who were highly motivated, kind, compassionate and caring and enjoyed their work. Staff were adept at maintaining the dignity of children they supported with personal care and accessing other professionals when necessary.

Children and their families received a service which was responsive to their individual needs and was flexible. Staff asked parents how they could support them and this ranged from taking the child out who was unwell, to taking the child's siblings out, to supporting the whole family in the home. Parents we spoke with felt able to complain although they had not had cause to. The service had a complaints procedure in place but had not received any complaints. They had received compliments and letters of thanks.

The registered manager promoted a positive culture that was open, inclusive and empowering. Staff felt supported by the registered manager and were able to give their views on the service as well as suggest any improvements.

## 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.

People felt their children were safe with staff.

Staff used risk assessments to support children safely.

The provider had safe recruitment procedures in place.

### Is the service effective?

Good ●

The service was effective.

Staff were very experienced and effective in their roles.

Staff were supported in their roles through induction, training, supervision and appraisal.

Staff supported parents to take their children to healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

Staff were highly motivated and inspired to offer care that was kind, compassionate and dedicated.

The service had a strong, visible person-centred culture and staff developed positive relationships with children and their families.

Staff respected the dignity of the children they supported with personal care.

### Is the service responsive?

Good ●

The service was responsive.

Children and their families received a service which was responsive to their individual needs and was flexible.

People's care and support was planned proactively in partnership with them.

The service had a complaints procedure in place and people felt able to complain.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager promoted a positive culture that was open, inclusive and empowering. Systems were in place which enabled staff to share their thoughts and concerns with senior managers.

Staff were able to suggest improvements and give their views about the quality of the service.

There was a quality assurance programme to ensure standards were maintained. Any improvements made at a local branch level were implemented throughout the organisation.

# Rainbow Trust Children's Charity 5

## **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.

The inspection took place on 28 April 2016.

The inspection was undertaken by one inspector. Before the inspection, we reviewed the information we held about the service and the registered manager completed 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.

During the inspection we spoke with four parents, three staff and the registered manager. We also received feedback from three health and social care professionals. We looked at a range of records including three care plans, three staff recruitment files and quality assurance audits.

We last inspected the service on 8 January 2014 and found the service was compliant with the three areas we looked at.

# Is the service safe?

## Our findings

People felt their children were safe with staff. One parent told us they had been concerned about introducing a new service and new staff to their children. However, after they had met the staff member, they were re-assured and this assurance continued as they "built up the relationship." Another parent felt their children were "100% safe." The provider had policies and procedures in place designed to protect children from abuse and staff had completed safeguarding children training. One staff member said they "did a really in depth course a few years back, then annual refreshers." Staff gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse when working with families and said they would report any concerns to the relevant people.

There was a system in place to assess the risks to children's personal safety when they were receiving care and support. Staff used risk assessments to support children safely, for example, how to lift or carry children who had cardiac health problems, intravenous lines or the use of electric wheelchairs. Risk assessments were reviewed as children's needs changed.

The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found these checks had been completed before new staff started working with people. The recruitment process included applicants bringing a presentation to the interview which was used to measure the applicant's awareness of the issues which were part of the job. New staff were appointed for a six month probationary period which allowed time for staff to decide if the work was for them or to access extra support if this was needed.

Staff worked full time and were allocated families through a referral system. New referrals were discussed as a team to see who would be the best staff member to work with a family, based on where they lived and the skills and experience needed. One staff member said the allocation of work was "managed well, the [registered manager] checks that our caseloads are ok." The registered manager said they received about 25 new referrals per staff member each year. If there was a higher number than this they would need to look for funding for extra staff. A system was in place where two staff worked as a team, which meant if the lead staff member was unwell, their colleague could cover them. We received feedback from two health and social care professionals. One told us the service "takes care to use the correct carer for the correct situation, for example, a male or female carer or a more mature carer who can act as a parental figure for the family. I have never had any concerns regarding the safety of children or their families who have been helped by the Rainbow Trust." Another wrote "I have referred a couple of families and the response to referral was very efficient and work commenced with the family very quickly."

The agency did not support children with medicines, as parents were responsible for this.

# Is the service effective?

## Our findings

Staff were very experienced and effective in their roles and this was confirmed by parents. One parent said the support they received was "Brilliant" and that the staff member visited when they said they were going to. The sentiment of "Brilliant" was echoed by another parent, who said their children "adored" the staff member who supported them and confirmed they always arrived on time. A health and social care professional said "I have found that all the carers are effective, not just in the practical help they provide but also in the psychological support they provide for the family. The staff I have come into contact with are very keen to work with the local healthcare professional and are aware of boundaries and their own areas of expertise."

The provider had an induction programme available which was based on the Care Certificate. The registered manager told us they were in the process of making the content more suitable for the work the agency did. The general induction covered aspects such as the organisation, office housekeeping, staff roles and record keeping. One staff member said they had worked for the agency for eighteen years and another said "Most of us have been here so long, there is a low turnover [of staff]."

People were supported by staff who accessed the relevant training. Staff told us how important the training was to them, particularly training around resilience. Staff explained how the training identified the impact of loss (of the child or potential of the child) and the warning signs which could indicate problems with resilience. The training also showed staff how to be aware of their own feelings and how to deal with the situation if they were not sleeping or were tearful. Cardiac training was also provided which included the various conditions and treatments relevant to the children's needs. Staff told us they could seek out their own training to meet specific aspects of their work, for example, one staff member said they completed a course about bereavement. The provider had a training programme which all staff completed, which included palliative care, moving and handling and first aid.

Staff were supported in their work through the use of one to one supervision and annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff valued clinical supervision which was held monthly and was run by an external, specialist counsellor on a one to one basis. Staff had the option of telephone counselling in addition to this. Non-clinical supervision with the management was also provided to staff to support them in what could be a difficult and challenging role. Additional supervision time was available if there was a specific issue which needed to be addressed.

The appraisal process involved a mid-year review which looked at what staff were going to achieve and how it fitted in with the business plan. Staff member's personal development plans were also included at their one to one sessions.

Staff spoke with us about how the issue of consent. One staff member said this was "Family led, we work alongside parents, if they have a certain way of doing things, for example, do they cream babies bottoms,

wipe or wash them, what do we give them to eat when we go out." A parent confirmed staff assisted them in ways they preferred, saying "They have never said, 'No, I won't do that". We were also told by a parent that when they were first referred, staff visited, had "a long chat to see how they can help you, every family is different. They give you a pack to sign and give consent."

Staff sometimes supported children with eating a meal. Staff said that, "parents often provide a packed lunch if we go out. We sometimes provide food at home, I ask parents what they would like me to do for a meal. I know likes and dislikes as we work with families for a long time. I support toddlers to eat, I'm aware of swallowing difficulties and wouldn't leave any child alone while eating." Staff were aware if a child had a food allergy and had received training in food hygiene.

Staff supported parents to take their children to healthcare appointments. The support ranged from providing transport to acting in an advocacy role (such as reminding the parents what they wanted to ask the professional) or interacting with the child and siblings, so the parent could concentrate on talking with the healthcare professionals.



## Is the service caring?

### Our findings

Staff were highly motivated and inspired to offer care that was kind, compassionate and dedicated. Comments from parents about the staff members who visited them included "[She] is almost like a Mum, [she] treats the children as family. She is really caring and loving" and "[She] is very caring, she has a big heart". Parents told us staff supported the whole family, not just the child. One parent gave us an example when they had a medical appointment which had overrun but the staff member had stayed to support them and their child. They also said their usual support worker was unable to transport them to an appointment but found a colleague to support them instead. A health care professional told us "The staff always seem very caring, the focus of the care is on the family, especially the children and their siblings. The staff are keen to help while still giving choices to the family (within the limitations of their work load)."

One staff member summed up how they felt about supporting children and their parents who used the service. They said they were "privileged to be in the family home" and, "It is a privilege that they share with us, the trust parents have in us. We are there for them, we don't judge them and we are not the NHS or social services." Another staff member said "I'm passionate about [the service]."

The service had a strong, visible person-centred culture and staff developed positive relationships with children and their families. One staff member said "We build up the relationship, we visit, get to know their ways, how they work, we try to adopt those ways so you fit in. There are boundaries in place, they know we wouldn't talk about them, we are very confidential. We don't judge, we take them as a whole." The registered manager said staff were recruited from the relevant background or because of their expert experience, qualifications or training. The role of staff was to support the whole family but also to interact with children on a one to one basis which meant staff needed to adapt the type of communication dependent on who they were working with.

Staff respected the dignity of the children they supported and gave examples as to how they did this. For example, if they were supporting a child in hospital and needed to support them with personal care, they would pull the curtains round and make sure they were not on view to other family members or public. A staff member told us about a young person they had taken out for an activity and how they supported them to use the public toilets. They said "I checked how much [the person] wanted me to be around, checked all the time how much they wanted me to do and waited outside." Staff were mindful about how they changed baby's nappies. One said "I wouldn't change a baby in public" and another said they were as "discreet as possible with changing nappies and respectful."

Staff were determined and creative in overcoming obstacles to ensure the dignity of children was respected and promoted. A staff member told us how they had worked with a young person whose dignity was compromised at home because of the layout of the building. The young person did not have the level of privacy appropriate to their age. Staff were mindful of this and supported them as best they could and also made a referral for an Occupational Therapist to visit and assess the environment for adaptations.

Some of the children who received support from the service were diagnosed with a terminal illness. Staff

had the necessary experience and training and were compassionate and understanding.

## Is the service responsive?

### Our findings

Children and their families received a service which was responsive to their individual needs and was flexible. One parent told us the service was "invaluable" and staff supported them both at home and in hospital. The staff member who supported them was "flexible" and there was "no limits to what [staff] would offer". Another said "I couldn't ask for a better service or better people to support the children". We were also told by another parent that their support worker had sat with them in hospital for four hours for their own appointment. This meant the parent was able to concentrate on what the doctor was saying whilst knowing emotional support was there for them as well as someone was with their child. They also said "If you need them, they are there." A health and social care professional told us "The service has always been responsive and acts quickly and appropriately when a referral is made. Families I have referred to the Rainbow Trust have always been helped appropriately."

Staff could provide different support at each and every visit. Staff asked parents how they could support them and this ranged from taking the child out who was unwell, to taking the child's siblings out, to supporting the whole family in the home. Children did not routinely need personal care but this was provided as part of supporting the family, for example, showering a child after swimming, or changing a baby's nappy. Care plans and associated records showed the care and support provided was flexible and did not follow a fixed pattern. Staff would ask the parent what support they would like for that visit and provide it.

People's care and support was planned proactively in partnership with them. People could self refer or referral forms could be completed by health and social care professionals involved with the family. Assessments were completed by the registered manager and were interactive in that people chose the outcomes they wanted and the type of support was tailor made to their needs. People were told about the service so they could decide whether the service was offering the sort of support they wanted or that would best meet their needs. The assessment, care planning and review processes were based on "outcomes" whereby parents could score themselves on what they needed and how they felt, then score themselves again in six months. This process enabled parents and the agency to see where staff were having an impact and whether different support was needed. This system had been in place for three months and replaced a previous system of outcomes review. The questions which staff previously asked had upset some people, so the system was changed in response to this which had improved the process for people.

People felt able to complain although they had not had cause to. The provider had a complaints procedure in place and parents were given information about how to complain. Staff told us parents were given a form which parents could complete regarding any comments, compliments or complaints. Information was also provided to parents about the boundaries regarding the service offered and the contact telephone numbers. The agency had not received any complaints. They had received compliments and letters of thanks. A health and social care professional told us "I have never had cause to complain about a service provided but I feel confident that I could complain and the complaint would be taken seriously and fully investigated."

## Is the service well-led?

### Our findings

Everyone we spoke with was very pleased with the service provided and said staff met their needs well. Staff were happy with the way the service was managed and felt it was open, honest and transparent. One staff member said "The management is really good, they provide us with supervision, formal yet informal, there is an open door policy, you could take issues higher up, they provide us with training, opportunities to discuss operational issues, our work life balance is encouraged. They have the drive, there is feedback monthly from the leadership team and a newsletter from their meeting."

The provider sought the views of staff in a variety of ways. One staff member said "Management are open to suggestions and ideas to change things. We can give feedback to our line manager, she can take further, or we can email the leadership team directly. I would feel comfortable talking to the Chief Executive." Another staff member said "All the management are approachable, I could contact the Director of Care if I needed to, I wouldn't feel uncomfortable, she is open."

Staff spoke with us around the values of the service. They said "We listen, we work in an inclusive way, we do the right thing. It is a friendly environment, we're a bit like a family. We are family led, empowering parents to do it themselves." The registered manager told us all staff were given a copy of the agency's policy on duty of candour which was about the value of honesty.

Staff tended to support families Monday to Thursday whilst Friday was reserved for team meetings and supervision. Staff valued the meetings on Friday and were encouraged to discuss their views and seek advice and support with their colleagues. The registered manager said if a staff member could not attend the meeting they ensured they received the minutes so they knew what was discussed. Sometimes, the staff team did not meet on a Friday as they were involved in fundraising events. Staff enjoyed these events and were actively involved.

The organisation offered coaching and mentoring to support staff in developing their role or progressing in the corporate structure. We were told about a staff member who had been mentored by a senior manager who had a different role in the organisation, with a view to them achieving a management role. The provider held an annual staff conference which all staff attended. The leadership team board sat on a panel and shared the business plan with staff. There would also be speakers, including a family member who used the service.

The provider had seconded the registered manager to work on a national project around quality of service provision. This involved putting new audits in place which meant national patterns were identified and addressed. Where issues or complaints would be dealt with locally, the provider wanted to know if similar issues arose across the organisation which would mean the issue would need to be looked at more closely. For example, a complaint had been made at another branch about what staff were wearing so the provider brought in a clothing policy across the organisation. Another example of learning from feedback was that a parent in a "participant group" at another branch had said they did not like it when staff had referred to them as "Mum" but preferred the child's name to be used. Staff throughout the organisation were reminded

to refer to the child first, for example, "Lucy's Mum", when discussing them. This meant any learning and improvements at a local level were implemented throughout the organisation.

A health and social care professional said "I have always found this to be a well led organisation who are very approachable. I would have no hesitation in recommending The Rainbow Trust to other professionals to help in the care of vulnerable children and families. In summary: I am very impressed with the service they provide." Another said "The feedback from the families that I am working with has been extremely positive. Families have commented on different aspects of their work including the sibling support work and how beneficial this has been."

The service was listed in the top 100 'Not for Profit' organisations rated by a national newspaper each year. This is based on surveys completed by staff who give their opinions about their employer, manager, working conditions and their employer's values.

As part of the service being honest and transparent, the registered manager explained a system which was in place which enabled staff to tell other staff or management if they felt upset by an interaction with them. This gave staff the opportunity to work any issues through openly and honestly. To use this system, staff completed "situation behaviour impact" forms. The forms were given to the relevant staff member which facilitated a conversation about the concern. Staff knew about the process and had used the forms, which could be given to any staff, including senior management and the Chief Executive Officer.