

Rainbow Trust Children's Charity

# Rainbow Trust Children's Charity 6

## Inspection report

1b Cleeve Court  
Cleeve Road  
Leatherhead  
Surrey  
KT22 7UD

Tel: 01372363438

Website: [www.rainbowtrust.org.uk](http://www.rainbowtrust.org.uk)

Date of inspection visit:  
30 November 2016

Date of publication:  
03 February 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

This inspection took place on 30 November 2016 and was announced. Rainbow Trust Children's Charity 6 is a domiciliary care service and provides personal care for children, young people and their families living in their own homes. The children were living with a terminal illness and life threatened health conditions. At the time of the inspection there were 60 people and their families using the service.

The service met all the regulations we inspected on 19 June and 28 June 2013. This service was operating at a different location at that time.

The service has a registered manager. 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.

Staff demonstrated clear insight to people's needs and supported families in a holistic way. Assessments were completed so that progress was charted in a way which people and their families could understand. Assessments took place with people and their relatives to ensure personal histories were correctly recorded and used to develop a plan of care. Care was delivered placing the person at the centre and incorporated the needs of their family. Reviews of care occurred frequently and care and support delivered demonstrated flexibility that allowed families to benefit.

People were protected from the risks of harm and abuse. The registered provider had safeguarding processes in place to support staff to keep people safe from the risk of abuse. Staff understood what abuse was and felt confident in discussing safeguarding concerns with the registered manager. The registered manager knew how to report safeguarding concerns with the local authority for their investigation. Staff had processes in place to report their concerns about the service. The whistle-blowing policy provided staff guidance to escalate concerns about the quality of care people received.

Risks to people's health and well being were identified and managed. Staff delivered care and support that enabled people to take risks while they remained safe. Identified risks were recorded in people's care records with a risk management plan in place that aimed to reduce the likelihood of those risks.

The registered manager ensured there were enough staff available to support people's needs. The staff rota detailed each person who required care and the name of the member of staff supporting them. There were systems in place to ensure there were sufficient staff available so people were cared for safely.

The registered provider had processes in place to ensure the safe recruitment of suitable staff. Staff had completed the registered provider's job application process and had pre-employment checks completed to assess their suitability to support people.

The registered manager supported staff through training, supervision and appraisal. Staff attended regular training which helped them to develop their skills and knowledge to help them support people effectively. During supervision staff were able to gain advice and support from their line manager. Supervision meetings recorded actions taken and were discussed at the next supervision to make sure they were resolved. Staff had a yearly appraisal, which helped them focus and share with their manager their professional and developmental needs.

People's relatives managed their medicines so staff did not need to do this for people. People's medicines were managed in a safe way. There were effective systems in place that ordered, stored, delivered and disposed of medicines appropriately. The service had processes in place to ensure people's medicines were managed safely should the need arise.

The registered manager and staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People or their relatives were supported to consent to care, support and treatment. Information was presented to people in a way that they understood. This enabled people and their relatives to make decisions and choices about the care they received.

People's nutritional needs were met according to their needs and preferences. Staff understood people's specific nutritional needs and the support they required meet them. People's favourite meals were known by staff who provided them when they wanted. Staff sought healthcare advice and support for people when their health care needs changed. People's healthcare needs were known by staff, who were able to detect when these changed. Staff took prompt action to request healthcare advice to manage these changes.

Staff treated people and their relatives in a way that demonstrated kindness and compassion. People told us staff respected their privacy and dignity. Care and support was delivered in a person centred that respected people's end of life choices. Staff cared and supported people in such a way that demonstrated they mattered. People's needs, wishes, likes and dislikes were known by staff and used to ensure their care and support was appropriate. People were able to make a complaint about the care they received because there was a complaint policy and process in place.

People gave their feedback on the quality of care and the registered manager routinely carried out audits of the service. Staff told us that they enjoyed working for the organisation because their views were listened and they felt valued. The registered manager understood their responsibilities with the Care Quality Commission.

## 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 ●

People were protected from the risk of harm and abuse. Risk assessment plans were developed from identified risks. Recruitment practices were safe to ensure suitable staff were employed. There were sufficient staff available to effectively care and support people. Staff had an awareness of how to manage people's medicines if required.

### Is the service effective?

Good ●

The registered manager supported staff with regular training, appraisal and supervision. Staff had an awareness of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff obtained consent before supporting people. People had access to meals which met their preferences. People had access to healthcare to meet their needs.

### Is the service caring?

Good ●

The service was caring. Staff cared for people and knew them and their relatives well. Staff showed people kindness and compassion while protecting their dignity and privacy.

### Is the service responsive?

Good ●

The service was very responsive. Assessments were person centred and staff were aware of the needs of people well. The care provided to people and their family was outstanding. The service supported the family of the person receiving the care because staff showed they valued people. End of life support for families was outstanding and the support staff offered during bereavement was exemplary. People had access to a system to make a complaint about the service.

### Is the service well-led?

Good ●

The provider created an open and transparent environment. There was clear management and leadership of the service. People and their relatives provided feedback to the provider. The registered manager monitored and reviewed the quality of care people received.

# Rainbow Trust Children's Charity 6

## **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 provider was given 48 hours' notice because the location is a domiciliary care service and the registered manager is often out during the day so we needed to be sure that someone would be available. This unannounced inspection took place on 30 November 2016 and was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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. We looked at information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with 10 relatives of people using the service, one staff and the registered manager. We reviewed seven care records and five staff records. We looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we spoke with two care workers. We also contacted health and social care professionals for their feedback of the service but we did not receive a response.

# Is the service safe?

## Our findings

People received care and support that kept them safe. One relative told us, "Yes we are absolutely safe." Another relative said, "I feel I can trust [support worker]." A third relative told us, "Yes we all feel safe as a family, not just the children."

People were kept safe from risk and harm by staff. Safeguarding processes in place protected people from the risk of abuse. Safeguarding processes in place gave staff guidance in protecting adults and children to ensure their safety. Staff understood the types of abuse and the signs of potential abuse. Staff gained knowledge of abuse through the training they attended. They demonstrated their understanding of how to manage or make a safeguarding referral to their manager or local authority safeguarding team. One staff member said, "I know how to raise a safeguarding allegation if I have to." Another staff member told us, "Safeguarding is very important. We need to protect the children we care for to make sure they are safe." The registered manager understood their responsibilities to refer an allegation of abuse and to liaise with the local authority during an investigation. The registered provider had a whistle-blowing policy in place and staff understood how to whistle blow if they were unsatisfied with the quality of care at the service.

People were protected from risks related to their health and well-being. Risks were identified and managed by staff. For example, a risk assessment identified that a person was at risk from complications of their health. Care plans identified actions staff would take to reduce the likelihood of the risk occurring. For example a risk from choking while eating or drinking. We saw another example where a person was at risk of falls when walking and required a specialist walking aid at all times. The name of the equipment was recorded in their care records. A staff member told us, "I make sure I know all the risks that had been identified." Another staff member said, "I would make sure I know all the risks so that I can support the child safely. If I am covering for a colleague I need to be sure." If any new risks were identified staff told us that they would ensure that the registered manager was aware and their risk assessment updated.

People had adequate numbers of staff that could manage their care and support needs. One relative said that they had sufficient staff to provide the care and support and stated they "couldn't manage without them [support worker]." The registered manager ensured people had an allocated member of staff that provided regular support to them. The rota showed the names of people using the service and the support worker who was supporting them. One member of staff said, "There are enough staff here to care for children and their families." Another said, "There are always enough staff, some of us have worked here for many years so we know our families very well." Staff were allocated to people and their families in the same geographical area as much as possible to ensure people received their support promptly.

People received care and support from suitable staff. Pre-employment checks were undertaken to ensure the suitability of staff before they worked with people. The application process included obtaining previous employer references and confirmation of staff eligibility and permission to work in UK. A criminal records check was completed before employment at the service. Staff records contained documents relating to recruitment and interview processes. People could be confident that staff who supported them underwent a robust recruitment process.

People were supported with their medicines as required. However, staff did not administer medicines to people. The relatives of people who used the service managed the administration of medicines. All the relatives we spoke with told us that they managed the medicines for their relative. Staff had demonstrated an understanding of how to manage people's medicines if they needed to provide this support. The registered provider had a medicines management policy in place. This gave guidance to staff in the safe administration of people's medicines and what processes to follow to ensure medicines were ordered, stored and disposed of appropriately. One member of staff said, "No we don't give medicines, because families of our children like to manage this." Another member of staff said, "I know how to give medicines as I have done it before and I have the training in medicine management."

# Is the service effective?

## Our findings

The registered manager provided a service that ensured people received effective care. Staff had annual appraisals that helped them to review their professional development. A member of staff and their manager met to discuss and review their development over the past year. Any concerns, issues and positive situations were discussed and recorded in a personal development action plan. During the meeting staff set targets and outcomes to be achieved to ensure staff needs are met.

People received care and support from well trained staff. People and their relatives told us that trained staff delivered support. A relative said, "Yes [support worker] is adequately trained. [Support worker] slots in wonderfully with the family, is very understanding and tactful." Another relative said, "Yes [support worker] is experienced." The registered provider organised staff training that supported them to gain knowledge to care for people effectively. One relative said of the training of staff, "Yes I think [support workers] have an understanding and awareness." One staff member said, "I have regular training which is up to date." Another staff member told us, "I have regular training and this can be in house or at the local authority. It depends on what the training is." Records showed the registered provider had a list of mandatory training staff were required to complete. This included first aid, safeguarding people, and medicine management. The training policy supported and encouraged training for staff so that they would gain the necessary skills to reach their full potential. Staff were supported to learn and gain skills through e-learning, training courses, specialised conferences and seminars. Staff records held copies of training attended with associated training certificates.

Staff had regular supervision to provide guidance and support in their role. Staff focussed on any issues or concerns that arose for them while supporting people. There was an opportunity for staff to seek guidance on specific issues. For example one member of staff wanted further clarification of the training they could attend to gain knowledge on a specific medical condition. This was documented and records showed the member of staff was able to complete this training in autism. One staff member said, "Yes I have had regular supervision with my manager and they listen to me and willing to discuss any concerns I have."

People and their relatives gave their consent before staff supported them. Care records showed that people consented to care and support because these records were signed in agreement. One relative said, "Staff always ask me and my relative first and we agreed what needs to be done." Another relative said, "We always talk about what needs to be done first." People and their relatives told us staff would ask for consent when they are carrying out care. Staff knew how to obtain consent from people before providing care. This meant that consent was gained from people with their agreement before support was carried out.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager and staff had knowledge of the



principles of MCA and Deprivation of Liberty Safeguards. Relatives made decisions if people did not have the ability to make a decision for themselves where appropriate. A record of 'best interests' decisions and outcome guided staff to work within their recommendations. Staff were aware of the application process of Court of Protection to obtain authorisation to provide care when required. No applications had been made to the Court of Protection.

People were supported with food to eat and drink which they enjoyed. People who required support with meals had this need met. Some people required support with percutaneous endoscopic gastrostomy [PEG] feeding. This involved the administration of a prescribed nutritional feed through a PEG tube attached directly into the stomach. Relatives managed the PEG feed when required. This meant that people were supported by staff who understood and met their nutritional needs and preferences. The method of supporting a person with eating and drinking, including their preferences were recorded in their care records. This meant that people were supported by staff who understood and met their nutritional needs and preferences' is misplaced. What other support did staff give to people with their eating and drinking.

People accessed healthcare services when their needs changed. Staff discussed with the registered manager if people's health and care needs changed. Staff knew each person well and took appropriate action to resolve the concern with the support from a relative. One relative said, "Yes they know how to support me." When the need arose, staff supported people and their relatives to hospital appointments. One relative told us, "Yes [support worker's] main role is travelling with us to and from hospital appointments and looking after my relative while I can speak with the consultants." Staff drove families to hospital appointments, waited with them during this time and took them home after the appointment. This meant that people and families had the support of staff to take them to an appointment if they had difficulties using public transport or with driving. We saw another example where staff took action to resolve a potential health care emergency for a person. The registered manager contacted the healthcare provider to advise them sufficient equipment was not in place at the person's home to help keep them safe. This was resolved following the intervention of the service. Staff took prompt action to seek advice from a health professional to manage and reduce the risks of poor health.

## Is the service caring?

### Our findings

People received a service which was caring and met their needs. One relative told us, "[Support worker] offers support emotionally, physically and practically. [Support worker] is always in touch and easy to get hold of, very flexible and will go outside the hours of 9-5." Another relative said, "We get on very well, [support worker] tries to understand the situation and takes the initiative and I don't always have to say what I need." A third relative said, "[Support worker] is brilliant."

People were cared for by staff who showed them kindness and compassion. One relative told us, "[Support worker] is lovely, very supportive and always available." Another relative said, "[Support worker] is very friendly and understanding and is very tactful. I can be open with her. I have her mobile number and can contact her 24-7."

We were unable to observe staff interactions with people and their relatives. However, during our discussions with staff they demonstrated care and compassion. One relative told us, "[Support worker] is very caring and considerate. I couldn't do without her. I was worried initially as leaving kids with someone else but she is great." Another relative said, "[Support workers] are very flexible and this is important as the times when we need her can vary." People had their care provided by regular staff who knew them and their needs. Staff knew people and their relatives well and demonstrated they understood their care and support needs. People with complex, health and care needs that challenged them and others were cared for with kindness. Assessments routinely involved relatives and children because staff supported and cared for children and young people. Staff, people and their relatives knew each other well had had developed good and effective working relationships. This approach by staff provided people with the opportunity to contribute to care assessments, make care decisions so this accurately reflected their needs and in the delivery of care. The care records we looked at reflected this approach.

People were treated with dignity and respect. A relative told us, "Absolutely, very caring and polite, they just care." Another relative said "They [support worker] are very good, they are aware of the situation and what is required." Staff spoke about people they cared for in a courteous and caring way. Each person had the support from a support worker from the service who provided home visits and contacted people on the telephone on a regular basis to monitor and review care. Relatives we spoke with told us they had regular contact with their support worker and arranged a convenient time with them when they were to visit. One relative told us the "They are very supportive and take time to listen."

People were encouraged to be as independent as able. People's levels of ability were assessed. Their care plan documented what the person could do for themselves and what support they needed to achieve their goal. For example one person could manage some of their personal care needs with the support of staff or relative as required. A staff member said "We encourage our children to do as much as they can for themselves as able, but this is on an individual basis and as they."

Relatives we spoke with told us that staff respected their relatives dignity. They told us that staff were not intrusive and offered support when they or their relative needed this. One relative told us "I think they have

an understanding and awareness." Another relative said "They respect our privacy and know when to help and when not." This meant that people were cared for in a way that supported people and showed care and compassion for them.

Rainbow Trust Children's Charity 6 had links with a local hospice. Staff were able to support people with the admission to a hospice at the end of their lives and their families when a person had died. Families were able to stay at the hospice and staff from the service were able to continue with their support of the family at that time. Staff supported families to ensure a person's end of life care plan was followed, as required. This meant that people and their relatives were provided with dignity and respect at the end of their lives.

## Is the service responsive?

### Our findings

The registered manager had systems in place to ensure people received care and support which was responsive to their needs. Assessments were completed so staff could review people's care and support needs and identified the resources available to meet them. People and their relatives were involved in making decisions in the planning of their care. Assessments were person centred and recorded people's views. For example, there was an opportunity to discuss the timing of care visits and staff recorded and implemented this request. A relative said, "Yes we have a care plan, we are involved in this and it is updated every six months." Another relative said, "There is a care plan and an information pack. I know they are there when I need to lean on them." A third relative said, "We have a care plan, we are involved in this."

People were cared for in a way that took into account their needs, personal histories and preferences. People and their relatives were involved in the development of their care plans. Staff demonstrated going the extra mile to support people in an effective way. For example we saw care plans that involved the whole family. Parents and siblings were included in assessments and care plans. For example how staff would care for the child while also supporting siblings. An example of this could include collecting sibling children from school, playing with them or take them out for outings. A relative said, "The [support worker] is great, she takes the initiative, with the small things, will carry things and she entertains and plays with [my relative]. She offers emotional support too, she works with us as a whole family." Another relative said, "[Support worker] can look after my younger two, takes them out etc. We have built up a relationship." A third relative said, "I couldn't be more thankful. They help the siblings rather than the person and it's the first charity where the whole family is supported not just the person. Their willingness to help is amazing, they listen to what I need and it's fantastic. They make my life easier." This meant that the care and support offered to people incorporated the people that mattered to them.

Staff cared and supported people in a way that was creative to produce positive outcomes for them. For example a person was not engaging with other health and social care services that were involved in their care. They had refused to participate in managing their personal hygiene needs and did not engage with other people [living at the service in their home]. The intervention of the support worker had a positive impact on the person's life. After gaining their trust the person started engaging with the support worker. They went out on outings where the person was able to feed ducks, have days at the seaside, visited a farm and shopping. The person began engaging with the other people that they lived with. People could be confident that they would be supported by staff that were kind, considerate and patient.

The service had a monthly day dedicated to siblings of children that were being cared for. The children were able to take part in activity based days so they were able to enjoy themselves with friends they had made who were also siblings of children being cared for. This meant that siblings of children cared for had the opportunity to meet each other and gain support from others who shared and understood their situation. One relative said, "My children go to the activity based days for the siblings." Another relative said, "We have been to family days arranged by the Trust, on Saturdays they take kids to the farm and they can meet other siblings of families going through the same thing." This also presented the opportunity for people to spend quality time together with their relatives enjoying each other's company. This in turn had a positive impact

on people's wellbeing.

We saw another example of where staff worked effectively with people and their families. A support worker cared for a family after the death of a child. This family had parents, siblings, and grandparents. The service agreed to support them through their bereavement. Rainbow Trust memory boxes were used to put treasures in from the child including drawings, photographs of toys, including their Wendy house and dolls house. This was so the family had memories collected in one place that held fond memories of their loved ones so they could celebrate their life.

People received information and explanations from the provider about their care. For example, relatives told us they received a copy of their assessment and care plans. People could be confident that staff provided appropriate care, which met their assessed need reducing the risk of poor care. One relative told us the care plan was "updated regularly and we are always involved in this process." Each relative we spoke with had a copy of the people's assessment and care plan so they were aware of what care and support they would expect to receive.

People's care assessments clearly reflected the support they needed. Care records documented people's assessed needs and the support they required to meet them. People and their relatives told us they were involved in developing their care plans with the service, health, education, social care workers and schools when required. People and their families were able to complete a self-assessment at each care review. This allowed people to review their own needs and whether their needs had been met. This tool measured people's individual care needs and tracked whether additional support was required for a person or their family. This meant that people and their relatives could promptly identify additional care and support that they needed. The service operated in a way that was flexible and could adjust to meet any new needs.

When people's care needs changed this was updated in their care records to reflect these changes. For example we were saw records where a child had been admitted into hospital, their care records were updated with this information. However, the support worker remained involved with the person and their family if this was what they required. This support could include hospital visits to the person and supporting siblings while other family members could visit their relative in hospital or carry out other tasks outside of the home.

Staff updated people's care records to ensure the information about them was accurate. Staff completed daily care records when they visited people to provide care and support to them. These records were completed after each visit with a person to ensure the records were accurate with a description of each event or support that was provided. We looked at copies of these records and found that staff documented care provided in line with the provider's guidance. A staff member told us, "I make sure these records are updated as soon as I have the opportunity to. Just to make sure the records are up to date."

People were encouraged to make comments and complaints about the service. People and relatives had a complaint form available to them. One relative told us, "No I have not needed to complain about anything." Another relative said, "No, I can't fault them at all." The registered provider had a complaints policy in place for staff to follow to support people and relatives to make a complaint about the quality of care received. The registered manager were able to explain the actions they would take to manage a complaint. At the time of the inspection the service had not received any complaints. People told us they knew they could contact the care coordinator or the registered manager if they wanted to make a complaint.

## Is the service well-led?

### Our findings

The registered manager ensured people received care and support from a service that was well-led. One relative said, "They are excellent. Keep up the good work. I would not be able to get through without them. I couldn't have coped without them. They work out of hours and not an eyelid batted." A second relative said, "It's a brilliant service, they are lovely and I know they are there when I need them." A third relative said, "It's fantastic, off the scale. They are so easily available, very supportive and always in touch." All people we spoke with were complimentary about the management and staff because of the support the whole family received. A member of staff said, "This is a good place to work, staff and colleagues are great, fantastic and so supportive." A second member of staff said, "I've worked here a long time and I am very happy working here."

The registered manager encouraged staff to become involved and improve the service. For example, staff had regular team meetings and discussed issues relating to the service and their job. Staff had the opportunity to discuss any work related issues they had and share their knowledge with others. The registered provider planned regular meetings for the year to discuss the service business plan, staff training and induction of new staff into the service. This allowed staff to be flexible and plan home visits or other activities with people and their families.

The registered provider had values and beliefs of the organisation of which staff were aware of and put into practice?. The values included: we listen to staff, families and supporters and are aware of their individual needs. Also work in an open and inclusive way and value each person's contribution. In addition, we aspire to do the right thing even when it is difficult and strive to work in an honest and transparent way at all times. We saw from the information we reviewed and the feedback from relatives that people were at the centre of the service. The registered provider engaged with the whole staff team and held an annual staff conference (which all staff attended) where developments in the organisation were shared. The Rainbow Trust senior management team held regular strategic development meetings where they met on a monthly basis and circulated minutes of their meetings in a newsletter so all staff of the organisation were made aware of new information.

Staff were supported with performance related assessments. This encouraged staff to perform at their full abilities. Where staff had worked in a way that was exceptional, this was recognised by the service and shared with the member of staff and senior staff. The member of staff had an option of promotion within the organisation if they chose. Staff that required further support in this area were provided with guidance and support to achieve the organisations standards.

There was a registered manager in place at the service who ensured the Care Quality Commission (CQC) was kept informed of notifiable incidents, which occurred at the service. This allowed CQC to respond to any concerns or issues at the service in a prompt manner as required.

The registered manager carried out monitoring checks of the service. For example, people's care records were reviewed on a regular basis to ensure they were accurate and up to date.. Care visit outcomes were

recorded on the computerised system which allowed concerns or progress to be easily monitored by a manager at the service and action taken if required.

People's personal information was kept confidential. Records were available on paper and uploaded onto a computerised records system. Authorised people could access these records, if necessary. The computerised records were kept secure because access to these records was password protected.

The service sought feedback from people and their relatives on the quality of care. People and relatives completed questionnaires on the quality of care. Children's questionnaires were written in a way that they could understand and respond as they wanted to. For example the child's feelings could be described by using symbols available on the questionnaire. Children were able to describe how they felt about the service, what they enjoyed and what could be done better. An example of a smiling face was used to indicate whether they were happy with the service. The service received positive feedback and people and their relatives were satisfied with the quality of care provided them.

Staff worked in partnership with health and social care organisations. Effective working relationships were established with local authority teams around London and in the surrounding home counties.

The service developed working relationships with colleagues in health and social care organisations. People's care needs and support benefitted from joint working in a positive way. For example, staff had developed and maintained contacts with the local hospices to ensure people's and their family's needs were co-ordinated, effective and handled sensitively.